



State of Connecticut Insurance Department

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Connecticut Medical Malpractice Annual Report

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Connecticut Medical Malpractice Annual Report – 2011

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 2011 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 2006 through 2010. In addition, it provides a summary of rate filing activity for 2010, premium information by medical provider specialty for 2010 and industry calendar year experience for 2005 through 2010. Copies of prior year reports are available on the Department’s website at www.ct.gov/cid.

II. Background

The Connecticut legislature passed Public Act 05-275 (the “Act”) in 2005. This Act, among other things, required that after January 1, 2006 each insurer “that insures a physician, surgeon, hospital, advanced practice registered nurse or physician assistant against professional liability” provide the Insurance Commissioner with a closed claim report on a quarterly basis. For purposes of closed claim reporting, an “insurer” includes captives and self-insured entities or persons. In 2007, the legislature passed Public Act 07-25 which expanded the definition of medical specialties for which closed claim reporting was required. The expanded reporting, effective October 1, 2007, requires submission of closed claims for all “medical professionals and hospitals”. The definition of “medical professional” has the same meaning as provided in C.G.S. section 38a-976. The details of the requirements for the claim information to be reported are provided in C.G.S. section 38a-395(c) and a copy of 38a-395 as revised in 2007 is attached as Appendix 4.

The individual closed claim data collected by the Department, as required by C.G.S. 38a-395, is confidential. As a result, this report summarizes data in order to maintain the confidentiality of the individual claim information filed by each reporting entity.

III. Data Collection

During 2008, Department staff, in conjunction with the University of Connecticut’s Department of Computer Science and Engineering, developed a new data reporting application. This secured web-based application, which became operational in the fourth quarter of and year-end 2008 reporting. Since that time users have been able to submit closed claim information directly to the Department’s website. This new reporting tool will enhance the quality and timeliness of the data and has received positive feedback from reporting entities. Closed claim data prior to the fourth quarter of 2008 were submitted using the Department’s previous software application.

The required closed claim data elements are submitted to the Department on a quarterly basis. Closed claim reports are due by the 10th of the month following the last month of

each quarter. In addition to the closed claim data, the Department also captures annual calendar year premium and loss information as required in the statute. Information on rate filing activity was compiled from the Department's files.

We received data from 111 insuring entities, which included 48 admitted insurance companies, 29 surplus lines insurers, 8 risk retention groups (RRG's) and 26 hospitals or hospital groups that are either self-insured or insured with a captive. 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 now the leading writer 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.

On May 7, 2010 the Department requested an opinion from the Attorney General as to the extent to which the Department can use its regulatory authority to compel RRG's to supply this data for our analysis. As of the date of this report the Department has not received a response to that request.

IV. Description of Analysis

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

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

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

In this analysis, as displayed on the reports in Appendix 1, we organized and summarized the data to reflect the types of medical malpractice claims, the age and size of these claims and the type of insurer. For purposes of this report, we define Commercial Insurer

("Commercial Insurer") to include admitted insurers and surplus lines carriers. Also, experience for captives, RRG's and self-insurers (captives/self-insurers) was combined.

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

Appendix 2 also includes an exhibit (Report 12) displaying full calendar year premiums and losses for 2006 through 2010. It should be noted that the losses displayed in Report 12 are not comparable to the closed claim data provided in the reports in Appendix 1. The paid losses in Report 12 include partial payments on claims that are still open and the incurred losses include reserve estimates on open cases. The Appendix 1 reports include only payments on claims that have reached final closure.

In Appendix 3, we have provided annual financial statement data from the National Association of Commissioners (NAIC) database. For calendar years 2009 and 2010 we have displayed premium, loss, expense and investment income data individually for the top 15 insurers writing medical malpractice insurance in Connecticut. In addition, we have provided similar data for all companies combined for calendar years 2001 – 2010. These exhibits do not include data for captives or self-insurers, but do include RRG's.

V. Limitations of Analysis

The loss analysis is based entirely on historical closed claim data. That is, claims are reported to us and included in this analysis based on the quarter and year in which they reach a final outcome and all payments had been made. Some arose from fairly recent medical incidents, but most arose from incidents that occurred a number of years ago.

The Department has relied on the accuracy of the data submitted by the various insuring entities. Other than checking the claim data for reasonability, the Department has not attempted to verify or audit the accuracy of the submitted information directly with the reporting entities. As such, the quality of the analysis is dependent on the accuracy of the data submitted by the insurers and self-insurers.

This report is not intended to be used to evaluate past or current medical malpractice liability insurance rates.

VI. Key Findings

While the data is limited in that it only includes claims closed in the five calendar years ending December 31, 2010, 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.

- **Total Claims:** A total of 3,323 closed claims were reported for the five years included in the reporting period. Commercial Insurers reported more than half of the claims, or 1,772. Captives/self-insurers reported 1,551 claims.
- **Indemnity Payments:** Indemnity payments include all compensation paid to claimants or plaintiffs. A majority of medical malpractice claims resulted in no indemnity payments. A little over half (53%) of the claims, 1,751, had no indemnity payments, while the remainder, 1,572, closed with an indemnity payment. The total amount paid to claimants was \$951.6 million, an average of \$605,327 for those claims with an indemnity payment. The payments include amounts for both economic and non-economic damages.
- **Defense Counsel Payments:** Over half of the claims closed with no payments to claimants, yet 77%, or 2,547, generated legal expenses to defend the claim. These expenses totaled \$144 million, an average of \$55,810 per claim. Of these, 50% (1,276) were for incidents that had no payments to claimants, averaging \$40,091 for legal expenses. For incidents with payments to claimants average legal expenses are higher at \$73,335. Legal defense costs continued to rise year over year.
- **Indemnity Payments and Size of Claims:** More than half of all claims that have an indemnity payment have a payments of less than \$200,000. But million dollar plus claims, with only 16.4% of all claim counts represent 68% of all indemnity payments, nearly \$650 million.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 1,572 claims that closed with an indemnity payment, 196 closed within one year of being reported and had an average paid indemnity of \$111,602. That average figure rose to over \$1 million for claims closing between 60 and 90 months from being reported. It exceeds \$2.4 million for claims that take longer than ten years to close..
- **Defense Counsel Payments and Age of Claim:** Defense counsel payments also increased with the age of claim.
- **Claim Outcomes:** Of the 3,323 reported claims, 1,572 were resolved in favor of the claimant or plaintiff. Of the claims resolved in favor of the claimant or plaintiff, 98.2% were settled, with 94.8% settled before trial began. The remaining 1,751 claims were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 88.1% were settled, with 84.7% 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 3,323 claims, 1,572, or 47% had indemnity payments to a claimant at an average value of \$605,327. While Commercial Insurers reported a greater number of claims in total, captives/self-insurers actually had more claims with indemnity payments (855 to 717). This disparity occurs because captives/self-insurers had a greater proportion of their claims with indemnity payments (55% versus 40%). However, the average claim size continues to be much greater for Commercial Insurers; \$635,259 versus \$580,227 for captives/self-insurers. More claims were reported as closing in 2010 compared to 2009. Among all insurers the average values of indemnity payments are down in the last two years compared to the previous three years.

Of the total 3,323 claims, approximately three out of four had payments to defense counsel. There was little difference between Commercial Insurers and captives/self-insurers in the proportion of claims with legal defense costs. For the five years of data combined, Captives/Self Insurers average legal expenses were higher per claim than Commercial Insurers.

When other ALAE are included with defense counsel payments, the total of \$176.2 million represents the amount expended to defend and investigate claims. This represents approximately 18% of the total indemnity. Commercial Insurers expended a higher percentage (20.9% versus 16.3%) than captives/self-insurers.

Claims by Size (Reports 4 and 5)

Of the total 3,323 claims, 1,572 had indemnity payments. The distribution of these claims by size is shown on Report 4 and on Charts 4-1 and 4-2. Of the 1,572 claims, 258, or 16.4% of claims with indemnity payments, were for amounts greater than \$1 million. Indemnity payments for these larger claims totaled \$648.8 million, or 68% of the total payments for all claim sizes. Claims greater than \$500,000, but less than \$1 million represented another 231 claims (14.7%) with \$165.2 million of payments. Thus, the 489 claims greater than \$500,000 represent approximately 31% of the claims, but over 85% of the total paid indemnity.

On the other hand, 35.4% 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 24.2 % of the total. And, the average amount of defense costs per claim generally increases as the claims get larger.

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, almost 60%, closed between two and five years of being reported. Overall, it took a little less than three and one half years from the report date to close claims with indemnity payments. The average time from the date of incident to

report was less than 18 months, which suggests claims are closed, on average, less than five years after injury. Average payments increased as the claim aged, with claims closing after five years averaging approximately over \$1 million per claim. The average value approaches \$2.5 million for claims closing more than ten years after the report date. The distribution of claims and payments by age can be seen on Report 6, Parts 1 and 2 and Charts 6-1 and 6-2.

The older the age of the claim, the more likely it was to have legal costs to defend the claim. Of the claims that closed within six months, 30% had defense counsel payments. For claims closing after five years, the percentage approaches 100%. As with indemnity costs, the average legal cost associated with a claim increased as the claim aged. Claims closed in the first six months averaged legal costs of \$4,013 while those closing five or more years after being reported averaged over \$100,000. The distribution of defense counsel payments by age of claim are displayed on Report 6, Part 3 and Chart 6-3. Report 6, Part 4 displays data from injury date to report date and Report 6, Part 5 shows data from injury date to date of final closure. In Report 6, Part 5 we note that over 40% of claims with an indemnity payment take at least 5 years from date of injury to finally close

Severity of Injury (Report 7)

Of the 1,572 claims reported as closed with an indemnity payment, 438, or 27.9% were due to the death of the injured party, with average paid indemnity of \$846,468. Injuries identified as either “major permanent” or “grave permanent” had average paid indemnity of \$1,842,885, which was over three times the overall average indemnity payment. These types of claims include quadriplegia and brain damage cases, requiring lifelong dependent care. These 178 severe “permanent injury” claims, when combined with the death cases, comprise over 70% of the total indemnity payments. The average payments by injury type are shown on Report 7, Part 1 and Chart 7-1.

Likewise, the average legal costs associated with the 178 most serious non-death claims were significantly higher than the overall average. For those claims, 164 of which had defense counsel costs, the average was \$132,063 compared to \$76,462 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, approximately 73% had defense counsel payments that averaged \$40,091. However, for the most serious non-death permanent injury claims, 86% required legal defense at an average cost of \$81,978. 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 (over 90%) of the Hospital claims were reported by the captives/self-insurers, while Commercial Insurers reported the most in the Physicians-other category.

The average paid indemnity amounts vary significantly by specialty and are often distorted by one or two large claims. For the Hospitals-General category, which had almost 50% of the claims, the average indemnity payment was \$641,809, or slightly above the overall average. The anesthesiology specialty had the highest average claim size at \$1,631,378 followed by Gynecology/OB-GYN at just under \$1 million. In reviewing the Report 8 exhibits, the reader should be aware that the volume of data is not sufficient to properly measure differences in claim costs by specialty. We note that five of the specialty areas have less than 15 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 3,323 closed claims, 53% resulted in no payment to the plaintiff. Of these, 88.1% were settled and virtually all cases were resolved either before litigation began or before trial. Claims closed before a lawsuit was filed tended to be less serious and closed within approximately two and one half years of the incident date on average. Of the claims that were not settled, the average time to final resolution was 12 to 19 months longer than for settled cases.
- The remaining 47% of closed claims resulted in indemnity payments to the plaintiff. Of these, 98.2% were settled, with most of those being settled before trial. Only 29 of the 1,572 claims were the result of court judgments for the plaintiff.
- Of the cases resolved by trial, only 12% resulted in payments to the plaintiff. For cases that were settled, 50% resulted in payments to the plaintiff.
- For claims where indemnity was paid, the average value for settled cases was \$589,325 with additional expenses for total ALAE of \$71,841 per claim. For cases that had court dispositions, the average payment was almost \$1.5 million with \$216,346 of ALAE per claim.
- 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 were much closer to the final payments. They were higher by roughly 10% for both subgroups. While these values represent averages for all five years of data combined, these differences in the 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 almost one half of the cases, or 734 , 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 70% of the payments were for non-economic damages. The average value of the claims in Report 11 was \$580,848, or approximately 4% lower than the overall average for all claims with indemnity payments. Commercial Insurers provided the split on 66 % of the claims reported and 67 % of those payments were for non-economic damages. Captives/self-insurers provided the split on only 43 % of reported claims and had about the same proportion allocated to non-economic damages at 70 %.

VIII. Rate Filings and Industry Calendar Year Data

Rate Filings for Professional Liability

There were no rate filings received by the Department during 2010 for physicians and surgeons, hospitals, advanced practice registered nurses or physician assistants.

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

Report 12 displays calendar year earned premium and losses for 2006 through 2010 separately for Commercial Insurers, captives (including RRG's) and self-insurers. This information is compiled from data submissions provided by insuring entities that responded to the data call. As such, it includes data from captives and self insurers that are not included in the industry data in Appendix 3. It should be noted that the paid losses included in this report are not directly comparable to the amounts shown in the closed claim reports in Appendix 1. The paid losses in Report 12 include partial payments on claims that are still open. It should also be noted that the incurred losses in Report 12 do not include reserves for incurred but not reported (IBNR) claims.

While only five years of data has limited value in determining long term trends, we do observe that captives and self-insurers have gradually increased their share of premiums through 2009. Correspondingly, the share of premiums for Commercial Insurers declined steadily. In 2010 premium volume declined in all groups, but much more so for Captives and Self Insureds.

Industry Data from the NAIC (Appendix 3)

In Appendix 3, we display industry data compiled from annual financial statements provided to the NAIC by all companies writing medical malpractice business in Connecticut. Data is included for licensed companies, surplus lines companies and risk retention groups, but excludes captives. It also includes data from companies that write business for medical provider specialties (e.g., chiropractors or psychiatrists) that were not included in the Connecticut-specific data call until the fourth quarter of 2007.

The first four exhibits provide historical industry premium, loss and expense experience for the ten years ending 2010. 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 after two very bad years in 2001 and 2002, the industry was profitable through 2006; then experienced a 3.4% loss on the insurance transaction in 2007; then showed profitability again in 2008 and 2009. While the NAIC profitability report is not yet available for 2010, the continued low incurred loss ratios for 2010 suggests that profitability is likely to continue in 2010.

Exhibits 2, 3 and 4 provide the same experience, without the profitability information, separately for licensed companies, surplus lines companies, and risk retention groups. The reserve take downs observed in the last two years by the surplus lines companies did not continue in 2010. The ten years of history generally shows volatile incurred loss experience for the surplus lines and risk retention groups. Licensed companies' experience has been more stable from 2003 through 2009. The latest year reflects substantial reserve takedowns.

Exhibits 5 and 6 provide premium, loss and expense experience for 2009 and 2010 separately for the top fifteen writers. The written premium decline that we observed in the last two years continues to a larger degree in 2010. The market remains concentrated with over 90% of the premium written by the top 15 insurers. MCIC, VT, Inc., an RRG covering several hospitals in Connecticut, ProSelect Insurance Company and Connecticut Medical Insurance Company (CMIC) continue as the top three writers with over 65% of total direct written premium. Non-admitted carriers (i.e., surplus lines and RRG's) are writing over 40% of the business in 2010, and maintain a significant market share

In addition, we have provided Exhibit 7 which displays investment income for 2009 and 2010 for the 15 leading insurers in the state. As noted above, these companies write 90% 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. These 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. They also reflect total earnings for all insurance companies in a group, not just the company writing business in Connecticut.

Connecticut Medical Malpractice Annual Report – 2011

Appendix 1

Closed Claim Analysis Reports

Connecticut Department of Insurance

Indemnity Payments

All Insurers

<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>
2006	714	317	397	\$229,840,071	\$725,048
2007	636	300	336	\$181,992,707	\$606,642
2008	666	337	329	\$204,916,837	\$608,062
2009	614	315	299	\$168,755,955	\$535,733
2010	693	303	390	\$166,069,193	\$548,083
Total	3323	1572	1751	\$951,574,763	\$605,327

(6)=(5)/(3)

Friday, April 15, 2011

Report 1 - Part 1

Connecticut Department of Insurance

Indemnity Payments

Commercial Insurers

<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>
2006	365	162	203	\$140,088,394	\$864,743
2007	362	150	212	\$105,179,414	\$701,196
2008	349	141	208	\$89,847,687	\$637,218
2009	319	136	183	\$58,841,929	\$432,661
2010	377	128	249	\$61,523,082	\$480,649
Total	1772	717	1055	\$455,480,506	\$635,259

(6)=(5)/(3)

Connecticut Department of Insurance
Indemnity Payments
Captives and Self Insurers

<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>
2006	349	155	194	\$89,751,677	\$579,043
2007	274	150	124	\$76,813,293	\$512,089
2008	317	196	121	\$115,069,150	\$587,088
2009	295	179	116	\$109,914,026	\$614,045
2010	316	175	141	\$104,546,111	\$597,406
Total	1551	855	696	\$496,094,257	\$580,227

(6)=(5)/(3)

Connecticut Department of Insurance
Defense Counsel Payments
All Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2006	714	591	\$26,560,157	323	\$27,741	268	\$65,671
2007	636	519	\$29,123,912	265	\$44,893	254	\$67,824
2008	666	506	\$29,254,423	238	\$45,265	268	\$68,961
2009	614	464	\$32,583,451	213	\$50,389	251	\$87,054
2010	693	467	\$26,843,382	237	\$37,104	230	\$78,478
Total	3323	2547	\$144,365,325	1276	\$40,091	1271	\$73,335

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Commercial Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2006	365	304	\$16,980,763	158	\$39,581	146	\$73,472
2007	362	304	\$17,833,136	167	\$44,265	137	\$76,210
2008	349	274	\$14,491,499	147	\$42,118	127	\$65,355
2009	319	248	\$11,907,051	135	\$46,197	113	\$50,181
2010	377	257	\$11,547,229	151	\$38,102	106	\$54,659
Total	1772	1387	\$72,759,678	758	\$41,989	629	\$65,075

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Captives and Self Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2006	349	287	\$9,579,394	165	\$16,403	122	\$56,335
2007	274	215	\$11,290,776	98	\$45,962	117	\$58,004
2008	317	232	\$14,762,924	91	\$50,347	141	\$72,208
2009	295	216	\$20,676,400	78	\$57,644	138	\$117,248
2010	316	210	\$15,296,153	86	\$35,350	124	\$98,839
Total	1551	1160	\$71,605,647	518	\$37,314	642	\$81,428

(3)=(5)+(7)

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

<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>
2006	714	617	\$229,840,071	\$26,560,157	\$5,323,075	13.9%
2007	636	549	\$181,992,707	\$29,123,912	\$5,509,973	19.0%
2008	666	538	\$204,916,837	\$29,254,423	\$7,847,516	18.1%
2009	614	491	\$168,755,955	\$32,583,451	\$5,558,416	22.6%
2010	693	511	\$166,069,193	\$26,843,382	\$7,602,577	20.7%
Total	3323	2706	\$951,574,763	\$144,365,325	\$31,841,557	18.5%

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

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

<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>
2006	365	322	\$140,088,394	\$16,980,763	\$4,642,696	15.4%
2007	362	324	\$105,179,414	\$17,833,136	\$4,592,021	21.3%
2008	349	292	\$89,847,687	\$14,491,499	\$4,653,299	21.3%
2009	319	270	\$58,841,929	\$11,907,051	\$4,334,302	27.6%
2010	377	286	\$61,523,082	\$11,547,229	\$4,132,403	25.5%
Total	1772	1494	\$455,480,506	\$72,759,678	\$22,354,721	20.9%

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

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

<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>
2006	349	295	\$89,751,677	\$9,579,394	\$680,379	11.4%
2007	274	225	\$76,813,293	\$11,290,776	\$917,952	15.9%
2008	317	246	\$115,069,150	\$14,762,924	\$3,194,217	15.6%
2009	295	221	\$109,914,026	\$20,676,400	\$1,224,114	19.9%
2010	316	225	\$104,546,111	\$15,296,153	\$3,470,174	18.0%
Total	1551	1212	\$496,094,257	\$71,605,647	\$9,486,836	16.3%

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

Connecticut Department of Insurance

Indemnity Payments for Claims

All Insurers

2006 - 2010 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	607	38.6%	\$20,763,528	\$34,207	2.2%
\$100,000 - \$199,999	188	12.0%	\$25,502,664	\$135,652	2.7%
\$200,000 - \$299,999	119	7.6%	\$27,933,499	\$234,735	2.9%
\$300,000 - \$399,999	99	6.3%	\$32,884,274	\$332,164	3.5%
\$400,000 - \$499,999	70	4.5%	\$30,326,417	\$433,235	3.2%
\$500,000 - \$599,999	55	3.5%	\$28,357,500	\$515,591	3.0%
\$600,000 - \$699,999	44	2.8%	\$27,750,370	\$630,690	2.9%
\$700,000 - \$799,999	51	3.2%	\$37,818,218	\$741,534	4.0%
\$800,000 - \$899,999	49	3.1%	\$41,293,416	\$842,723	4.3%
\$900,000 - \$999,999	32	2.0%	\$30,164,238	\$942,632	3.2%
\$1,000,000 and Over	258	16.4%	\$648,780,639	\$2,514,654	68.2%
Total	1572	100.0%	\$951,574,763	\$605,327	100.0%

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

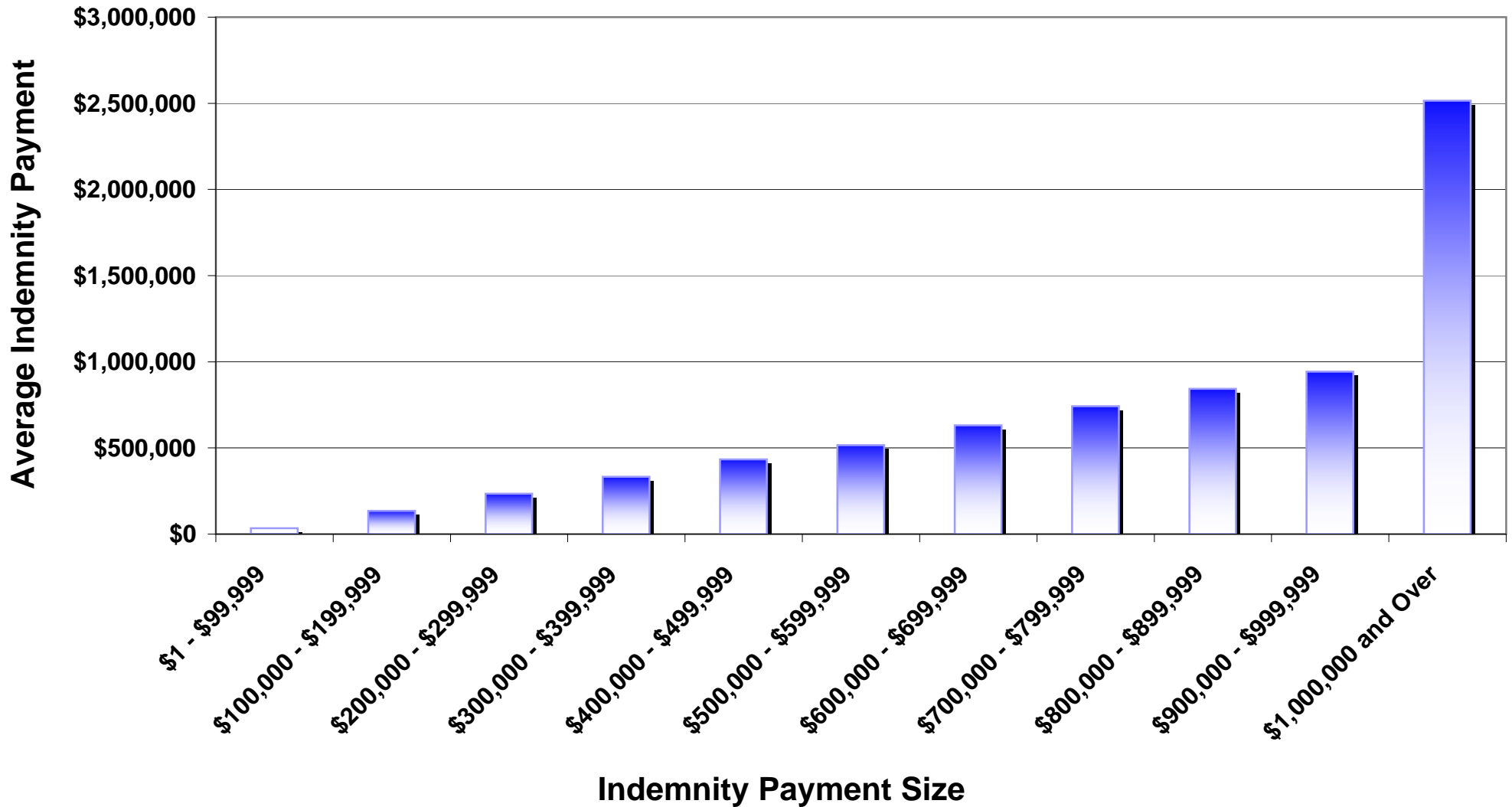
(5)=(4)/(2)

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

Connecticut Department of Insurance



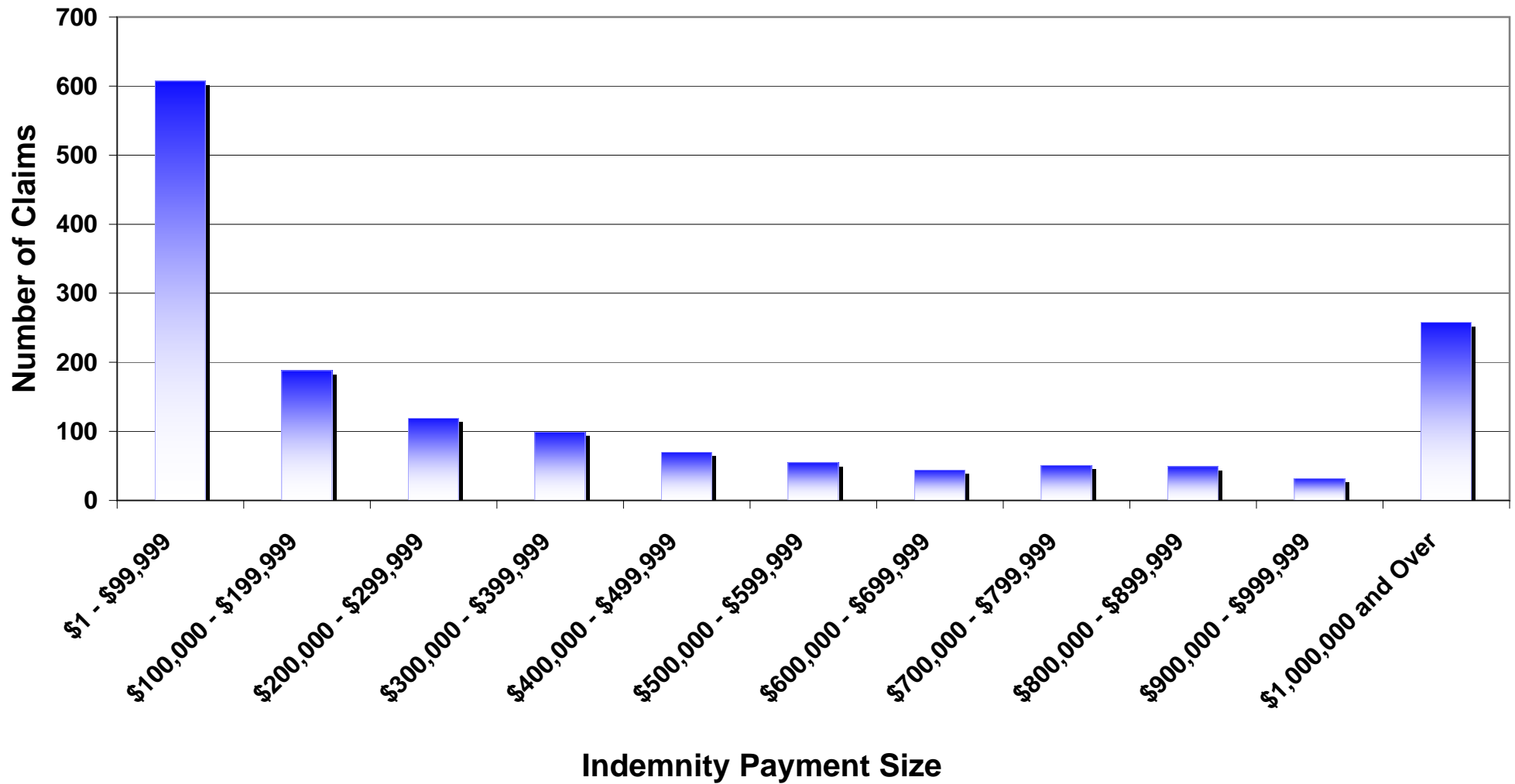
Average Indemnity Payment by Indemnity Payment Size 2006 - 2010 Aggregate



Connecticut Department of Insurance



Number of Claims by Indemnity Payment Size 2006 - 2010 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Indemnity Payment

All Insurers

2006 - 2010 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	1751	1276	\$51,156,273	\$40,091	35.4%
\$1 - \$99,999	607	373	\$13,854,932	\$37,145	9.6%
\$100,000 - \$199,999	188	165	\$9,726,595	\$58,949	6.7%
\$200,000 - \$299,999	119	108	\$5,903,399	\$54,661	4.1%
\$300,000 - \$399,999	99	95	\$7,015,109	\$73,843	4.9%
\$400,000 - \$499,999	70	62	\$3,918,642	\$63,204	2.7%
\$500,000 - \$599,999	55	54	\$3,762,044	\$69,667	2.6%
\$600,000 - \$699,999	44	43	\$4,282,401	\$99,591	3.0%
\$700,000 - \$799,999	51	49	\$3,866,518	\$78,909	2.7%
\$800,000 - \$899,999	49	47	\$3,377,069	\$71,853	2.3%
\$900,000 - \$999,999	32	32	\$2,507,443	\$78,358	1.7%
\$1,000,000 and Over	258	243	\$34,994,903	\$144,012	24.2%
Total	3323	2547	\$144,365,328	\$56,681	100.0%

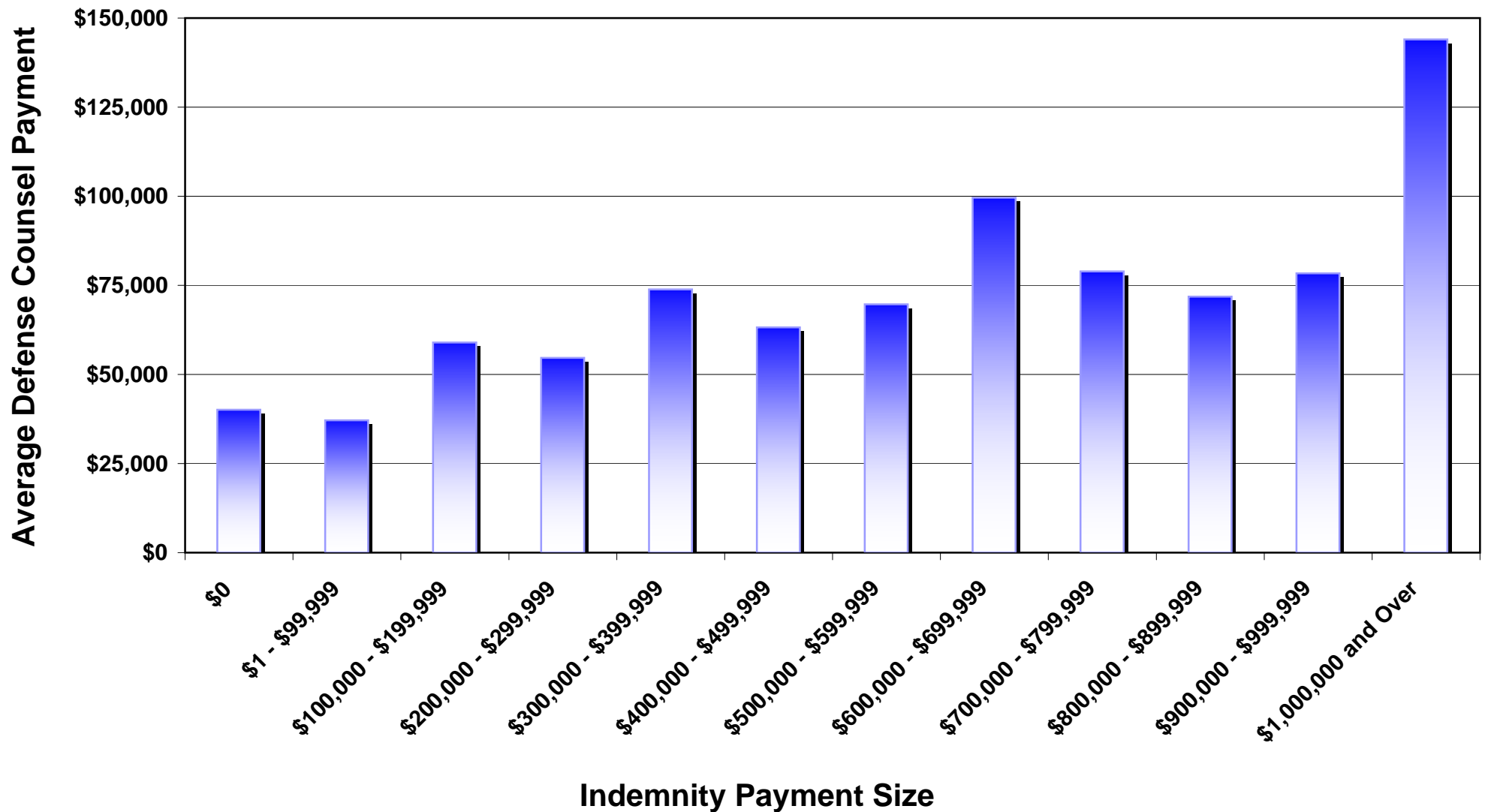
(5)=(4)/(3)

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

Connecticut Department of Insurance



Average Payment to Defense Counsel by Indemnity Payment Size 2006 - 2010 Aggregate



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

2006 - 2010 Aggregate

<i>Report to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Percent of Claims with Defense Counsel Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	305	9.2%	94	6.0%	92	3.6%
6 - 12 Months	311	9.4%	102	6.5%	140	5.5%
12 - 18 Months	286	8.6%	107	6.8%	179	7.0%
18 - 24 Months	298	9.0%	107	6.8%	214	8.4%
24 - 36 Months	641	19.3%	316	20.1%	551	21.6%
36 - 60 Months	953	28.7%	565	35.9%	873	34.3%
60 - 90 Months	435	13.1%	237	15.1%	407	16.0%
90 - 120 Months	75	2.3%	34	2.2%	72	2.8%
120 Months and Over	19	0.6%	10	0.6%	19	0.7%
Total	3323	100.0%	1572	100.0%	2547	100.0%
Average Length of Claims	3.05 YEARS		3.38 YEARS		3.55 YEARS	

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

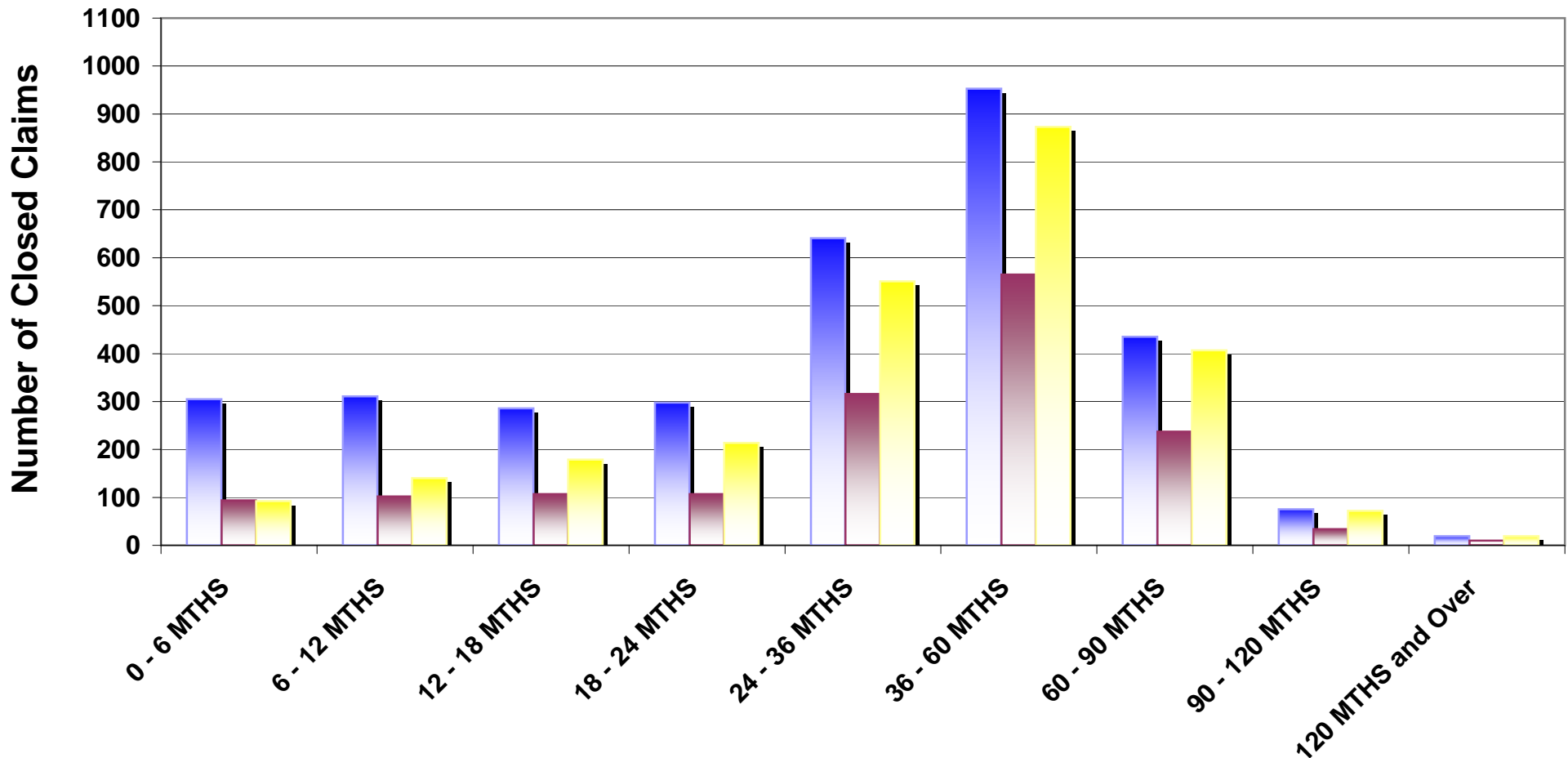
(5)=(4) for each range/(4) total

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

Connecticut Department of Insurance



Length of Claims From Report to Closure Date 2006 - 2010 Aggregate



Length of Claims from Report to Closure Date



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

2006 - 2010 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	305	94	30.8%	\$2,149,361	0.2%	\$22,866
6 - 12 Months	311	102	32.8%	\$19,724,576	2.1%	\$193,378
12 - 18 Months	286	107	37.4%	\$32,580,647	3.4%	\$304,492
18 - 24 Months	298	107	35.9%	\$34,237,435	3.6%	\$319,976
24 - 36 Months	641	316	49.3%	\$199,528,798	21.0%	\$631,420
36 - 60 Months	953	565	59.3%	\$346,207,562	36.4%	\$612,757
60 - 90 Months	435	237	54.5%	\$237,047,389	24.9%	\$1,000,200
90 - 120 Months	75	34	45.3%	\$55,288,300	5.8%	\$1,626,126
120 Months and Over	19	10	52.6%	\$24,810,695	2.6%	\$2,481,070
Total	3323	1572	47.3%	\$951,574,763	100.0%	\$605,327

(4)=(3)/(2)

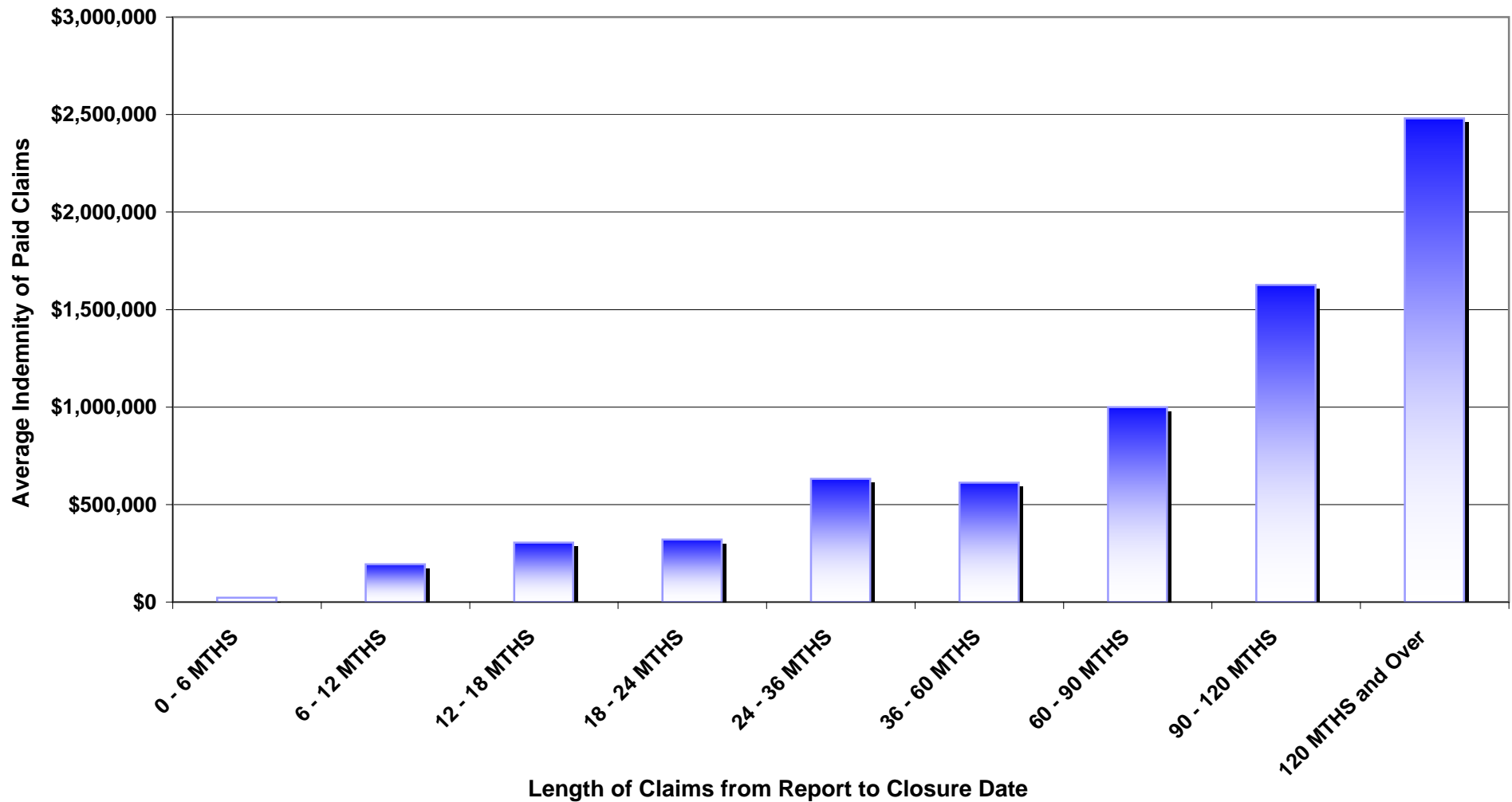
(6)=(5) for each range/(5) total

(7)=(5)/(3)

Connecticut Department of Insurance



Length of Claims From Report to Closure Date Average Indemnity of Paid Claims 2006 - 2010 Aggregate



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

2006 - 2010 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	305	92	30.2%	\$369,207	0.3%	\$4,013
6 - 12 Months	311	140	45.0%	\$614,549	0.4%	\$4,390
12 - 18 Months	286	179	62.6%	\$2,324,120	1.6%	\$12,984
18 - 24 Months	298	214	71.8%	\$3,122,796	2.2%	\$14,593
24 - 36 Months	641	551	86.0%	\$21,166,159	14.7%	\$38,414
36 - 60 Months	953	873	91.6%	\$58,540,436	40.6%	\$67,057
60 - 90 Months	435	407	93.6%	\$43,543,577	30.2%	\$106,987
90 - 120 Months	75	72	96.0%	\$9,743,678	6.7%	\$135,329
120 Months and Over	19	19	100.0%	\$4,908,258	3.4%	\$258,329
Total	3323	2547	76.6%	\$144,332,780	100.0%	\$56,668

(4)=(3)/(2)

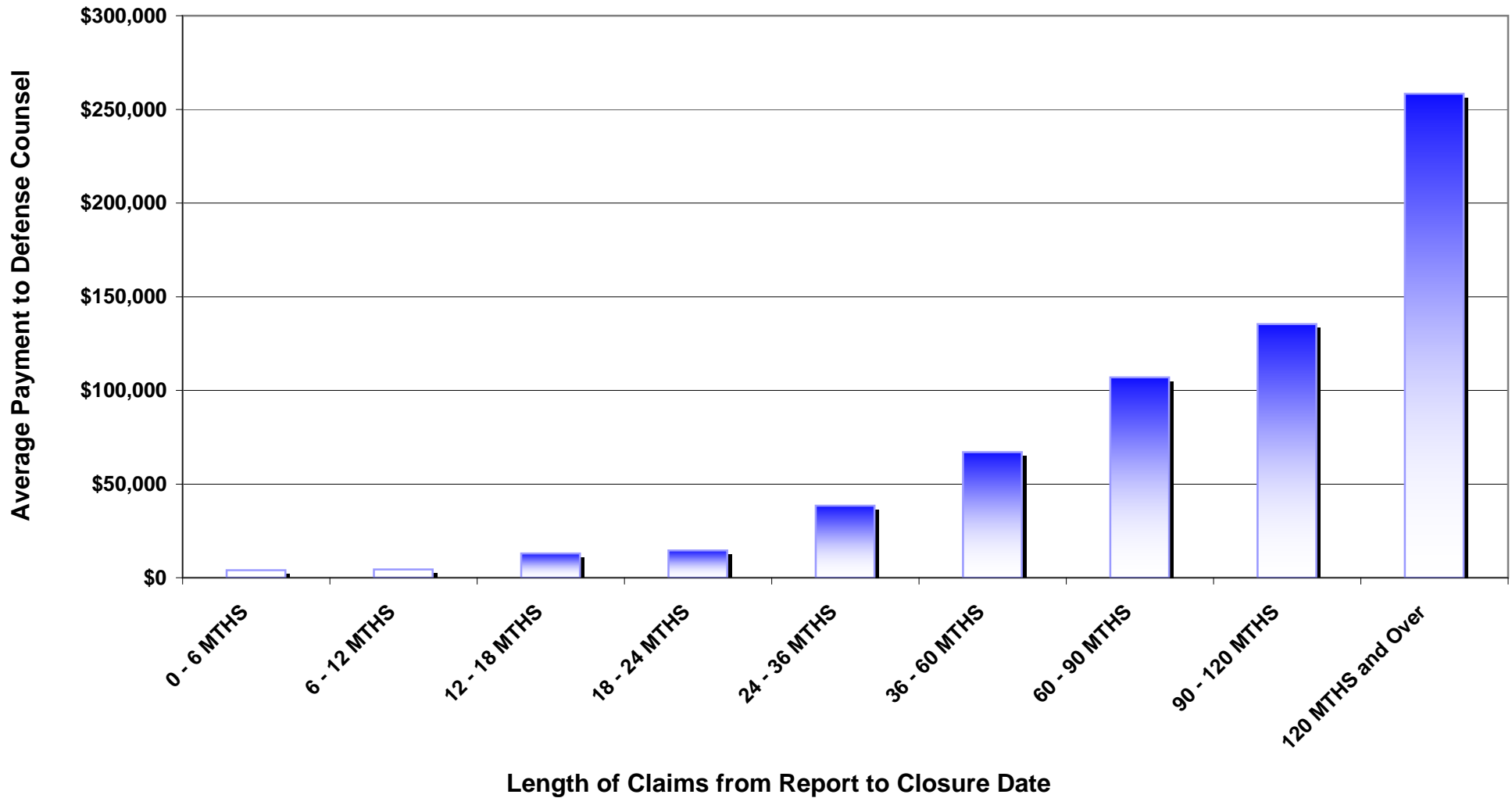
(6)=(5) for each range/(5) total

(7)=(5)/(3)

Connecticut Department of Insurance



Length of Claims From Report to Closure Date Average Payment to Defense Counsel 2006 - 2010 Aggregate



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

2006 - 2010 Aggregate

<i>Injury Date to Report Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
0 - 6 Months	1016	30.6%	550	35.0%
6 - 12 Months	370	11.1%	172	10.9%
12 - 18 Months	337	10.1%	170	10.8%
18 - 24 Months	384	11.6%	179	11.4%
24 - 36 Months	876	26.4%	359	22.8%
36 - 60 Months	215	6.5%	90	5.7%
60 - 90 Months	58	1.7%	23	1.5%
90 - 120 Months	12	0.4%	6	0.4%
120 Months and Over	20	0.6%	5	0.3%
Total	3288	100.0%	1554	100.0%
Average Length of Claims	1.49 YEARS		1.37 YEARS	

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

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

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

2006 - 2010 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	59	1.8%	35	2.2%
6 - 12 Months	118	3.6%	55	3.5%
12 - 18 Months	155	4.7%	50	3.2%
18 - 24 Months	175	5.3%	72	4.6%
24 - 36 Months	533	16.0%	179	11.4%
36 - 60 Months	966	29.1%	506	32.2%
60 - 90 Months	929	28.0%	493	31.4%
90 - 120 Months	263	7.9%	125	8.0%
120 Months and Over	90	2.7%	39	2.5%
Total	3288	100.0%	1554	100.0%
Average Length of Claims	4.57 YEARS		4.76 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

2006 - 2010 Aggregate

<i>Severity of Injury</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
Emotional Only	44	2.8%	\$7,590,040	\$172,501	0.8%
Insignificant Temporary	98	6.2%	\$2,103,676	\$21,466	0.2%
Minor Temporary	254	16.2%	\$16,183,234	\$63,714	1.7%
Major Temporary	175	11.1%	\$64,306,018	\$367,463	6.8%
Minor Permanent	211	13.4%	\$47,837,886	\$226,720	5.0%
Significant Permanent	174	11.1%	\$114,767,533	\$659,584	12.1%
Major Permanent	133	8.5%	\$227,621,799	\$1,711,442	23.9%
Grave Permanent	45	2.9%	\$100,411,722	\$2,231,372	10.6%
Death	438	27.9%	\$370,752,855	\$846,468	39.0%
Total	1572	100.0%	\$951,574,763	\$605,327	100.0%

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

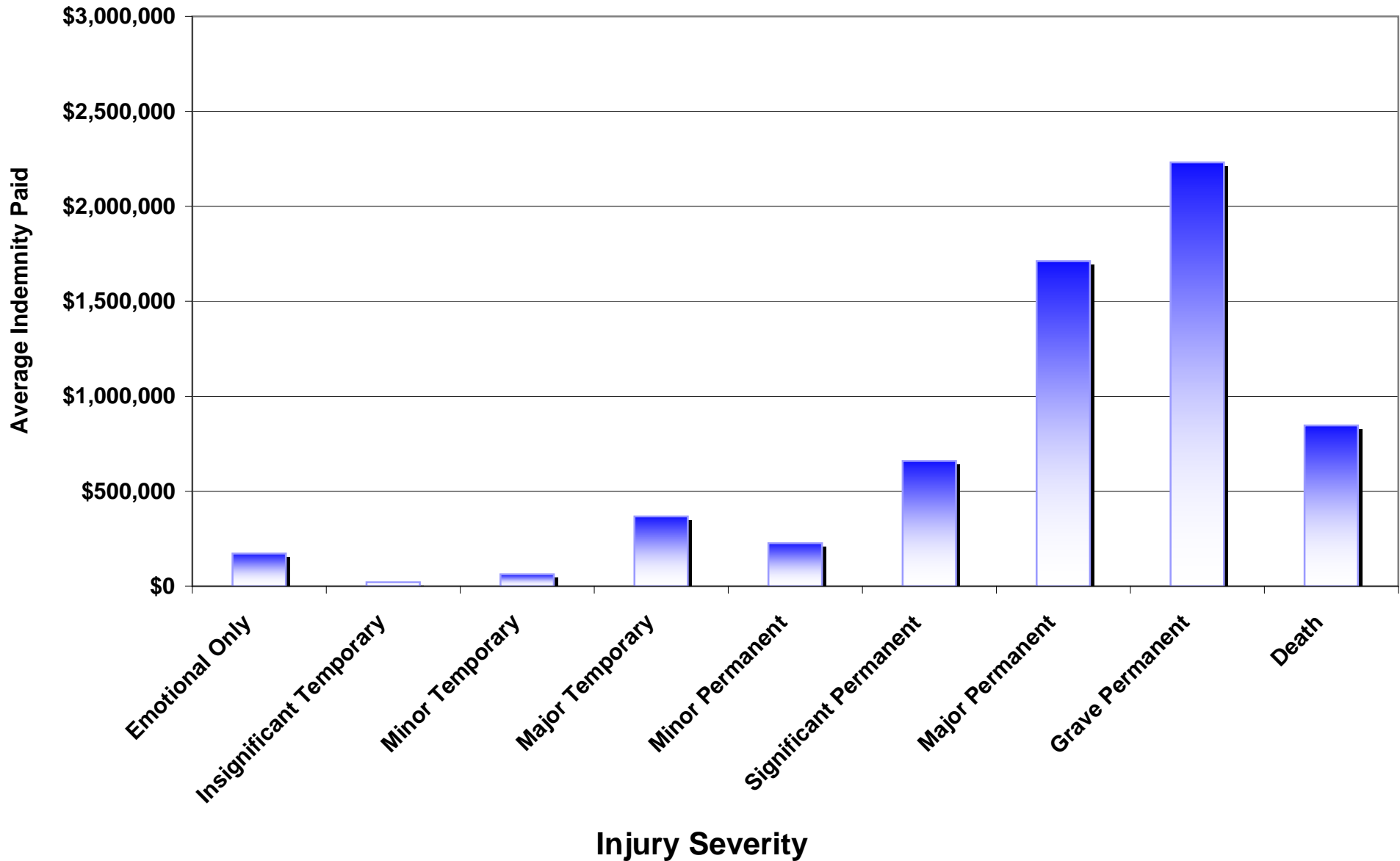
(5)=(4)/(2)

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

Connecticut Department of Insurance



Average Indemnity Paid by Severity of Injury 2006 - 2010 Aggregate



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

2006 - 2010 Aggregate

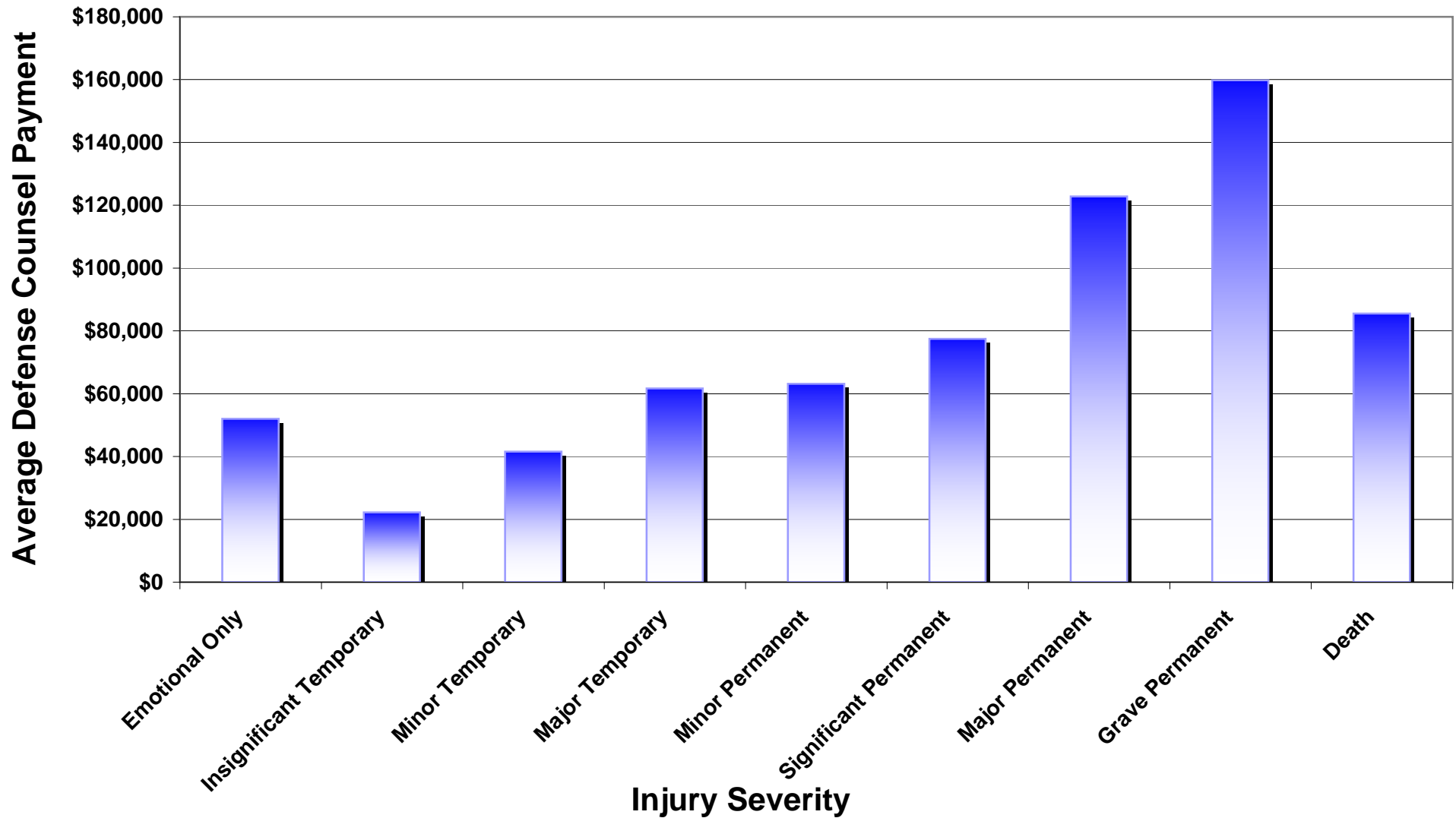
<i>Severity of Injury</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Number of Claims with Indemnity and Defense Counsel Payments</i>	<i>Total Payment to Defense Counsel for Claims in (3)</i>	<i>Average Payment to Defense Counsel for Claims in (3)</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Emotional Only	44	32	\$1,663,878	\$51,996
Insignificant Temporary	98	51	\$1,132,992	\$22,216
Minor Temporary	254	149	\$6,188,381	\$41,533
Major Temporary	175	125	\$7,713,553	\$61,708
Minor Permanent	211	179	\$11,304,709	\$63,155
Significant Permanent	174	164	\$12,705,851	\$77,475
Major Permanent	133	123	\$15,107,102	\$122,822
Grave Permanent	45	41	\$6,551,231	\$159,786
Death	438	407	\$34,814,880	\$85,540
Total	1572	1271	\$97,182,577	\$76,462

(5)=(4)/(3)

Connecticut Department of Insurance



Average Payment to Defense Counsel by Severity of Injury Claims with Indemnity Payment 2006 - 2010 Aggregate



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

2006 - 2010 Aggregate

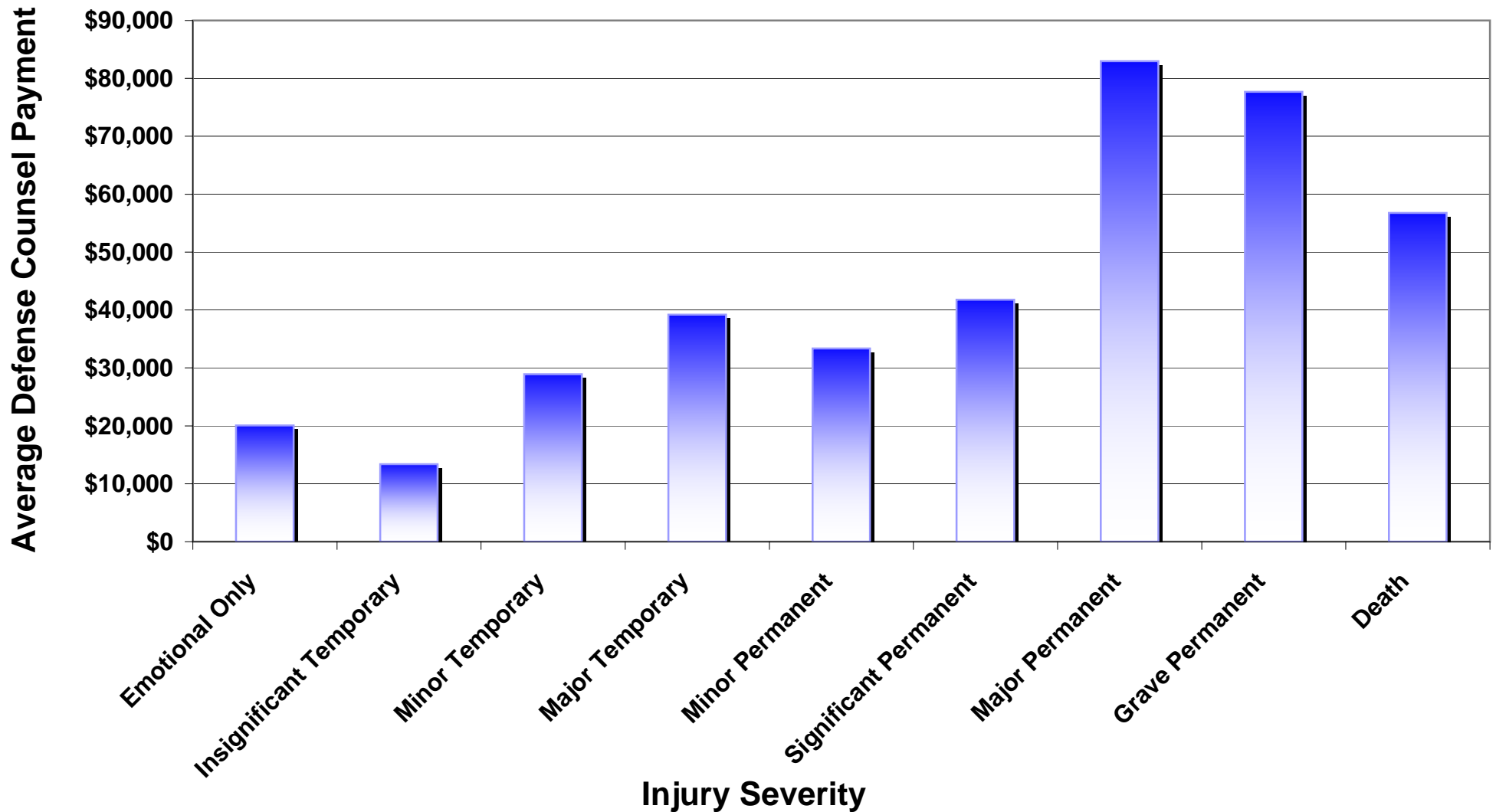
<i>Severity of Injury</i>	<i>Number of Claims without Indemnity Payments</i>	<i>Number of Claims with Payment to Defense Counsel only</i>	<i>Total Payment to Defense Counsel for Claims in (3)</i>	<i>Average Payment to Defense Counsel for Claims in (3)</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Emotional Only	165	112	\$2,249,101	\$20,081
Insignificant Temporary	185	113	\$1,510,198	\$13,365
Minor Temporary	418	228	\$6,588,048	\$28,895
Major Temporary	158	118	\$4,623,488	\$39,182
Minor Permanent	183	151	\$5,037,779	\$33,363
Significant Permanent	206	183	\$7,643,121	\$41,766
Major Permanent	87	79	\$6,553,783	\$82,959
Grave Permanent	26	18	\$1,398,127	\$77,674
Death	323	274	\$15,552,628	\$56,761
Total	1751	1276	\$51,156,273	\$40,091

(5)=(4)/(3)

Connecticut Department of Insurance



Average Payment to Defense Counsel by Severity of Injury Claims Without Indemnity Payment 2006 - 2010 Aggregate



Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

All Insurers

2006 - 2010 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	28	\$45,678,579	\$1,631,378	4.80%
APRN/RN	22	\$10,943,000	\$497,409	1.15%
Chiropractor	8	\$1,447,750	\$180,969	0.15%
Dentist	98	\$6,489,108	\$66,215	0.68%
Emergency Services/Call Center/Ambulance Service	24	\$14,560,866	\$606,703	1.53%
Freestanding Surgical Center/Rehab Hospital	12	\$2,272,381	\$189,365	0.24%
Gynecology/OB-GYN	97	\$96,822,414	\$998,169	10.17%
Hospital - General	717	\$460,177,167	\$641,809	48.36%
Hospital - Others	43	\$32,376,258	\$752,936	3.40%
Medical Group/Other Corporate Group Practice	39	\$28,004,666	\$718,068	2.94%
Orthopedics	42	\$15,175,472	\$361,321	1.59%
Physician - Family/Pediatric/General Practice	34	\$15,300,250	\$450,007	1.61%
Physicians - Others	338	\$192,458,100	\$569,403	20.23%
Physicians Assistant	5	\$2,352,800	\$470,560	0.25%
Psychiatry	11	\$3,090,000	\$280,909	0.32%
Radiology/Imaging Center	40	\$16,048,511	\$401,213	1.69%
Other	14	\$8,377,441	\$598,389	0.88%
Total	1572	\$951,574,763	\$605,327	100%

(4)=(3)/(2)

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

Friday, April 15, 2011

Report 8 - Part 1

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

Commercial Insurers

2006 - 2010 Aggregate for Claim Data

<i>Medical Provider Specialty</i>	<i>Base Premium in 2010</i>	<i>Number of Medical Providers in 2010</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	\$507,461	474	19	\$24,593,579	\$1,294,399	5.40%
APRN/RN	\$8,312,562	16865	14	\$8,679,250	\$619,946	1.91%
Chiropractor	\$1,646,329	2168	7	\$1,447,000	\$206,714	0.32%
Dentist	\$4,220,071	2724	98	\$6,489,108	\$66,215	1.42%
Emergency Services/Call Center/Ambulance Service	\$2,275,703	74	13	\$5,548,366	\$426,797	1.22%
Freestanding Surgical Center/Rehab Hospital	\$1,383,459	49	10	\$556,881	\$55,688	0.12%
Gynecology/OB-GYN	\$9,159,495	127	66	\$77,951,900	\$1,181,089	17.11%
Hospital - General	\$12,770,906	85	55	\$81,592,148	\$1,483,494	17.91%
Hospital - Others	\$921,611	862	14	\$18,861,258	\$1,347,233	4.14%
Medical Group/Other Corporate Group Practice	\$5,672,186	1631	26	\$19,221,666	\$739,295	4.22%
Orthopedics	\$1,711,104	245	36	\$13,693,098	\$380,364	3.01%
Physician - Family/Pediatric/General Practice	\$4,910,881	169	30	\$14,075,250	\$469,175	3.09%
Physicians - Others	\$31,306,425	2528	274	\$158,060,291	\$576,862	34.70%
Physicians Assistant	\$326,923	242	4	\$1,662,800	\$415,700	0.37%
Psychiatry	\$1,946,867	2748	10	\$2,765,000	\$276,500	0.61%
Radiology/Imaging Center	\$5,318,337	357	29	\$12,730,470	\$438,982	2.79%
Other	\$3,243,277	3328	12	\$7,552,441	\$629,370	1.66%
Total	\$95,633,597	34,676	717	\$455,480,506	\$635,259	100%

(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

2006 - 2010 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	9	\$21,085,000	\$2,342,778	4.25%
APRN/RN	8	\$2,263,750	\$282,969	0.46%
Chiropractor	1	\$750	\$750	0.00%
Emergency Services/Call Center/Ambulance Service	11	\$9,012,500	\$819,318	1.82%
Freestanding Surgical Center/Rehab Hospital	2	\$1,715,500	\$857,750	0.35%
Gynecology/OB-GYN	31	\$18,870,514	\$608,726	3.80%
Hospital - General	662	\$378,585,019	\$571,881	76.31%
Hospital - Others	29	\$13,515,000	\$466,034	2.72%
Medical Group/Other Corporate Group Practice	13	\$8,783,000	\$675,615	1.77%
Orthopedics	6	\$1,482,374	\$247,062	0.30%
Physician - Family/Pediatric/General Practice	4	\$1,225,000	\$306,250	0.25%
Physicians - Others	64	\$34,397,809	\$537,466	6.93%
Physicians Assistant	1	\$690,000	\$690,000	0.14%
Psychiatry	1	\$325,000	\$325,000	0.07%
Radiology/Imaging Center	11	\$3,318,041	\$301,640	0.67%
Other	2	\$825,000	\$412,500	0.17%
Total	855	\$496,094,257	\$580,227	100%

(4)=(3)/(2)

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

Friday, April 15, 2011

Report 8 - Part 3

Connecticut Department of Insurance

Disposition of Claims For All Insurers

2006 - 2010 Aggregate

<i>Disposition</i> (1)	<i>Claim Reports</i>		<i>Average Months</i>		<i>Average Severity of Injury Rating</i> (6)	<i>Average paid</i>	
	<i>Number</i> (2)	<i>Percent</i> (3)	<i>Incident to Report</i> (4)	<i>Incident to Disposition</i> (5)		<i>Indemnity</i> (7)	<i>ALAE</i> (8)
In Favor of Plaintiff							
Claims Settled Before Litigation	304	19.3%	9	23	4	\$121,692	\$6,085
Claims Settled Before Trial	1187	75.5%	18	63	15	\$657,892	\$84,185
Claims Settled During Trial	28	1.8%	26	79	6	\$1,595,411	\$171,059
Claims Settled After Trial	24	1.5%	21	91	6	\$1,947,668	\$178,490
Total Settled	1543	98.2%	16	56	8	\$589,325	\$71,841
Judgement for Plaintiff	25	1.6%	17	70	7	\$1,416,001	\$205,601
Judgement for Plaintiff On Appeal	4	0.3%	13	99	6	\$1,711,719	\$283,506
Total Court Dispositions	29	1.8%	17	74	6	\$1,456,790	\$216,346
Total	1572	100.0%	16	56	7	\$605,327	\$74,507
In Favor of Defendant							
Claims Closed Before Litigation	590	33.7%	12	29	3		\$4,379
Claims Closed Before Trial	887	50.7%	25	62	5		\$36,185
Claims Closed During Trial	5	0.3%	24	73	1		\$54,614
Claims Closed After Trial	61	3.5%	21	64	6		\$51,825
Total Settled	1543	88.1%	20	49	4		\$24,701
Judgement for Defendant	186	10.6%	20	67	5		\$113,388
Judgement for Defendant On Appeal	22	1.3%	23	98	7		\$165,600
Total Court Dispositions	208	11.9%	20	71	6		\$118,911
Total	1751	100.0%	20	52	5		\$35,892

(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

<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)
2006	714	\$67,562,968	\$94,626	\$268,839,078	\$376,525	\$261,723,303	\$366,559
2007	636	\$76,135,889	\$119,711	\$253,212,935	\$398,134	\$216,626,592	\$340,608
2008	666	\$78,429,488	\$117,762	\$267,852,839	\$402,181	\$242,018,776	\$363,392
2009	614	\$68,132,205	\$110,965	\$242,155,227	\$394,390	\$206,897,822	\$336,967
2010	693	\$63,915,302	\$92,230	\$215,347,158	\$310,746	\$200,515,152	\$289,344
Total	3323	\$354,175,852	\$106,583	\$1,247,407,237	\$375,386	\$1,127,781,645	\$339,387

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Commercial Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2006	365	\$32,235,294	\$88,316	\$169,913,410	\$465,516	\$161,711,853	\$443,046
2007	362	\$43,951,913	\$121,414	\$147,209,509	\$406,656	\$127,604,571	\$352,499
2008	349	\$41,808,115	\$119,794	\$120,202,751	\$344,420	\$108,992,485	\$312,299
2009	319	\$29,574,817	\$92,711	\$97,645,338	\$306,098	\$75,083,282	\$235,371
2010	377	\$34,480,906	\$91,461	\$93,610,693	\$248,304	\$77,202,714	\$204,782
Total	1772	\$182,051,045	\$102,738	\$628,581,701	\$354,730	\$550,594,905	\$310,719

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Captives and Self Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2006	349	\$35,327,674	\$101,225	\$98,925,668	\$283,455	\$100,011,450	\$286,566
2007	274	\$32,183,976	\$117,460	\$106,003,426	\$386,874	\$89,022,021	\$324,898
2008	317	\$36,621,373	\$115,525	\$147,650,088	\$465,773	\$133,026,291	\$419,641
2009	295	\$38,557,388	\$130,703	\$144,509,889	\$489,864	\$131,814,540	\$446,829
2010	316	\$29,434,396	\$93,147	\$121,736,465	\$385,242	\$123,312,438	\$390,229
Total	1551	\$172,124,807	\$110,977	\$618,825,536	\$398,985	\$577,186,740	\$372,138

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Yearly Information Report

All Insurers

<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)
2006	168	\$118,193,293	\$32,825,535	\$85,367,758
2007	130	\$92,239,119	\$38,800,975	\$53,438,144
2008	174	\$112,613,041	\$28,455,980	\$84,084,821
2009	188	\$73,081,334	\$16,202,325	\$56,879,009
2010	178	\$90,623,895	\$32,648,180	\$57,975,715
Total	838	\$486,750,682	\$148,932,995	\$337,745,447

(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

<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)
2006	112	\$94,225,660	\$28,156,882	\$66,068,778
2007	91	\$69,791,850	\$27,235,741	\$42,556,109
2008	83	\$65,117,421	\$12,866,558	\$52,178,623
2009	96	\$39,678,375	\$13,227,651	\$26,450,724
2010	89	\$47,239,881	\$17,167,513	\$30,072,368
Total	471	\$316,053,187	\$98,654,345	\$217,326,602

(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

<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>
2006	56	\$23,967,633	\$4,668,653	\$19,298,980
2007	39	\$22,447,269	\$11,565,234	\$10,882,035
2008	91	\$47,495,620	\$15,589,422	\$31,906,198
2009	92	\$33,402,959	\$2,974,674	\$30,428,285
2010	89	\$43,384,014	\$15,480,667	\$27,903,347
Total	367	\$170,697,495	\$50,278,650	\$120,418,845

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

Connecticut Medical Malpractice Annual Report – 2011

Appendix 2

**Calendar Year Premium and Losses
for 2006, 2007, 2008, 2009 and 2010**

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>
2006			
Commercial Insurers	\$168,694,762	\$134,152,740	\$117,357,537
Captives	\$127,381,279	\$74,023,759	\$134,915,087
Self Insurers	\$26,811,080	\$25,618,694	\$19,192,267
Totals	\$322,887,121	\$233,795,193	\$271,464,891
2007			
Commercial Insurers	\$148,312,080	\$123,188,803	\$150,329,334
Captives	\$131,640,684	\$81,433,554	\$172,354,695
Self Insurers	\$33,796,526	\$30,424,981	\$34,299,362
Totals	\$313,749,290	\$235,047,338	\$356,983,391
2008			
Commercial Insurers	\$133,552,209	\$106,600,335	\$79,073,318
Captives	\$170,661,416	\$188,914,211	\$186,343,097
Self Insurers	\$35,916,119	\$20,446,873	\$36,061,111
Totals	\$340,129,744	\$315,961,419	\$301,477,526
2009			
Commercial Insurers	\$124,570,314	\$76,150,750	\$68,061,425
Captives	\$185,896,655	\$102,212,864	\$147,535,382
Self Insurers	\$47,554,582	\$15,978,104	\$15,384,247
Totals	\$358,021,551	\$194,341,718	\$230,981,054
2010			
Commercial Insurers	\$118,190,539	\$60,401,968	\$65,199,799
Captives	\$149,396,840	\$88,515,195	\$159,256,031
Self Insurers	\$21,397,208	\$17,962,977	\$10,894,052
Totals	\$288,984,587	\$166,880,140	\$235,349,882

Connecticut Medical Malpractice Annual Report – 2011

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 Expenses Incurred			Dividends	Commission and Brokerage Expense	Taxes and Fees
			Premium Earned	Direct Losses Incurred				
2001	\$129,792,918	\$138,799,513	\$120,543,321	\$185,544,402	16,775,442	\$4,261,106	\$8,119,990	\$2,958,373
2002	\$158,923,275	\$132,707,944	\$173,876,942	\$209,323,420	42,218,183	\$2,216,693	\$9,906,005	\$4,097,027
2003	\$225,338,363	\$146,144,629	\$211,487,853	\$147,817,730	32,149,585	\$118,651	\$12,065,957	\$4,211,801
2004	\$225,677,066	\$121,984,350	\$221,117,278	\$125,938,599	32,199,115	\$90,253	\$12,206,430	\$5,634,756
2005	\$246,228,681	\$159,021,753	\$229,590,170	\$184,177,257	45,409,315	\$113,153	\$13,173,602	\$5,341,091
2006	\$222,510,593	\$158,896,289	\$224,464,853	\$150,796,675	36,634,700	\$125,823	\$12,424,585	\$5,211,385
2007	\$214,716,085	\$132,509,436	\$217,533,314	\$205,503,250	31,810,332	\$162,344	\$12,176,027	\$4,856,024
2008	\$213,015,705	\$160,376,736	\$211,548,606	\$77,779,627	27,348,583	\$328,355	\$13,496,213	\$5,141,297
2009	\$205,887,206	\$115,546,502	\$207,188,884	\$81,839,952	\$22,547,098	\$128,361	\$12,153,011	\$5,067,269
2010	\$187,939,784	\$66,577,812	\$183,902,792	\$20,486,393	\$35,514,153	\$214,187	\$13,456,626	\$4,070,048

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
2001	153.9%	13.9%	12.7%	-99.0%	-36.2%
2002	120.4%	24.3%	9.3%	-69.6%	-29.8%
2003	69.9%	15.2%	7.8%	-4.4%	13.4%
2004	57.0%	14.6%	8.1%	10.0%	22.2%
2005	80.2%	19.8%	8.1%	-21.6%	1.8%
2006	67.2%	16.3%	7.9%	-6.1%	13.6%
2007	94.5%	14.6%	7.9%	-32.1%	-3.4%
2008	36.8%	12.9%	9.0%	28.1%	26.6%
2009	39.5%	10.9%	8.4%	24.2%	25.9%
2010	11.1%	19.3%	9.6%	N/A	N/A

* National Association of Insurance Commissioners, Report on Profitability by Line by State, annual volumes from 2001 to 2010

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	Commission and Brokerage Expense	Taxes and Fees
2001	\$102,203,863	\$116,705,913	\$96,074,631	\$167,127,968	\$14,133,321	\$4,189,153	\$7,496,316	\$2,055,478
2002	\$100,606,998	\$114,478,127	\$124,680,010	\$170,591,337	\$36,621,231	\$2,154,157	\$8,084,634	\$2,693,448
2003	\$145,811,076	\$124,412,206	\$133,801,254	\$89,447,672	\$25,358,115	\$89,815	\$9,662,682	\$2,019,794
2004	\$142,253,757	\$95,141,353	\$137,856,539	\$62,876,139	\$24,593,405	\$90,253	\$9,295,362	\$3,316,909
2005	\$155,003,949	\$124,234,485	\$139,755,089	\$136,528,617	\$29,998,072	\$91,114	\$9,517,858	\$3,045,353
2006	\$141,517,805	\$110,579,655	\$138,556,070	\$82,579,837	\$22,485,021	\$116,678	\$9,026,596	\$2,988,358
2007	\$136,304,980	\$102,340,760	\$138,626,587	\$77,001,029	\$18,711,509	\$121,094	\$8,783,019	\$2,638,930
2008	\$127,186,309	\$91,508,513	\$126,733,484	\$58,231,375	\$17,293,530	\$273,483	\$8,564,244	\$2,634,577
2009	\$118,636,760	\$68,574,283	\$119,417,586	\$32,252,965	\$11,523,245	\$110,905	\$8,944,414	\$2,446,272
2010	\$111,162,780	\$45,214,396	\$107,602,899	-\$25,557,041	\$24,776,296	\$155,672	\$8,890,910	\$1,984,470

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
2001	121.47%	173.96%	14.71%	14.30%
2002	91.82%	136.82%	29.37%	10.37%
2003	92.98%	66.85%	18.95%	8.80%
2004	69.01%	45.61%	17.84%	9.21%
2005	88.89%	97.69%	21.46%	9.05%
2006	79.81%	59.60%	16.23%	8.76%
2007	73.82%	55.55%	13.50%	8.33%
2008	72.21%	45.95%	13.65%	9.05%
2009	57.42%	27.01%	9.65%	9.63%
2010	42.02%	-23.75%	23.03%	10.25%

Medical Malpractice
Data from NAIC I-SITE Line Report of State Page Exhibit
Excess/Surplus Lines in Connecticut Medical Malpractice Market

Year	Premium Written	Losses Paid	Premium Earned	Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Comssion and Brokerage Expense Taxes and Fees
2001	\$4,724,927	\$1,531,715	\$2,563,077	\$2,685,845	\$629,592	\$0	\$418,853
2002	\$24,756,805	\$758,377	\$14,734,326	\$5,944,449	\$361,480	\$0	\$1,608,965
2003	\$26,472,803	\$3,156,176	\$25,296,200	\$18,012,614	\$321,855	\$0	\$2,213,466
2004	\$30,958,196	\$685,253	\$31,062,193	\$20,583,862	\$496,643	\$0	\$2,655,036
2005	\$31,552,309	\$6,935,097	\$30,192,820	\$7,133,211	\$1,076,737	\$0	\$2,923,656
2006	\$25,909,996	\$10,136,295	\$30,880,271	\$9,802,776	\$1,011,542	\$0	\$2,774,046
2007	\$24,669,595	\$10,520,658	\$25,024,091	\$33,995,155	\$1,056,897	\$0	\$3,050,999
2008	\$26,344,811	\$9,527,851	\$25,421,354	-\$8,395,964	-\$241,409	\$0	\$4,717,441
2009	\$24,558,850	\$6,851,389	\$24,772,184	-\$193,689	\$1,934,504	\$0	\$2,972,581
2010	\$25,802,604	\$3,870,580	\$25,202,123	\$1,482,178	\$3,417,487	\$0	\$4,412,404

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
2001	59.76%	104.79%	24.56%	16.20%
2002	5.15%	40.34%	2.45%	11.01%
2003	12.48%	71.21%	1.27%	8.99%
2004	2.21%	66.27%	1.60%	9.17%
2005	22.97%	23.63%	3.57%	9.76%
2006	32.82%	31.74%	3.28%	9.09%
2007	42.04%	135.85%	4.22%	12.30%
2008	37.48%	-33.03%	-0.95%	18.81%
2009	27.66%	-0.78%	7.81%	12.23%
2010	15.36%	5.88%	13.56%	18.06%

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	Commission and Brokerage Expense	Taxes and Fees
2001	\$22,054,908	\$20,490,885	\$21,018,780	\$18,117,976	\$2,796,751	\$4,262	\$178,167	\$895,916
2002	\$32,709,583	\$17,253,190	\$32,482,502	\$31,441,935	\$4,672,888	\$1,956	\$180,778	\$1,353,652
2003	\$52,099,965	\$16,796,247	\$51,589,852	\$40,776,538	\$4,003,049	\$0	\$192,793	\$2,109,115
2004	\$52,465,113	\$26,157,744	\$52,196,636	\$42,503,573	\$4,969,287	\$0	\$256,032	\$2,125,106
2005	\$58,474,126	\$27,827,171	\$58,658,635	\$40,879,290	\$12,905,635	\$22,039	\$433,616	\$2,273,994
2006	\$53,925,316	\$38,178,304	\$53,823,549	\$58,301,534	\$11,932,387	\$9,145	\$439,875	\$2,144,990
2007	\$52,888,440	\$19,583,863	\$52,897,231	\$93,982,654	\$6,314,655	\$41,250	\$210,929	\$2,157,003
2008	\$59,484,585	\$59,340,372	\$59,393,768	\$27,944,216	\$10,296,462	\$54,872	\$214,528	\$2,441,374
2009	\$62,691,596	\$40,120,830	\$62,999,114	\$49,780,676	\$9,089,349	\$17,456	\$236,016	\$2,564,780
2010	\$50,974,400	\$17,492,836	\$51,097,770	\$44,561,256	\$7,320,370	\$58,515	\$153,312	\$1,945,515

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
2001	97.49%	86.20%	13.31%	5.13%
2002	53.12%	96.80%	14.39%	4.73%
2003	32.56%	79.04%	7.76%	4.46%
2004	50.11%	81.43%	9.52%	4.56%
2005	47.44%	69.69%	22.00%	4.65%
2006	70.93%	108.32%	22.17%	4.82%
2007	37.02%	177.67%	11.94%	4.55%
2008	99.91%	47.05%	17.34%	4.56%
2009	63.68%	79.02%	14.43%	4.47%
2010	34.23%	87.21%	14.33%	4.22%

Top 15 in 2010 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
Proselect Ins Co	MA	48,128,821	45,427,091	0	28,328,670	13,955,800	1,183,111	89,231,107	7,562,396	4,683,636	28,860,335	4,345,292	1,111,232
MCIC VT Inc RRG	VT	43,551,019	43,551,019	0	0	16,910,868	40,226,307	214,290,427	6,165,490	6,193,063	14,698,526	52,328	1,787,504
Connecticut Medical Ins Co	CT	32,316,971	32,144,412	0	40,000,000	20,974,301	-28,878,834	160,249,296	6,117,757	14,993,339	33,845,338	1,029,701	284,243
Continental Cas Co	IL	12,748,291	12,674,380	0	1,348,069	3,565,994	-924,279	41,493,615	1,669,158	3,737,272	4,140,730	355,541	279,746
Darwin Select Ins Co	AR	8,118,808	6,826,256	0	4,426,471	271,188	2,382,068	5,999,612	243,590	921,715	2,576,700	2,105,792	4,248
Applied Medico Legal Solutions RRG	AZ	3,362,513	3,557,756	0	1,218,145	0	810,580	1,252,897	129,332	208,093	278,263	0	0
American Cas Co Of Reading PA	PA	3,012,879	3,021,328	3,511	1,248,439	283,090	401,387	3,201,463	218,517	95,900	1,754,195	1,171,568	72,778
National Union Fire Ins Co Of Pitts	PA	2,884,058	2,853,926	0	1,421,626	139,233	3,376,994	7,468,605	646,176	1,425,729	1,624,337	599,851	81,128
Lexington Ins Co	DE	2,703,871	2,915,712	0	1,793,022	693,930	1,925,148	15,040,001	456,457	890,011	2,263,219	132,533	4,000
Medical Protective Co	IN	2,640,618	2,404,688	0	1,084,035	1,200,663	2,024,663	18,582,000	560,943	-67,350	1,472,163	233,666	36,764
Ironshore Specialty Ins Co	AZ	2,601,905	1,819,103	0	1,741,649	0	827,468	1,253,430	0	91,674	139,662	422,487	39
Homeland Ins Co of NY	NY	2,284,752	2,688,647	0	1,100,340	0	206,271	454,741	4,452	55,011	52,724	253,901	0
Evanston Ins Co	IL	1,882,903	1,968,536	0	-210,303	474,213	121,334	4,090,416	131,930	875,831	1,797,033	330,871	2,330
Fortress Ins Co	IL	1,721,087	1,889,882	0	804,084	165,875	566,311	2,024,620	368,553	125,121	1,776,956	200,743	22,691
Star Ins Co	MI	1,704,828	1,002,621	0	706,522	0	1	1	0	0	0	289,821	30,043

Top 15 Total

169,663,324 = 90.3% of total 2010 Direct Premiums Written of \$187,939,784

Top 15 in 2009 Direct Premiums Written

Company Name	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	Commissi on and Brokerage Expense	Taxes, Licenses and Fees
MCIC VT Inc RRG	57,653,607	57,653,607	0	0	39,401,295	47,284,456	190,974,989	8,747,243	7,816,575	14,670,953	52,328	2,355,131
Proselect Ins Co	52,170,928	52,416,757	0	26,861,225	21,653,298	15,347,767	102,003,796	7,729,456	-2,271,334	31,739,096	4,633,352	1,198,972
Connecticut Medical Ins Co	35,359,956	35,358,088	0	40,000,000	15,071,413	-2,624,658	197,176,431	5,308,769	5,425,468	24,969,756	769,531	677,617
Continental Cas Co	13,361,979	13,378,459	0	1,152,278	13,622,775	8,605,179	45,983,888	4,292,472	3,218,348	2,072,616	405,504	232,523
Darwin Select Ins Co	5,931,867	5,517,663	0	3,133,919	635,000	721,509	3,888,732	166,383	411,581	1,898,575	1,830,674	0
Lexington Ins Co	3,238,972	3,823,878	0	2,004,863	5,106,133	3,778,952	13,808,783	571,877	281,270	1,829,666	259,255	6,409
American Cas Co Of Reading PA	3,041,089	3,017,548	0	1,256,888	1,058,718	181,160	3,083,166	195,396	171,773	1,876,812	1,184,021	49,656
National Union Fire Ins Co Of Pitts	2,806,812	2,832,078	0	1,391,495	1,446,901	1,630,041	4,230,843	630,083	714,111	844,784	585,458	52,935
Homeland Ins Co of NY	2,250,517	746,282	0	1,504,235	0	248,470	248,470	0	2,165	2,165	321,828	0
Medical Protective Co	2,190,112	2,461,715	0	848,105	2,610,000	5,491,000	17,758,000	1,165,834	1,518,286	2,100,456	184,782	18,197
Evanston Ins Co	2,183,182	1,952,203	0	-124,671	58,223	2,483,329	4,443,296	108,214	897,657	1,053,132	-814,720	43
Fortress Ins Co	1,919,914	2,001,971	0	972,879	523,500	741,944	1,624,184	228,653	437,259	2,020,388	262,371	37,395
Steadfast Ins Co	1,647,607	1,687,251	0	831,017	0	-2,249,099	2,701,456	4,011	73,645	298,611	113,397	0
Preferred Physicians Medical RRG	1,478,615	1,493,819	0	65,949	0	1,123,081	3,237,071	87,913	624,709	1,050,968	0	59,145
Oms Natl Ins Co Rrg	1,440,481	1,565,541	0	874,955	200,000	24,898	1,538,346	250,550	79,982	2,859,969	83,817	57,619

Top 15 Total

186,675,638 = 90.7% of total 2009 Direct Premiums Written of \$205,887,206

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Investment Income * – 15 Leading Writers

<u>COMPANY NAME</u>	<u>2010</u>	<u>2009</u>
Proselect Ins Co	\$809,408	\$798,923
MCIC VT Inc RRG	\$688,747	\$1,014,947
Connecticut Medical Ins Co	\$17,479,015	\$17,421,716
Continental Cas Co	\$1,701,374,161	\$935,960,332
Darwin Select Ins Co	\$2,360,357	\$2,386,968
Applied Medico Legal Solutions RRG	\$1,911,777	\$928,880
American Cas Co Of Reading PA	\$2,042,414	\$6,037,939
National Union Fire Ins Co Of Pitts	\$1,104,746,120	\$1,580,498,644
Lexington Ins Co	\$652,238,289	\$490,269,443
Medical Protective Co	\$29,363,958	\$84,262,716
Ironshore Specialty Ins Co	\$9,758,793	\$3,256,527
Homeland Ins Co of NY	\$25,890,627	\$16,496,551
Evanston Ins Co	\$105,540,987	\$52,235,918
Fortress Ins Co	\$2,057,654	\$1,856,912
Star Insurance Company	\$31,929,498	\$26,756,593

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.

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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

Connecticut Medical Malpractice Annual Report – 2011

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 07-25

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

The link can be found at the following URL address:

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

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

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

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

Definitions and Terms:

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

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

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

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

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

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

Captive Domicile:

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

Captive License #:

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

Non-Hospital Healthcare Provider:

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

Self-Insured Trust:

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

Voluntary Attending Physician:

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

Yearly Reporting Financial Terms & Definitions:

Commercial Insurer

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

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

Hospital/Captive:

Hospital/Captive without Voluntary Attending Physicians

Hospital Professional Liability Premium (No General Liability) –

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

Hospital Net Retained Paid Professional Liability Losses –

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

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

Hospital/Captive with Voluntary Attending Physicians

Hospital Professional Liability Premium (No General Liability) –

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

Hospital Net Retained Paid Professional Liability Losses –

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

Hospital Net Retained Incurred Professional Liability Losses –

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

Hospital/Self Insured Trust

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

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

Medical Malpractice Online Reporting Tool Instruction

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

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

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

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

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

Click here to start:

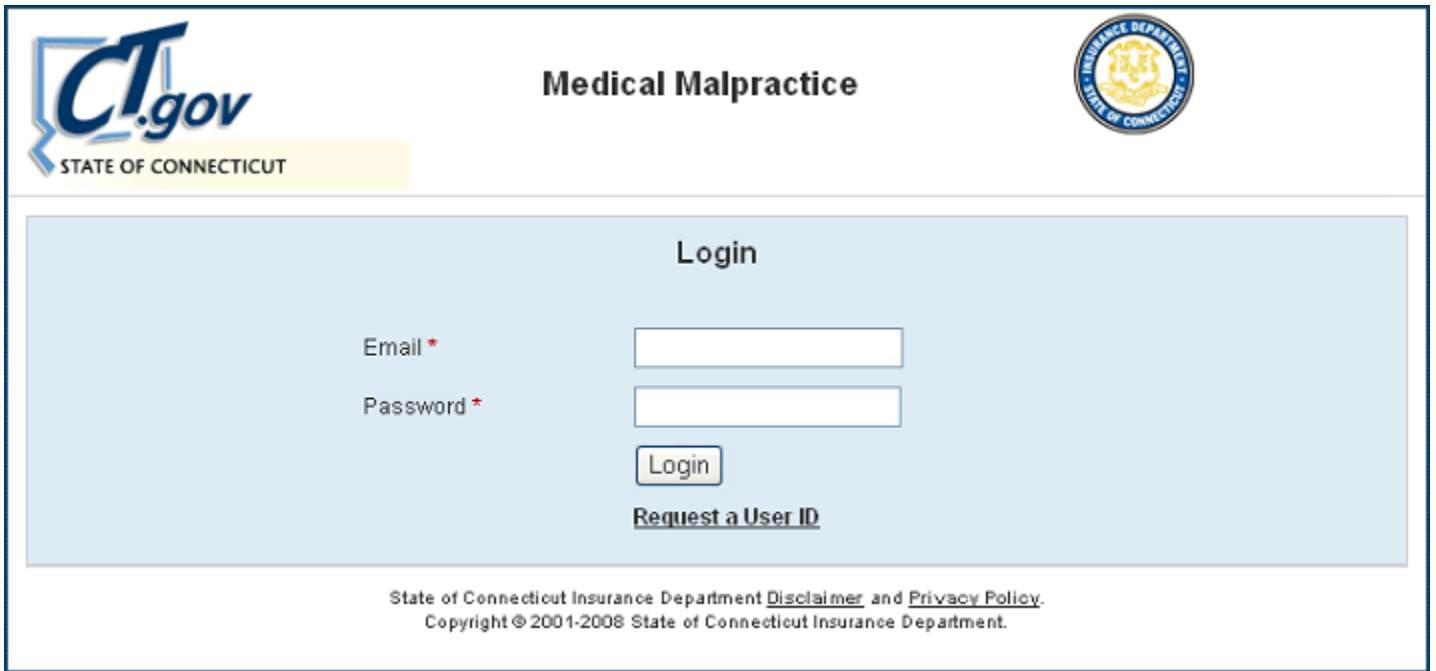
https://www.cid-online.ct.gov/mmdc/Login_input.action

To Bookmark this page:

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

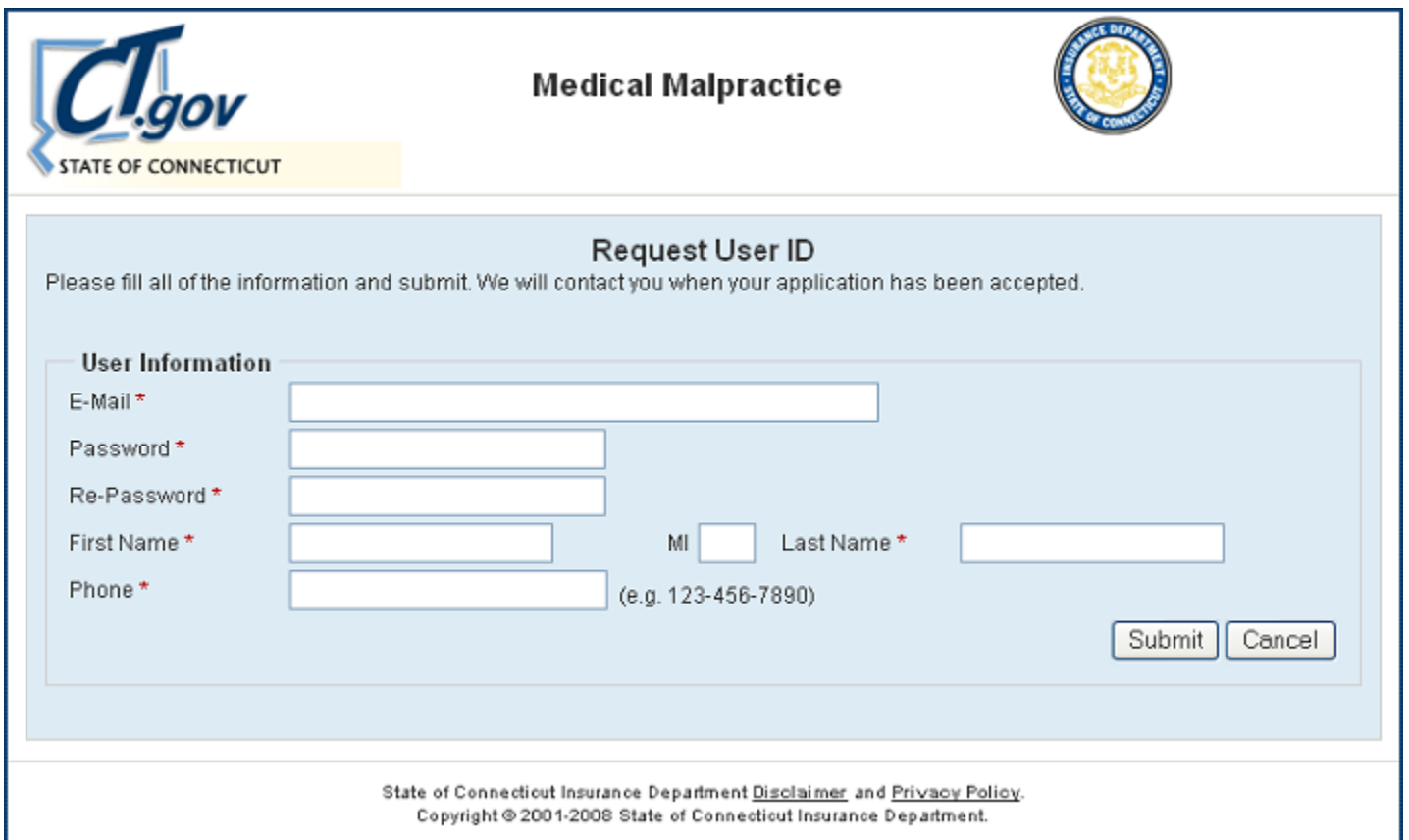
Request a User ID

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



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

2. Enter the User Information



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

3. Enter the Company Information

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

Request a Company

Please enter the information of the company to register

Business Type *

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

Name of Self-Insured *

What Information do you require to access?

Yearly Information Closed Claims

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

Yes No

Contact person for questions regarding data

First Name * MI Last Name *

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

E-mail *

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



 **Medical Malpractice** 

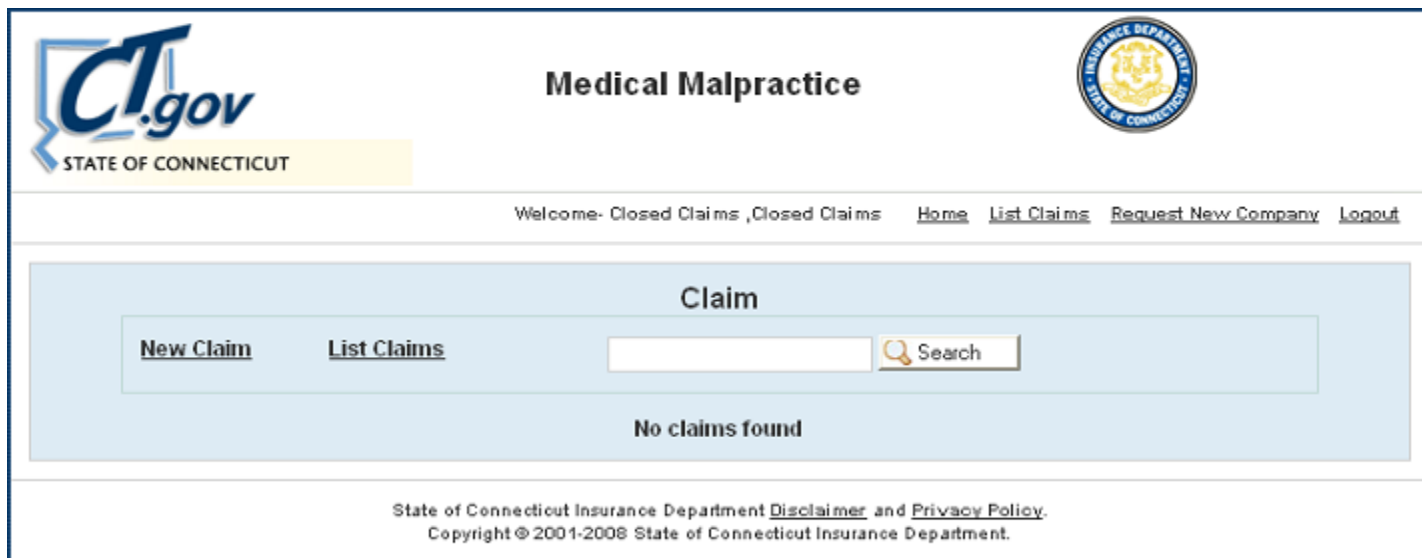
STATE OF CONNECTICUT

What do you want to do now?

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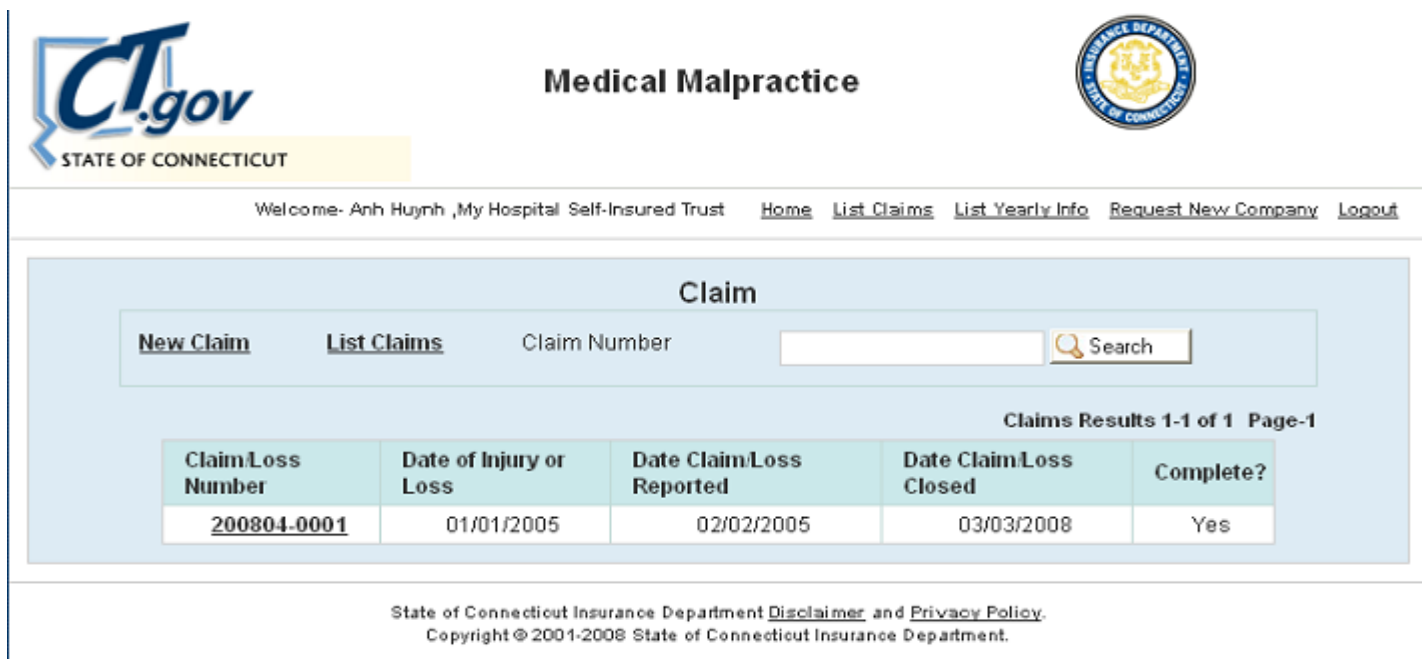
Closed Claim reporting

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



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

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



The screenshot shows the CT.gov Medical Malpractice portal with a list of claims. At the top left is the CT.gov logo with 'STATE OF CONNECTICUT' below it. To the right is the title 'Medical Malpractice' and the State of Connecticut Insurance Department seal. Below the title is a navigation bar with links: 'Welcome- Anh Huynh ,My Hospital Self-Insured Trust', 'Home', 'List Claims', 'List Yearly Info', 'Request New Company', and 'Logout'. The main content area is titled 'Claim' and contains a search bar with 'New Claim' and 'List Claims' links, a search input field, and a 'Search' button. Below the search bar, the text 'Claims Results 1-1 of 1 Page-1' is displayed. A table with the following data is shown:

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

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

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

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

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

Injured Party Information

Claim Details

Claim/Loss Number *	<input type="text"/>
County where claim incident occurred *	<input type="text" value="--Select County--"/>
Date of Injury or Loss *	<input type="text"/>
Date Claim/Loss Reported *	<input type="text"/>
Date Claim/Loss Closed *	<input type="text"/>

Injured Person Details

First Name *	<input type="text"/>	Middle Name	<input type="text"/>	Last Name *	<input type="text"/>
<input type="radio"/> Date Of Birth	<input checked="" type="radio"/> Age Group	Age Group *	<input type="text" value="--Select AgeGroup--"/>		
Gender *	<input type="radio"/> Male <input type="radio"/> Female				

Injury Details

Name of institution where loss/injury occurred *	<input type="text"/>			
Type of Location where loss/injury occurred *	<input type="text" value="--Select Location--"/>			
Act or Omission Type *	<input type="text" value="--Select Act/Omission Type--"/>			
Act or Omission Description *	<input type="text" value="--Select Act/Omission Desc--"/>			
Severity rating(NAIC) *	<input type="text" value="--Select Severity--"/>			
Attorney *	<input type="text"/>	and/or	Attorneys Law Firm *	<input type="text"/>

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

Lawsuit Information

Lawsuit Information

Was a Suit filed? Yes No

Date Suit Filed *

Name of Court Suit Filed in *

Docket Number *
(N/A if Unavailable)

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

Insured/Policy Holder Information

Search Insured/Policy Holder

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

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

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

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

Insured/Policy Holder Information

Insured/Entity Details

Name of Entity *

Address1 *

Address2

City *

State *

Zip Code *

Policy Number *

Specialty *


Insured Policy Limits *

Initial Indemnity and Expense Reserve *

Final Indemnity and Expense Reserve *

Loss Adjustment Expenses paid to Defense Counsel *

All Other Allocated Loss Adjustment Expenses Paid *

Close Date 

Is Insured/Entity *

Primary Excess

Occurrence/Claim *

Occurrence Claim-Made

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

Judgment/Settlement Information

Outcome Information

Settlement Withdrawn Abandon

Judgment/Settlement Information

Outcome Information

Settlement Withdrawn Abandon

Settlement Information

Date of Settlement *

Settlement Code *

Were Other Companies Involved * No Yes

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

Judgment/Settlement Information

Outcome Information

Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes

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

7. Settlement Award Detail screen

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

1. Total Settlement Paid to Injured Party *

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

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

1. Total Settlement Paid to Injured Party *

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

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

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

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

Outcome Information

- Judgment Settlement Withdrawn Abandon
- Were Other Companies Involved * No Yes

Trial Information

- Judgment by Jury Judgment by Court Withdrawn Dismissed

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

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

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

Outcome Information

- Judgment Settlement Withdrawn Abandon
- Were Other Companies Involved * No Yes

Trial Information

- Judgment by Jury Judgment by Court Withdrawn Dismissed
- Date Withdrawn

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

Judgment/Settlement Information

Outcome Information

Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes

Trial Information

Judgment by Jury Judgment by Court Withdrawn Dismissed

Trial Date From *

Trial Date To *

Award Information

Date Award Decided *

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

Appeal Filed

Yes No

<< Back

Proceed >>

Cancel

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

Judgment/Settlement Information

Outcome Information

Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes

Trial Information

Judgment by Jury Judgment by Court Withdrawn Dismissed

Trial Date From *

Trial Date To *

Award Information

Date Award Decided *

Lawsuit Outcome *

Appeal Filed

Yes No

Date Appeal Filed *

Date Appeal Decided *

Appeal Outcome *

Judgment for Plaintiff on Appeal
Judgment for Defendant on Appeal

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

Jury Award

Jury Award

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

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

Court Award

Court Award

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

11. Claim Detail screen

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

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

New Claim
Mark as Completed

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

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

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

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

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

Yearly Information Report

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

Yearly Information

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

Commercial Insurer

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

Hospital/Non Hospital – Self Insurer

Yearly Information

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

Hospital/Non Hospital - Self-Insured

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

Hospital – Captive with Voluntary Physicians

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

Hospital – Captive without Voluntary Physicians

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

Non-Hospital – Captive with Voluntary Physicians

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

Non-Hospital – Captive without Voluntary Physicians

Yearly Information

[New Yearly Information](#)

[List of Yearly Information](#)

Non Hospital - Captive without Voluntary Physicians Attending

Year

2007

HCP Professional Liability Premium (No General Liability) *

HCP Net Retained Paid Professional Liability Losses *

HCP Net Retained Incurred Professional Liability Losses *