



CT Medical Malpractice Report

To

Insurance and Real Estate Committee

Prepared by

Connecticut Insurance Department

Andrew N. Mais, Commissioner

June 4th, 2021

Pursuant to Section 14 of Public Act 05-275, the Connecticut Insurance Department has provided our 2021 Medical Malpractice Report.

The report summarizes Connecticut medical malpractice liability closed claim data for calendar years 2016 through 2020. The report also includes 2020 rate filing activity, premium information by medical provider specialty for 2020 and industry experience over the last 10 years.

The Department compiled the report with data collected from 145 entities:

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

The two primary pieces of claims data analyzed were:

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

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

A brief summary of the data includes:

There was a marked decrease in the number of settled claims in 2020. During the year, court activity was curtailed by the COVID-19 pandemic with the focus of the courts' attention being criminal matters. Around 85% of claims closed in the study with payment to the plaintiff had court involvement, and 67% of claims successfully defended involved the courts. We expect the number of settled claims to return to and possibly exceed prior levels in late 2021 and 2022.

- 2,679 total closed claims over the past five years
 - ✓ 1,413 were resolved in favor of the plaintiff
 - ✓ 1,266 were resolved in favor of the defendant
- \$844,186 was the average indemnity payout to a claimant
 - ✓ \$661,769 was the average payout by a commercial insurer
 - ✓ \$996,951 was the average payout by a self-insurer

We hope you find this report informative. Copies of prior year reports are available on the Department's website at <https://portal.ct.gov/CID/Reports/Medical-Malpractice-Closed-Claims-Reports>

Respectfully,



Andrew N. Mais Insurance
Commissioner

Table of Contents

Connecticut Medical Malpractice Annual Report – 2021 (Business of 2020)

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

Appendix 1 – Closed Claims Analyst Report

Appendix 2 – Calendar Year Premium and Losses

Appendix 3 – Insurance Industry Financial Data

Appendix 4 - Connecticut General Statute § 38a-395

Appendix 5 – Application Users Guide

Connecticut Medical Malpractice Closed Claim Annual Report – 2021

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 2021 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 2016 through 2020. In addition, it provides a summary of rate filing activity for 2020, premium information by medical provider specialty for 2020 and industry calendar year experience for the most recent ten years. Copies of prior year reports are available on the Department’s website at www.ct.gov/cid.

II. Background

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

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

III. Data Collection

The required closed claim data elements are submitted to the Department on a quarterly basis. Closed claim reports are due by the 10th of the month following the last month of each quarter. In addition to the closed claim data, the Department also captures annual calendar year premium and loss information as required in the statute. Information on rate filing activity was compiled from the Department’s files.

Premium and loss data was collected from 145 entities including 68 carriers licensed in Connecticut, 25 risk retention groups (RRG’s) and 52 excess and surplus lines companies. 2020 closed claims data were from 190 insuring entities, which included 135 admitted insurance companies, 19 hospitals or hospital groups that are either self-insured or insured with a captive and 36 non-hospital captives/self-insurers/risk retention groups.

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

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

Please note that due to the correction of duplicated claims reported in the past, the number of claims in this report for calendar years 2017, 2018, and 2019 are slightly different from those in past reports.

IV. Description of Analysis

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

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

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

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

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

Appendix 2 includes an exhibit (Report 12) displaying full calendar year premiums and losses for 2016 through 2020. It should be noted that the losses displayed in Report 12 are not comparable to the closed claim data provided in the reports in Appendix 1. The paid losses in Report 12 include partial payments on claims that are still open and the incurred losses include reserve estimates on open cases. The Appendix 1 reports include only payments on claims that have reached final closure.

Appendix 3 provides annual financial statement data from the National Association of Commissioners (NAIC) database. For calendar years 2019 and 2020, premium, losses, expenses and investment income data were displayed individually for the top 15 insurers writing medical malpractice insurance in Connecticut. In addition, similar data for all companies combined for calendar years 2011 – 2020 were provided. These exhibits do not include data for captives or self-insurers but do include RRG's.

V. Limitations of Analysis

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

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

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

VI. Key Findings

While the data is limited in that it only includes claims closed in the five calendar years ending December 31, 2020, there are some observations that can be made from an analysis of the claim information. Greater detail is provided in Section VII which provides the narrative describing the reports and charts in Appendix 1.

Comparing to 2019, the 2020 total number of closed claims, number of closed claims with indemnity payment, and total indemnity payment amount (report 1) have all decreased. Number of closed claims with payment to defense counsel is lower in 2020 than in 2019, with lower total and average amount paid (report 2). ALAE payment other than those paid to defense counsel has the similar decrease as well (report 3).

There was a marked decrease in the number of settled claims in 2020. During the year, court activity was curtailed by the COVID-19 pandemic with the focus of the courts' attention being criminal matters. Around 85% of claims closed in the study with payment to the plaintiff had court involvement, and 67% of claims successfully defended involved the courts.

We expect the number of settled claims to return to and possibly exceed prior levels in late 2021 and 2022.

- **Total Claims:** A total of 2,679 closed claims were reported for the five years included in the reporting period. Commercial Insurers reported about half of the claims, or 1,334. Captives/Self-Insurers reported 1,345 claims.
- **Indemnity Payments:** Indemnity payments include all compensation paid to claimants or plaintiffs. About half, 47%, of the claims had no indemnity payments, while the remaining 53% closed with an indemnity payment. The total amount paid to claimants was \$1,193 million, with an average of \$844,186 for those claims with an indemnity payment. The payments include amounts for both economic and non-economic damages. The trend of increasing number of claims closed at very high indemnity payment continued for the last two year. Among those claims closed during 2019, 11 of them have indemnity payment more than \$3.5M with another 9 claims at \$3.0M and \$3.5M. In 2020, 11 claims closed with above \$3.0M total indemnity payment each. This trend is the major contributor driving up the five-year average indemnity payment amount.
- **Defense Counsel Payments:** About half of the claims closed with no payments to claimants, yet 73%, or 1,959, generated legal expenses to defend the claim. These expenses totaled \$207 million, an average of \$105,610 per claim. Of these, 40% (786) were for incidents that had no payments to claimants, averaging \$79,771 for legal expenses. For incidents with payments to claimants, average legal expenses are higher at \$122,923.
- **Indemnity Payments and Size of Claims:** About forty percent (559 out of 1,413) of all claims that have an indemnity payment have a payment of less than \$200,000. But million dollar plus claims, with only 24% of all claim counts represent 75% of all indemnity payments, over \$899 million.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 1,413 claims that closed with an indemnity payment, 172 closed within one year of being reported and had an average paid indemnity of \$242,282. That average figure rose to \$1,222,979 for claims closing between 60 and 90 months from being reported. This number had a large increase from two years ago because a few claims closed in 2019 and 2020 with highest indemnity payment fell into this category, as details described in the “indemnity payment” key finding earlier in this section. The average paid generally is over \$1 million for claims that take longer than ten years to close.
- **Defense Counsel Payments and Age of Claim:** Average defense counsel payments also increased with the age of claim.
- **Claim Outcomes:** Of the 2,679 reported claims, 1,413 were resolved in favor of the claimant or plaintiff. Of the claims resolved in favor of the claimant or plaintiff, more than 99% were settled, with 78% settled before trial began. The percentage of the cases settled before trial dropped significantly in 2019 and 2020 comparing to two years ago. The reason for this phenomenon warrants more detailed study. The remaining 1,266 claims were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 90% were settled, with 82% of those settled before trial began.

VII. Detailed Findings

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

Claims by Insurer (Reports 1, 2 and 3)

Of the total of 2,679 claims, 1,413, or 53% had indemnity payments to a claimant at an average value of \$844,186. Comparing to Commercial Insurers, Captives/Self-Insurers had a higher percentage (57% to 48%) of claims with indemnity payments. The average indemnity payment size for Commercial Insurers (\$661,769) is lower than for Captives/Self-Insurers (\$996,951).

Of the total 2,679 claims, 73% had payments to defense counsel. While there is little difference in the proportion of claims with legal defense costs between Commercial Insurers and Captives/Self-Insurers, the average legal expenses for the Captives/Self-Insurers subgroup is larger than for Commercial Insurers (\$127,627 versus \$82,462).

When other ALAE (allocated loss adjustment expenses) are included with defense counsel payments, the total of \$245 million represents the amount expended to defend and investigate claims. This represents 21% of the total indemnity. Commercial Insurers expended a higher percentage than Captives/Self-Insurers.

Claims by Size (Reports 4 and 5)

The distribution of these claims by size is shown on Report 4 and on Charts 4-1 and 4-2. Of the 1,413 claims, 345, or 24% of claims with indemnity payments, were for amounts greater than \$1 million. Indemnity payments for these larger claims totaled \$899 million, or 75% of the total payments for all claim sizes. Claims greater than \$500,000, but less than \$1 million, represented another 252 claims (18%) with \$179 million of payments. Thus, the 597 claims greater than \$500,000, represents 42% of the claims, but 90% of the total paid indemnity.

On the other hand, 30% 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 31% of the total.

Age of Claim (Report 6)

These exhibits display claims by age at the time of closing from both report date and injury date and provide the average length of time to closure. The majority of claims with indemnity payments closed between two and five years of being reported. Overall, it took 3.29 years from the report date to close claims with indemnity payments. The average time from the date of incident to report was about eighteen months, which suggests claims are closed, on average, 4.65 years after injury. Average payments increased as the claim aged, with claims closing more than three years after the

report date averaging over \$1 million per claim. The distribution of claims and payments by age can be seen on Report 6, Parts 1 and 2 and Charts 6-1 & 6-2.

As expected, the older the age of the claim, the more likely it was to have legal costs to defend the claim. Of the claims that closed within six months, 31% had defense counsel payments. For claims closing after three years, the percentage is at 89%. As with indemnity costs, the average legal cost associated with a claim increases as the claim aged. Claims closed in the first six months averaged legal costs of \$9,561, while those closing five or more years after being reported averaged \$252,598. The distribution of defense counsel payments by age of claim are displayed on Report 6, Part 3 and Chart 6-3. Report 6, Part 4 displays data from injury date to report date and Report 6, Part 5 shows data from injury date to date of final closure. In Report 6, Part 5, it may be seen that 17.9% of claims with an indemnity payment take at least five years from date of injury to finally close.

Severity of Injury (Report 7)

Of the 1,413 claims reported as closed with an indemnity payment, 426, or 30% were due to the death of the injured party, with average paid indemnity of \$1,308,753. Injuries identified as either “major permanent” or “grave permanent” had average paid indemnity about \$1.8 million, which was more than double the overall average indemnity payment. These types of claims include quadriplegia and brain damage cases, requiring lifelong dependent care. These 186 severe “permanent injury” claims, when combined with the death cases, comprise about 75% of the total indemnity payments. The average payments by injury type are shown on Report 7, Part 1 and Chart 7-1.

Likewise, the average legal costs associated with the 186 most serious non-death claims were higher than the overall average. For those claims, 172 of which had defense counsel costs, the average legal cost was \$138,219 compared to \$123,028 for all claims with defense counsel costs. The average legal costs by injury type are displayed on Report 7, Part 2 and Chart 7-2.

For claims where no indemnity payment was made, 62% had defense counsel payments that averaged \$79,771. However, for the most serious non-death permanent injury claims, 68% required legal defense at an average cost of \$157,246. Details of legal costs for these claims by injury type are displayed on Report 7, Part 3 and Chart 7-3.

Claims by Physician Specialty (Report 8)

These exhibits show the medical provider specialties for which claims were reported that had indemnity payments. Hospitals-General had the most claims followed by the Physicians-Other category. The majority (94%) of the Hospital claims were reported by the Captives/Self-Insurers, while Commercial Insurers reported the most in the Physicians-Other category.

The average paid indemnity amounts vary significantly by specialty and are often distorted by one or two large claims. For the Hospitals-General category, which had about 43% of the claims, the average indemnity payment was \$1,154,468, about 37% above the overall average. It is also the highest average among all categories. The next highest average indemnity payment was the Gynecology/OB-GYN category at \$1,048,681 with only 60 claims. Medical Group/Other

Corporate Group Practice has the third highest indemnity payment size at \$998,466 with 77% of the 62 claims reported by commercial insurers. In reviewing the Report 8 exhibits, the reader should be aware that the volume of data is not sufficient to properly measure differences in claim costs by specialty. Four of the specialty areas have less than 15 claims and another seven have less than fifty claims over the five-year period.

In addition to claim information, Report 8, Part 2 also displays base premiums by medical provider specialty for Commercial Insurers. For purposes of this report, base premiums are defined as the manual premium before the application of increased limits factors or experience debits and credits. Base premiums were not available from the Captives/Self-Insurers.

Claims by Outcome (Report 9)

Reporting entities were asked to indicate the method of final disposition for each closed claim:

- Of the 2,679 closed claims, 47% resulted in no payment to the plaintiff. Of these, 90% were settled and the majority of the cases were resolved either before litigation began or before trial. Claims closed before a lawsuit was filed tended to be less serious and closed within approximately four years of the incident date on average. Of the claims that were not settled, the average time to final resolution was much longer than for settled cases.
- The remaining 53% of closed claims resulted in indemnity payments to the plaintiff. Of these, 99% were settled, with most of those being settled before trial. Only 12 of the 1,413 claims were the result of court judgments for the plaintiff.
- Of the cases resolved by trial, only 9% resulted in payments to the plaintiff. For cases that were settled, 55% resulted in payments to the plaintiff.
- For claims where indemnity was paid, the average value for settled cases was \$843,077 with additional expenses for total ALAE of \$116,534 per claim on average. For cases that had court dispositions, the average payment was \$973,645 with \$482,448 of ALAE per claim on average.
- The “average severity of injury rating” column measures the seriousness of the claim by averaging the severity rating (e.g., a death claim is a 9, a grave permanent claim is an 8, and so on) for the claims in each category.

Claim Reserves (Report 10)

These exhibits display combined final indemnity and all ALAE payments with the initial and final reserves for those claims. The reserve amounts represent the insurer’s best estimate at two points in time of what they believe the ultimate payment will be when the claim finally closes. A comparison of the initial reserves to the final payments shows that the first estimates were significantly lower than the average final payment. There is little difference between the Commercial Insurers and the Captives/Self-Insurers in this relationship.

The final reserve amounts are generally much closer to the final payments. While these values represent averages for all five years of data combined, these differences in the initial estimates versus the final payments highlight the difficulty all insurers have in accurately assessing what the ultimate payout will be for a particular claim. This is especially true in the early stages of claim development when details related to the incident are still incomplete.

Economic and Non-Economic Damages (Report 11)

Reporting entities were asked to split the final indemnity payment into economic and non-economic damages. Economic damages are usually defined as objectively verifiable monetary losses such as medical expenses, loss of earnings, burial costs, etc. Non-economic damages typically refer to subjective non-monetary losses such as pain, suffering, inconvenience, emotional distress, etc. For 44% of the 1,413 claims with an indemnity payment, that is 627, 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 75% of the payments were for non-economic damages. The average value of the claims in Report 11 was \$735,490 or approximately 13% lower than the overall average for all claims with indemnity payments of \$844,186 shown in Report 1. Commercial Insurers provided the split on 67% of the claims reported with indemnity payments and 66% of those payments were for non-economic damages. Captives/Self-Insurers provided the split on only 46% of claims reported with indemnity payments and 83% of those payments were for non-economic damages.

VIII. Rate Filings and Industry Calendar Year Data

Rate Filings

There was one (1) rate request in 2020 for rate change in Medical Malpractice for physicians and surgeons. NORCAL requested a rate increase of 7.4%.

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

Report 12 displays calendar year earned premium and losses for 2016 through 2020 separately for Commercial Insurers, captives (including RRG's) and self-insurers. This information is compiled from data submissions provided by insuring entities that responded to the data call. As such, it includes data from captives and self-insurers that are not included in the industry data in Appendix 3. It should be noted that the paid losses included in this report are not directly comparable to the amounts shown in the closed claim reports in Appendix 1. The paid losses in Report 12 include partial payments on claims that are still open. It should also be noted that the incurred losses in Report 12 do not include reserves for incurred but not reported (IBNR) claims.

While only five years of data has limited value in determining long term trends, some observations may be made. The Captives represent more than 50% of the business as indicated by the earned premium volume, while commercial insurers have between 30% to 40%, and self-insureds at about 10%. The incurred loss to earned premium ratio, as an indicator for the performance of the business, fluctuated among different business groups and over the 5 years period. The total premiums for all groups combined for 2020 has increase 1% compared to 2019 premiums, which is a 22% increase over 2016 premiums.

Industry Data from the NAIC (Appendix 3)

Appendix 3 displays industry data compiled from annual financial statements provided to the NAIC by all companies writing medical malpractice business in Connecticut. Data is included for licensed companies, surplus lines companies and risk retention groups, but excludes captives.

The first four exhibits provide historical industry premium, loss and expense experience for the ten years ending 2020. Exhibit 1 displays experience for all companies combined and also includes profitability ratios from the NAIC Report on Profitability by Line by State (Profitability Report). Ratios are shown separately for underwriting profit (premiums less losses and expenses as a percent of earned premium) and profit on the insurance transaction (underwriting profit plus investment earnings less federal income taxes as a percent of earned premium). These results show that from 2011 to 2013, the profit on insurance transaction were all over 25%. This profit on insurance transaction ratio dropped to 1.3% in 2014, and 0.0% in 2015. The 2016, 2017 and 2018 Profitability Report indicate a 10.9%, 12.1%, and 12.3% loss on insurance transaction, respectively. The incurred loss and loss expense ratio increased to 75.9% for 2016, 87.0% for 2017, up from 66.5% in 2015. The ratio is at 77.7% for year 2018 and 118.1% in 2019, leading to a 46.2% loss on insurance transaction for 2019.

Exhibits 2, 3 and 4 provide the same experience, without the profitability information, separately for licensed companies, excess/surplus lines companies, and risk retention groups. The ten years of history generally shows volatile incurred loss experience for the surplus lines and risk retention groups. Licensed companies' experience is also showing some volatility relative to the historical ratios. The written premium decline that was observed in the last few years continues in 2020. But after a two-year decline for excess/surplus companies, written premiums increased from 2015 to 2020. Risk retention groups written premium has increased the last seven years reaching \$125 million in 2020 from its 2013 lowest level at \$28.6 million.

Exhibits 5 and 6 provide premium, loss and expense experience for 2019 and 2020 separately for the top fifteen writers. The market remains concentrated with 87.6% of the premium written by the top 15 insurers. MCIC, VT, Inc., (an RRG covering several hospitals in Connecticut), ProSelect Insurance Company, and Integris Insurance Company (formerly known as Connecticut Medical Insurance Company (CMIC)), continue as the top three writers with 68.7% of total direct written premium for the state.

In addition, Exhibit 7 displays investment income for 2019 and 2020 for the 15 leading insurers in the state. As noted above, these companies write near 88% of the statewide premium. Meaningful comparisons are limited since investment earnings are not specific to medical malpractice insurance or to policies written just in Connecticut as they are derived from all assets held by the companies.

Appendix 1

Closed Claim Analysis Reports

Connecticut Department of Insurance

Indemnity Payments

All Insurers

2016 - 2020 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payment</i>	<i>Number of Claims without Indemnity Payment</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
2016	550	287	263	\$181,802,181	\$633,457
2017	524	304	220	\$196,934,116	\$647,810
2018	553	281	272	\$259,663,859	\$924,071
2019	578	288	290	\$312,643,302	\$1,085,567
2020	474	253	221	\$241,791,086	\$955,696
Total	2679	1413	1266	\$1,192,834,544	\$844,186

(6)=(5)/(3)

Thursday, May 27, 2021

Report 1 - Part 1

Connecticut Department of Insurance

Indemnity Payments

Commercial Insurers

2016 - 2020 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payment</i>	<i>Number of Claims without Indemnity Payment</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
2016	306	131	175	\$60,110,279	\$458,857
2017	307	156	151	\$87,914,121	\$563,552
2018	282	142	140	\$106,427,112	\$749,487
2019	244	116	128	\$102,424,824	\$882,973
2020	195	99	96	\$69,303,082	\$700,031
Total	1334	644	690	\$426,179,418	\$661,769

(6)=(5)/(3)

Connecticut Department of Insurance
Indemnity Payments
Captives and Self Insurers

2016 - 2020 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payment</i>	<i>Number of Claims without Indemnity Payment</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
2016	244	156	88	\$121,691,902	\$780,076
2017	217	148	69	\$109,019,995	\$736,622
2018	271	139	132	\$153,236,747	\$1,102,423
2019	334	172	162	\$210,218,478	\$1,222,200
2020	279	154	125	\$172,488,004	\$1,120,052
Total	1345	769	576	\$766,655,126	\$996,951

(6)=(5)/(3)

Connecticut Department of Insurance
Defense Counsel Payments
All Insurers

2016 - 2020 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2016	550	395	\$36,736,433	156	\$48,115	239	\$122,303
2017	524	394	\$36,310,112	147	\$84,453	247	\$96,743
2018	553	390	\$35,184,317	166	\$46,298	224	\$122,763
2019	578	436	\$64,335,992	182	\$129,477	254	\$160,516
2020	474	344	\$34,322,310	135	\$85,404	209	\$109,056
Total	2679	1959	\$206,889,164	786	\$79,771	1173	\$122,923

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Commercial Insurers

2016 - 2020 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2016	306	203	\$16,620,090	94	\$40,734	109	\$117,349
2017	307	234	\$19,786,287	99	\$97,860	135	\$74,801
2018	282	197	\$12,285,972	81	\$39,705	116	\$78,188
2019	244	174	\$23,050,452	74	\$53,725	100	\$190,748
2020	195	147	\$7,008,666	62	\$20,876	85	\$67,228
Total	1334	955	\$78,751,467	410	\$53,666	545	\$104,125

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Captives and Self Insurers

2016 - 2020 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2016	244	192	\$20,116,343	62	\$59,305	130	\$126,457
2017	217	160	\$16,523,825	48	\$56,801	112	\$123,191
2018	271	193	\$22,898,345	85	\$52,580	108	\$170,639
2019	334	262	\$41,285,540	108	\$181,382	154	\$140,885
2020	279	197	\$27,313,644	73	\$140,209	124	\$137,729
Total	1345	1004	\$128,137,697	376	\$108,237	628	\$139,237

(3)=(5)+(7)

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

2016 - 2020 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Total Number of Closed Claims with ALAE</i>	<i>Total Indemnity Payments</i>	<i>Total Payment to Defense Counsel</i>	<i>Total Payment to Other ALAE</i>	<i>Total ALAE Payments as a Percent of Total Indemnity</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
2016	550	365	\$181,802,181	\$36,736,433	\$4,307,762	22.6%
2017	524	379	\$196,934,116	\$36,310,112	\$6,281,632	21.6%
2018	553	345	\$259,663,859	\$35,184,317	\$7,830,115	16.6%
2019	578	349	\$312,643,302	\$64,335,992	\$15,005,148	25.4%
2020	474	286	\$241,791,086	\$34,322,310	\$4,733,192	16.2%
Total	2679	1724	\$1,192,834,544	\$206,889,164	\$38,157,849	20.5%

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

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

2016 - 2020 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Total Number of Closed Claims with ALAE</i>	<i>Total Indemnity Payments</i>	<i>Total Payment to Defense Counsel</i>	<i>Total Payment to Other ALAE</i>	<i>Total ALAE Payments as a Percent of Total Indemnity</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
2016	306	233	\$60,110,279	\$16,620,090	\$3,157,713	32.9%
2017	307	255	\$87,914,121	\$19,786,287	\$3,962,537	27.0%
2018	282	225	\$106,427,112	\$12,285,972	\$4,994,951	16.2%
2019	244	190	\$102,424,824	\$23,050,452	\$4,441,923	26.8%
2020	195	160	\$69,303,082	\$7,008,666	\$2,565,274	13.8%
Total	1334	1063	\$426,179,418	\$78,751,467	\$19,122,398	23.0%

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

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

2016 - 2020 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Total Number of Closed Claims with ALAE</i>	<i>Total Indemnity Payments</i>	<i>Total Payment to Defense Counsel</i>	<i>Total Payment to Other ALAE</i>	<i>Total ALAE Payments as a Percent of Total Indemnity</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
2016	244	132	\$121,691,902	\$20,116,343	\$1,150,049	17.5%
2017	217	124	\$109,019,995	\$16,523,825	\$2,319,095	17.3%
2018	271	120	\$153,236,747	\$22,898,345	\$2,835,164	16.8%
2019	334	159	\$210,218,478	\$41,285,540	\$10,563,225	24.7%
2020	279	126	\$172,488,004	\$27,313,644	\$2,167,918	17.1%
Total	1345	661	\$766,655,126	\$128,137,697	\$19,035,451	19.2%

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

Connecticut Department of Insurance

Indemnity Payments for Claims

All Insurers

2016 - 2020 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	424	30.0%	\$13,550,097	\$31,958	1.1%
\$100,000 - \$199,999	135	9.6%	\$19,520,847	\$144,599	1.6%
\$200,000 - \$299,999	114	8.1%	\$27,279,880	\$239,297	2.3%
\$300,000 - \$399,999	77	5.4%	\$25,782,041	\$334,832	2.2%
\$400,000 - \$499,999	66	4.7%	\$29,125,470	\$441,295	2.4%
\$500,000 - \$599,999	70	5.0%	\$36,190,078	\$517,001	3.0%
\$600,000 - \$699,999	46	3.3%	\$29,385,049	\$638,805	2.5%
\$700,000 - \$799,999	51	3.6%	\$37,941,375	\$743,949	3.2%
\$800,000 - \$899,999	44	3.1%	\$36,696,526	\$834,012	3.1%
\$900,000 - \$999,999	41	2.9%	\$38,369,722	\$935,847	3.2%
\$1,000,000 and Over	345	24.4%	\$898,993,459	\$2,605,778	75.4%
Total	1413	100.0%	\$1,192,834,544	\$844,186	100.0%

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

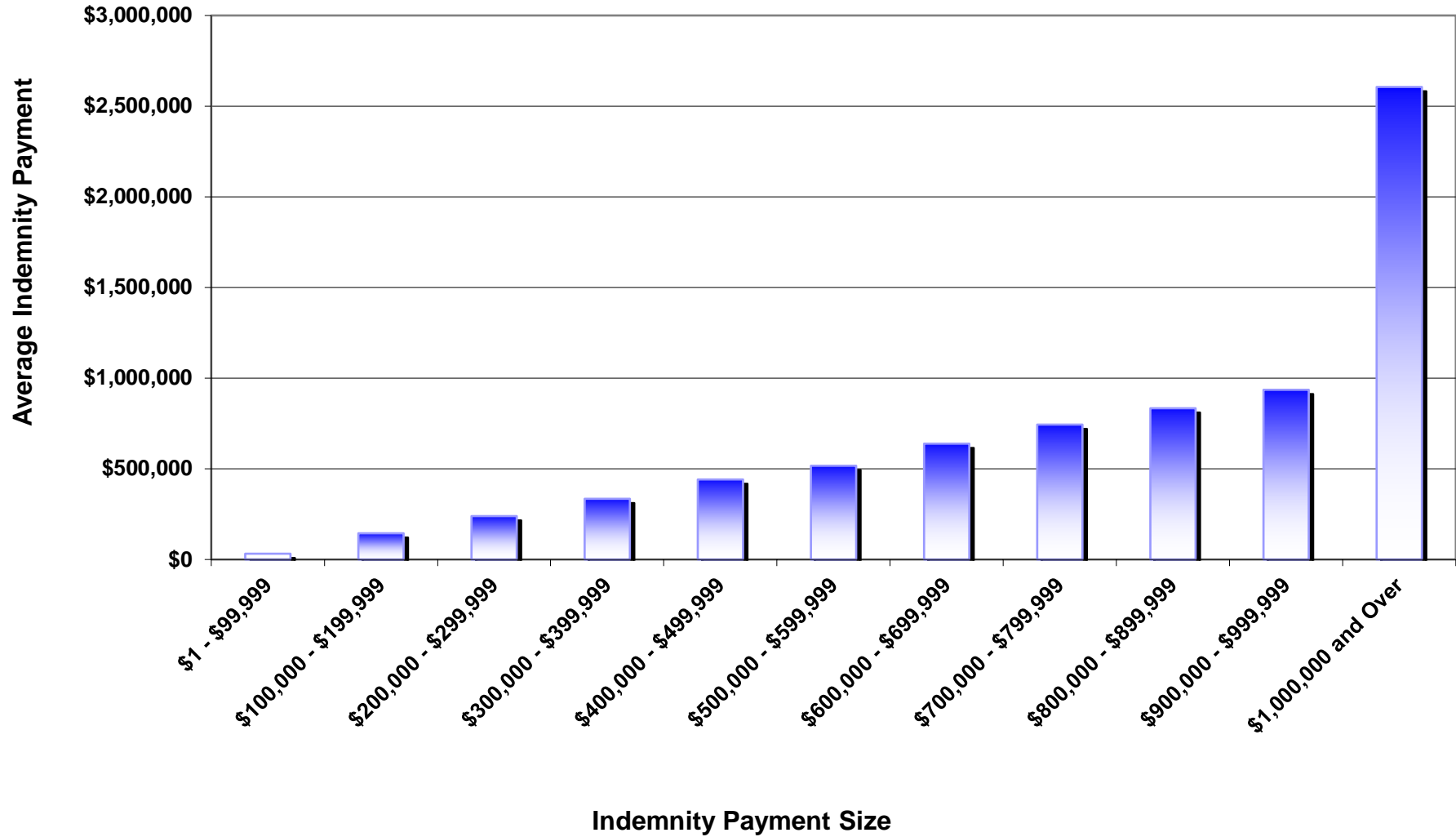
(5)=(4)/(2)

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

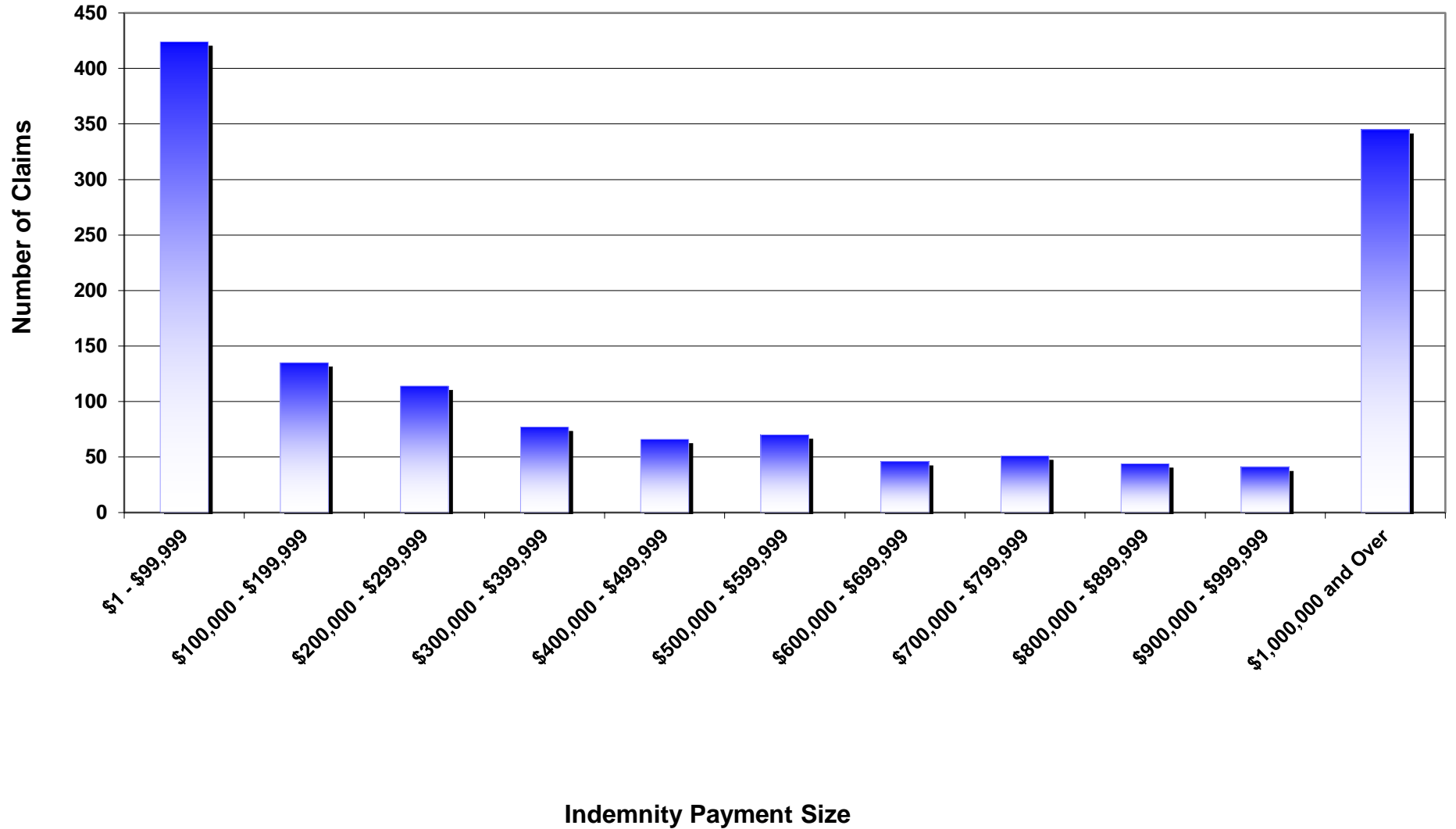
Thursday, May 27, 2021

Report 4

Average Indemnity Payment by Indemnity Payment Size 2016 - 2020 Aggregate



Number of Claims by Indemnity Payment Size 2016 - 2020 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Indemnity Payment

All Insurers

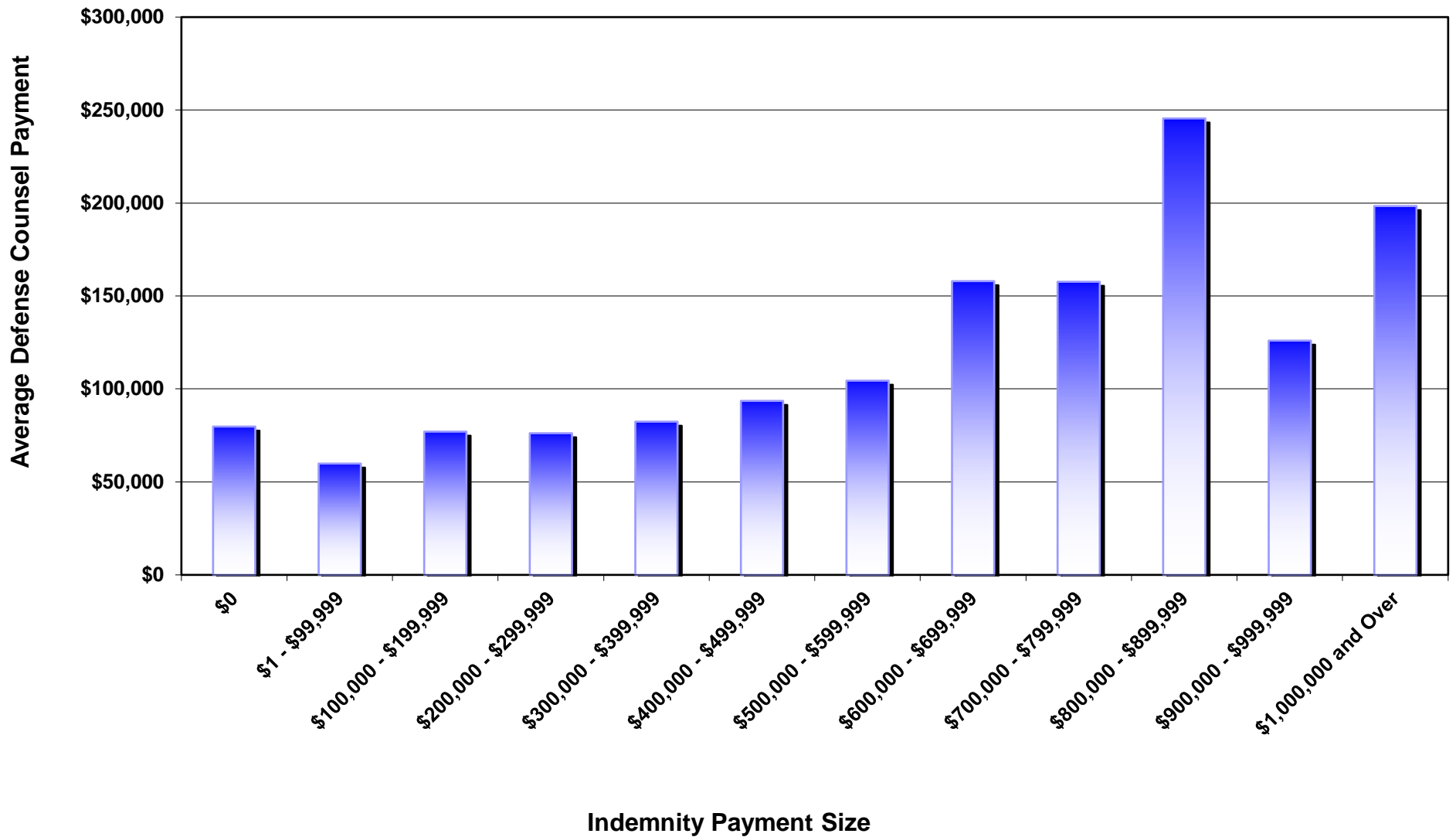
2016 - 2020 Aggregate

<i>Indemnity Payment</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Payments to Defense Counsel</i>	<i>Total Payment to Defense Counsel</i>	<i>Average Payment to Defense Counsel</i>	<i>Percent of Total Payments to Defense Counsel</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
\$0	1266	786	\$62,700,362	\$79,771	30.3%
\$1 - \$99,999	424	252	\$15,086,030	\$59,865	7.3%
\$100,000 - \$199,999	135	126	\$9,707,394	\$77,043	4.7%
\$200,000 - \$299,999	114	104	\$7,923,203	\$76,185	3.8%
\$300,000 - \$399,999	77	72	\$5,932,530	\$82,396	2.9%
\$400,000 - \$499,999	66	61	\$5,708,799	\$93,587	2.8%
\$500,000 - \$599,999	70	66	\$6,893,603	\$104,449	3.3%
\$600,000 - \$699,999	46	41	\$6,477,130	\$157,979	3.1%
\$700,000 - \$799,999	51	50	\$7,882,178	\$157,644	3.8%
\$800,000 - \$899,999	44	41	\$10,064,546	\$245,477	4.9%
\$900,000 - \$999,999	41	40	\$5,039,585	\$125,990	2.4%
\$1,000,000 and Over	345	320	\$63,473,804	\$198,356	30.7%
Total	2679	1959	\$206,889,164	\$105,610	100.0%

(5)=(4)/(3)

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

Average Payment to Defense Counsel by Indemnity Payment Size 2016 - 2020 Aggregate



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

2016 - 2020 Aggregate

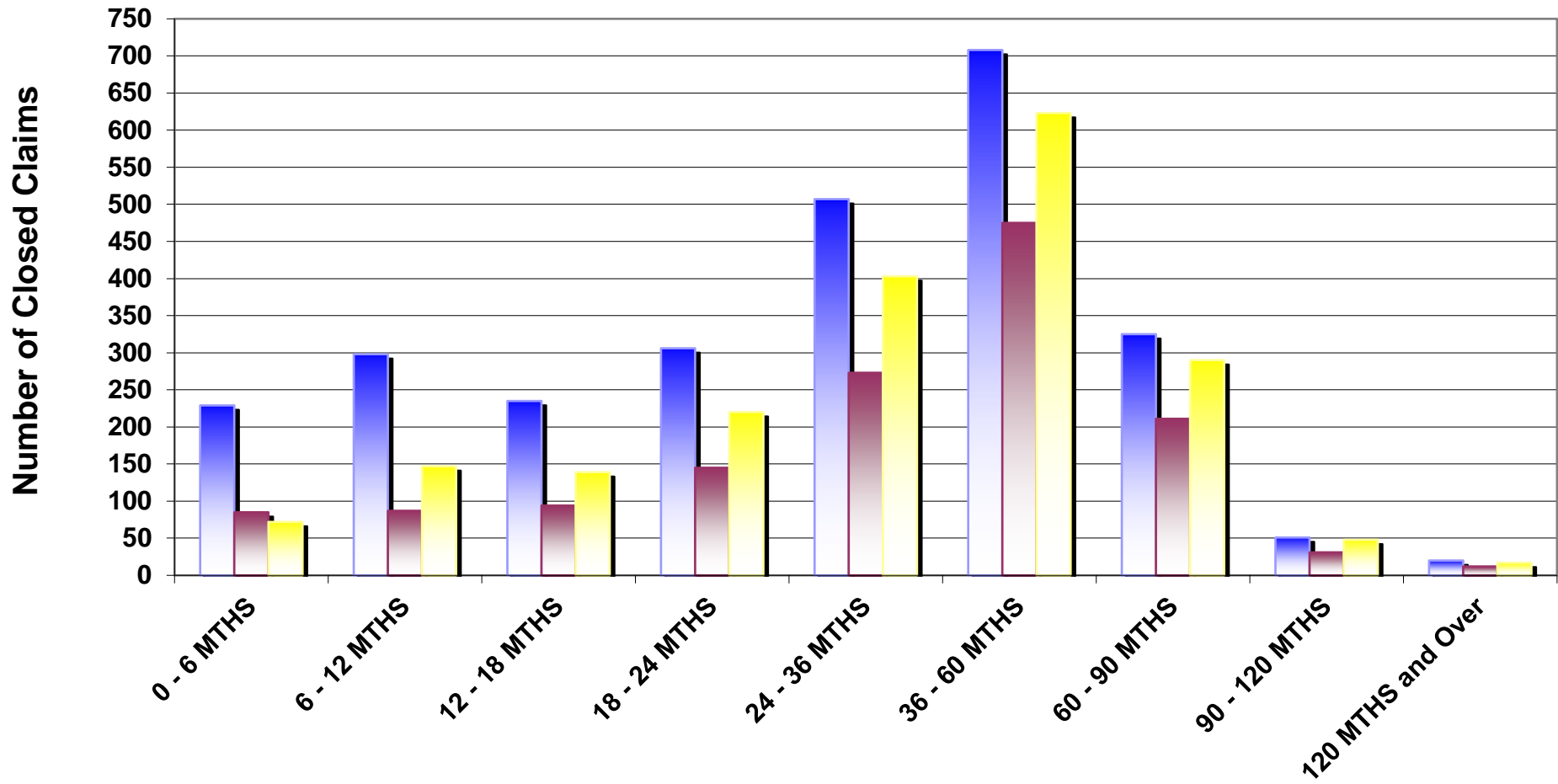
<i>Report to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Percent of Claims with Defense Counsel Payments</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	229	8.5%	85	6.0%	72	3.7%
6 - 12 Months	298	11.1%	87	6.2%	147	7.5%
12 - 18 Months	235	8.8%	94	6.7%	139	7.1%
18 - 24 Months	306	11.4%	145	10.3%	220	11.2%
24 - 36 Months	507	18.9%	273	19.3%	403	20.6%
36 - 60 Months	708	26.4%	475	33.6%	623	31.8%
60 - 90 Months	325	12.1%	211	14.9%	290	14.8%
90 - 120 Months	51	1.9%	31	2.2%	48	2.5%
120 Months and Over	20	0.7%	12	0.8%	17	0.9%
Total	2679	100.0%	1413	100.0%	1959	100.0%
Average Length of Claims	2.83 YEARS		3.29 YEARS		3.22 YEARS	

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

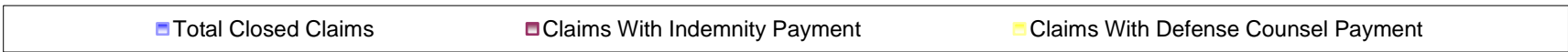
(5)=(4) for each range/(4) total

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

Length of Claims From Report to Closure Date 2016 - 2020 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

2016 - 2020 Aggregate

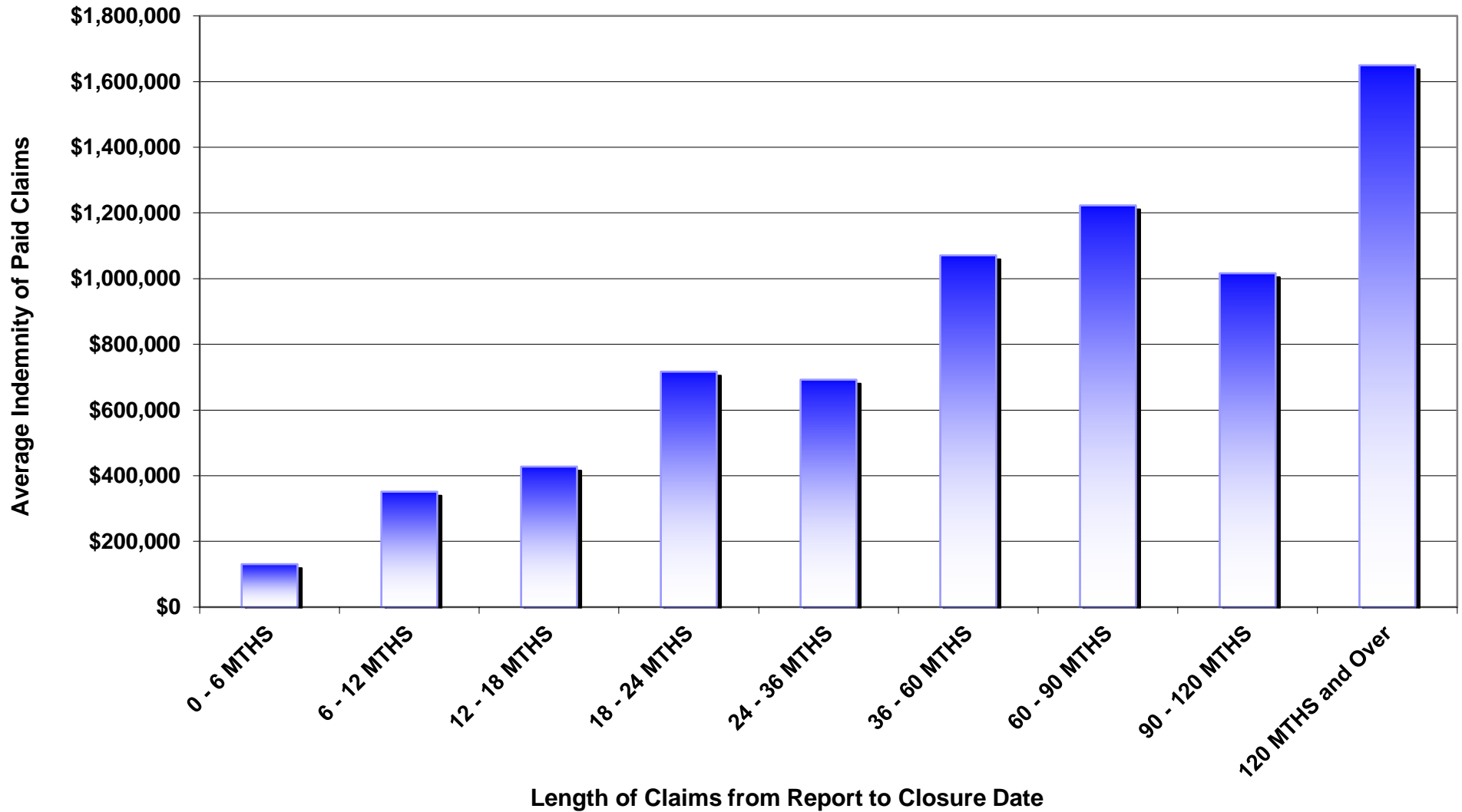
<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Paid Ratio</i>	<i>Total Indemnity Payments</i>	<i>Percent of Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	229	85	37.1%	\$11,107,496	0.9%	\$130,676
6 - 12 Months	298	87	29.2%	\$30,565,006	2.6%	\$351,322
12 - 18 Months	235	94	40.0%	\$40,202,268	3.4%	\$427,684
18 - 24 Months	306	145	47.4%	\$103,927,220	8.7%	\$716,739
24 - 36 Months	507	273	53.8%	\$189,016,132	15.8%	\$692,367
36 - 60 Months	708	475	67.1%	\$508,664,351	42.6%	\$1,070,872
60 - 90 Months	325	211	64.9%	\$258,048,520	21.6%	\$1,222,979
90 - 120 Months	51	31	60.8%	\$31,507,188	2.6%	\$1,016,361
120 Months and Over	20	12	60.0%	\$19,796,363	1.7%	\$1,649,697
Total	2679	1413	52.7%	\$1,192,834,544	100.0%	\$844,186

(4)=(3)/(2)

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

(7)=(5)/(3)

**Length of Claims From Report to Closure Date
Average Indemnity of Paid Claims
2016 - 2020 Aggregate**



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

2016 - 2020 Aggregate

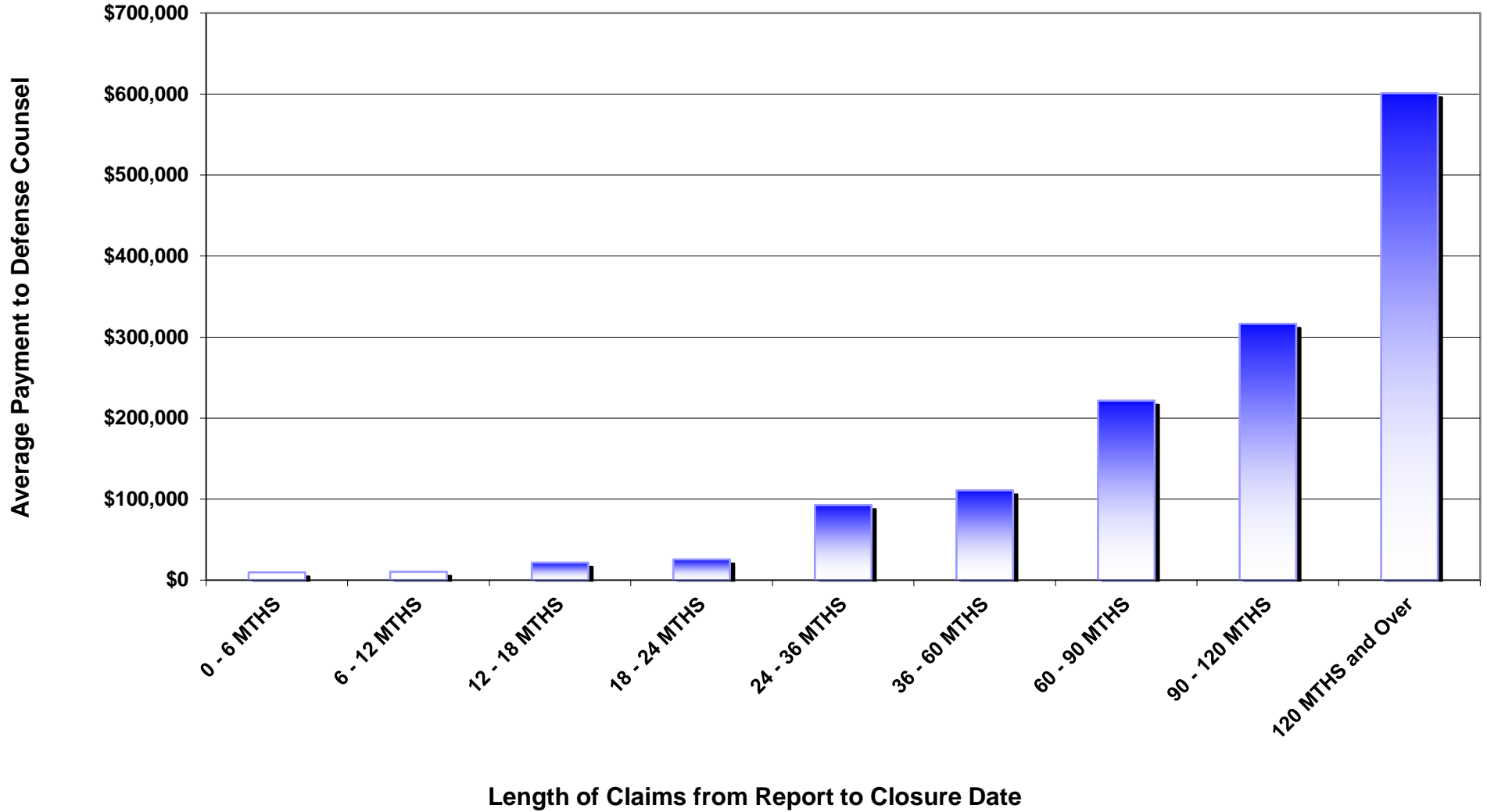
<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Paid Ratio</i>	<i>Total Defense Counsel Payments</i>	<i>Percent of Total Defense Counsel Payments</i>	<i>Average Defense Counsel Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	229	72	31.4%	\$688,393	0.3%	\$9,561
6 - 12 Months	298	147	49.3%	\$1,513,708	0.7%	\$10,297
12 - 18 Months	235	139	59.1%	\$2,999,840	1.4%	\$21,582
18 - 24 Months	306	220	71.9%	\$5,624,858	2.7%	\$25,568
24 - 36 Months	507	403	79.5%	\$37,328,830	18.0%	\$92,627
36 - 60 Months	708	623	88.0%	\$69,061,222	33.4%	\$110,853
60 - 90 Months	325	290	89.2%	\$64,264,227	31.1%	\$221,601
90 - 120 Months	51	48	94.1%	\$15,189,525	7.3%	\$316,448
120 Months and Over	20	17	85.0%	\$10,218,561	4.9%	\$601,092
Total	2679	1959	73.1%	\$206,889,164	100.0%	\$105,610

(4)=(3)/(2)

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

(7)=(5)/(3)

**Length of Claims From Report to Closure Date
Average Payment to Defense Counsel
2016 - 2020 Aggregate**



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

2016 - 2020 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	229	8.5%	85	6.0%
6 - 12 Months	298	11.1%	87	6.2%
12 - 18 Months	235	8.8%	94	6.7%
18 - 24 Months	306	11.4%	145	10.3%
24 - 36 Months	507	18.9%	273	19.3%
36 - 60 Months	708	26.4%	475	33.6%
60 - 90 Months	325	12.1%	211	14.9%
90 - 120 Months	51	1.9%	31	2.2%
120 Months and Over	20	0.7%	12	0.8%
Total	2679	100.0%	1413	100.0%
Average Length of Claims	1.51 YEARS		1.34 YEARS	

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

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

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

2016 - 2020 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	229	8.5%	85	6.0%
6 - 12 Months	298	11.1%	87	6.2%
12 - 18 Months	235	8.8%	94	6.7%
18 - 24 Months	306	11.4%	145	10.3%
24 - 36 Months	507	18.9%	273	19.3%
36 - 60 Months	708	26.4%	475	33.6%
60 - 90 Months	325	12.1%	211	14.9%
90 - 120 Months	51	1.9%	31	2.2%
120 Months and Over	20	0.7%	12	0.8%
Total	2679	100.0%	1413	100.0%
Average Length of Claims	4.36 YEARS		4.65 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

2016 - 2020 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	68	4.8%	\$9,220,485	\$135,595	0.8%
Insignificant Temporary	44	3.1%	\$5,140,582	\$116,831	0.4%
Minor Temporary	217	15.4%	\$18,947,809	\$87,317	1.6%
Major Temporary	150	10.6%	\$51,782,508	\$345,217	4.3%
Minor Permanent	191	13.5%	\$66,619,050	\$348,791	5.6%
Significant Permanent	131	9.3%	\$145,927,437	\$1,113,950	12.2%
Major Permanent	139	9.8%	\$232,001,022	\$1,669,072	19.4%
Grave Permanent	47	3.3%	\$105,666,853	\$2,248,231	8.9%
Death	426	30.1%	\$557,528,798	\$1,308,753	46.7%
Total	1413	100.0%	\$1,192,834,544	\$844,186	100.0%

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

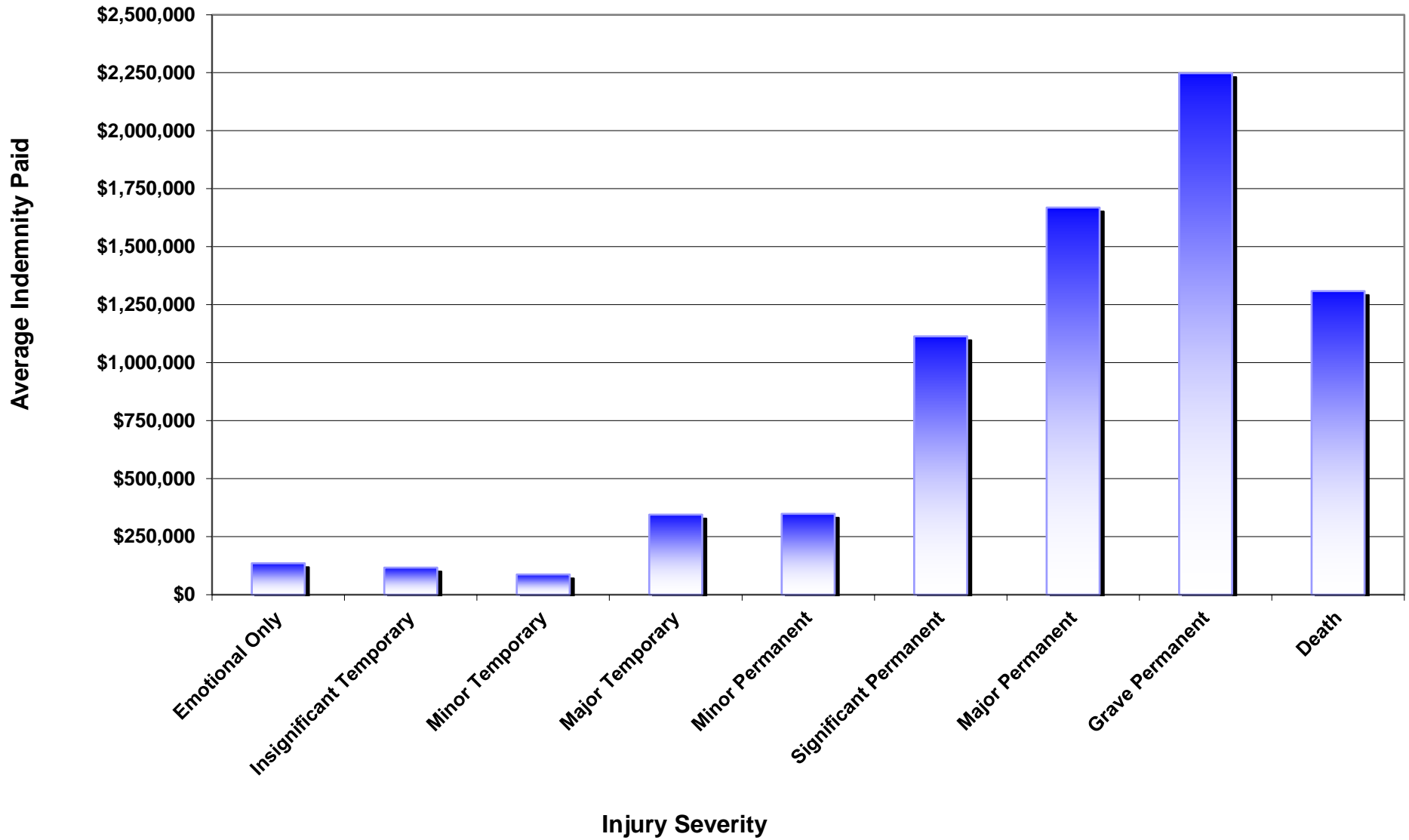
(5)=(4)/(2)

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

Thursday, May 27, 2021

Report 7 - Part 1

Average Indemnity Paid by Severity of Injury 2016 - 2020 Aggregate



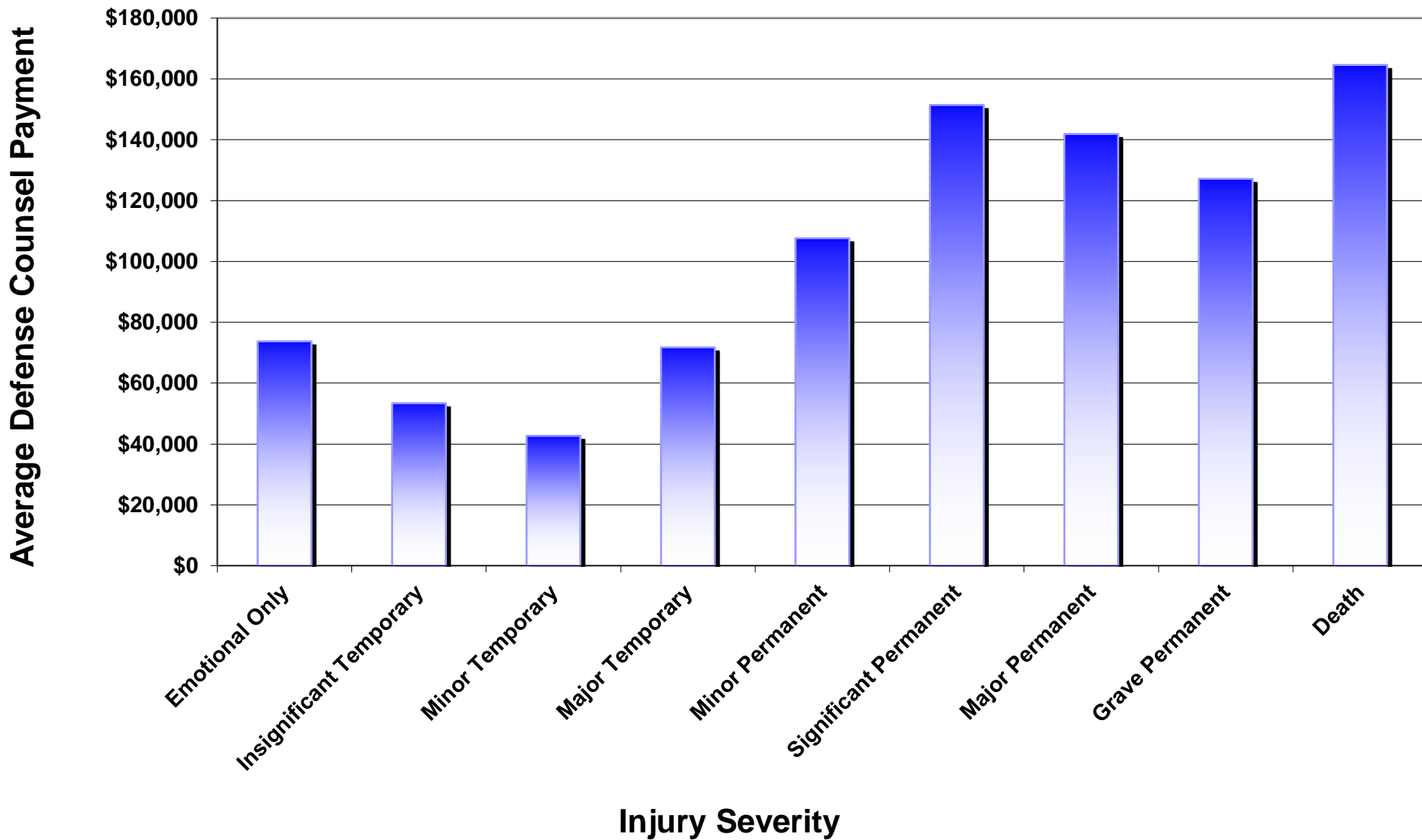
Connecticut Department of Insurance
Defense Counsel Payments by Severity of Injury
Claims with Indemnity Payments
All Insurers

2016 - 2020 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	68	36	\$2,654,888	\$73,747
Insignificant Temporary	44	21	\$1,121,071	\$53,384
Minor Temporary	217	132	\$5,635,243	\$42,691
Major Temporary	150	124	\$8,898,272	\$71,760
Minor Permanent	191	164	\$17,653,205	\$107,641
Significant Permanent	131	124	\$18,778,404	\$151,439
Major Permanent	139	129	\$18,306,058	\$141,907
Grave Permanent	47	43	\$5,467,666	\$127,155
Death	426	399	\$65,673,995	\$164,596
Total	1413	1172	\$144,188,802	\$123,028

$(5)=(4)/(3)$

**Average Payment to Defense Counsel by Severity of Injury
Claims with Indemnity Payment
2016 - 2020 Aggregate**



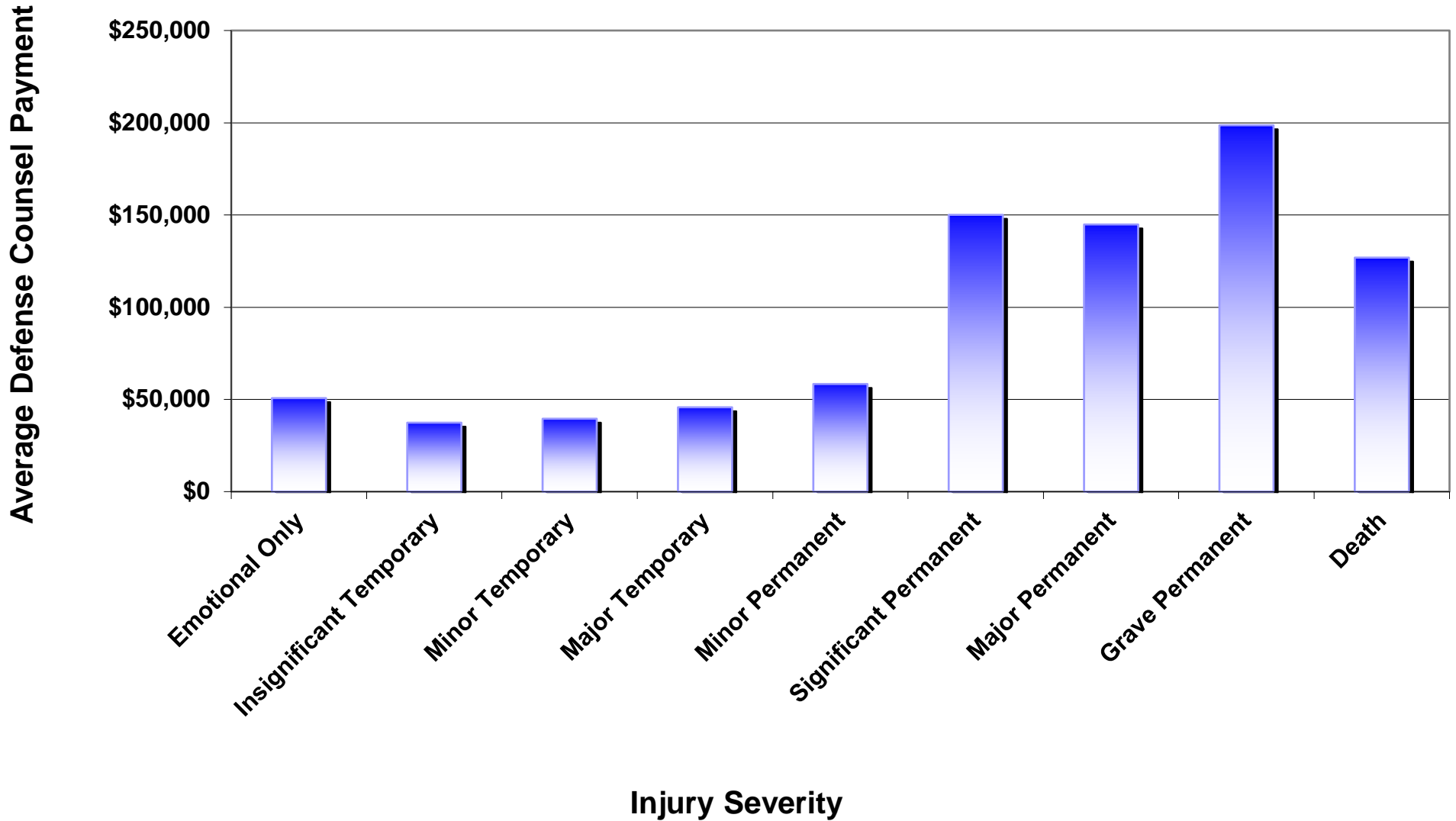
Connecticut Department of Insurance
Defense Counsel Payments by Severity of Injury
Claims without Indemnity Payments
All Insurers

2016 - 2020 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	134	73	\$3,700,739	\$50,695
Insignificant Temporary	113	50	\$1,868,739	\$37,375
Minor Temporary	291	165	\$6,521,915	\$39,527
Major Temporary	156	92	\$4,206,671	\$45,725
Minor Permanent	168	124	\$7,236,001	\$58,355
Significant Permanent	81	61	\$9,153,702	\$150,061
Major Permanent	72	50	\$7,241,949	\$144,839
Grave Permanent	23	15	\$2,979,011	\$198,601
Death	228	156	\$19,791,635	\$126,869
Total	1266	786	\$62,700,362	\$79,771

(5)=(4)/(3)

**Average Payment to Defense Counsel by Severity of Injury
Claims Without Indemnity Payment
2016 - 2020 Aggregate**



Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

All Insurers

2016 - 2020 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	33	\$12,140,564	\$367,896	1.02%
APRN/RN	30	\$13,842,001	\$461,400	1.16%
Chiropractor	24	\$7,241,520	\$301,730	0.61%
Dentist	87	\$15,873,150	\$182,450	1.33%
Emergency Services/Call Center/Ambulance Service	41	\$16,355,971	\$398,926	1.37%
Freestanding Surgical Center/Rehab Hospital	12	\$7,552,500	\$629,375	0.63%
Gynecology/OB-GYN	60	\$62,920,860	\$1,048,681	5.27%
Hospital - General	601	\$693,835,551	\$1,154,468	58.17%
Hospital - Others	22	\$10,399,988	\$472,727	0.87%
Medical Group/Other Corporate Group Practice	62	\$61,904,915	\$998,466	5.19%
Orthopedics	37	\$22,883,000	\$618,459	1.92%
Physician - Family/Pediatric/General Practice	13	\$9,223,089	\$709,468	0.77%
Physicians - Others	274	\$197,533,939	\$720,927	16.56%
Physicians Assistant	12	\$6,745,000	\$562,083	0.57%
Psychiatry	14	\$4,282,500	\$305,893	0.36%
Radiology/Imaging Center	39	\$36,565,000	\$937,564	3.07%
Other	52	\$13,534,996	\$260,288	1.13%
Total	1413	\$1,192,834,544	\$844,186	100.0%

(4)=(3)/(2)

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

Thursday, May 27, 2021

Report 8 - Part 1

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

Commercial Insurers

2016 - 2020 Aggregate

<i>Medical Provider Specialty</i>	<i>Base Premium in 2020</i>	<i>Number of Medical Providers in 2020</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	\$227,587	250	25	\$12,031,609	\$481,264	2.82%
APRN/RN	\$8,641,048	15716	26	\$10,933,667	\$420,526	2.57%
Chiropractor	\$1,779,895	2634	22	\$6,316,520	\$287,115	1.48%
Dentist	\$5,183,351	4517	84	\$15,163,150	\$180,514	3.56%
Emergency Services/Call Center/Ambulance Service	\$455,548	10	19	\$6,572,500	\$345,921	1.54%
Freestanding Surgical Center/Rehab Hospital	\$380,142	44	4	\$730,000	\$182,500	0.17%
Gynecology/OB-GYN	\$2,889,808	140	27	\$28,075,735	\$1,039,842	6.59%
Hospital - General	\$3,247,879	49	37	\$77,349,669	\$2,090,532	18.15%
Hospital - Others	\$5,151,111	100	16	\$9,479,500	\$592,469	2.22%
Medical Group/Other Corporate Group Practice	\$7,987,656	1121	48	\$38,020,907	\$792,102	8.92%
Orthopedics	\$2,727,611	287	32	\$20,093,000	\$627,906	4.71%
Physician - Family/Pediatric/General Practice	\$2,516,350	282	9	\$5,065,589	\$562,843	1.19%
Physicians - Others	\$23,202,299	3171	191	\$144,242,201	\$755,195	33.85%
Physicians Assistant	\$583,413	289	9	\$5,445,000	\$605,000	1.28%
Psychiatry	\$2,893,279	7039	14	\$4,282,500	\$305,893	1.00%
Radiology/Imaging Center	\$3,858,945	165	32	\$31,089,750	\$971,555	7.29%
Other	\$6,070,935	3544	49	\$11,288,121	\$230,370	2.65%
Total	\$77,796,857	39,358	644	\$426,179,418	\$661,769	100.0%

(6)=(5)/(4)

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

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

Captives & Self Insurers

2016 - 2020 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	8	\$108,955	\$13,619	0.01%
APRN/RN	4	\$2,908,334	\$727,084	0.38%
Chiropractor	2	\$925,000	\$462,500	0.12%
Dentist	3	\$710,000	\$236,667	0.09%
Emergency Services/Call Center/Ambulance Service	22	\$9,783,471	\$444,703	1.28%
Freestanding Surgical Center/Rehab Hospital	8	\$6,822,500	\$852,813	0.89%
Gynecology/OB-GYN	33	\$34,845,125	\$1,055,913	4.55%
Hospital - General	564	\$616,485,882	\$1,093,060	80.41%
Hospital - Others	6	\$920,488	\$153,415	0.12%
Medical Group/Other Corporate Group Practice	14	\$23,884,008	\$1,706,001	3.12%
Orthopedics	5	\$2,790,000	\$558,000	0.36%
Physician - Family/Pediatric/General Practice	4	\$4,157,500	\$1,039,375	0.54%
Physicians - Others	83	\$53,291,738	\$642,069	6.95%
Physicians Assistant	3	\$1,300,000	\$433,333	0.17%
Radiology/Imaging Center	7	\$5,475,250	\$782,179	0.71%
Other	3	\$2,246,875	\$748,958	0.29%
Total	769	\$766,655,126	\$996,951	100.0%

(4)=(3)/(2)

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

Thursday, May 27, 2021

Report 8 - Part 3

Connecticut Department of Insurance

Disposition of Claims For All Insurers

2016 - 2020 Aggregate

<i>Disposition</i>	<i>Claim Reports</i>		<i>Average Months</i>		<i>Average Severity of Injury Rating</i>	<i>Average paid</i>	
	<i>Number</i>	<i>Percent</i>	<i>Incident to Report</i>	<i>Incident to Disposition</i>		<i>Indemnity</i>	<i>ALAE</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
In Favor of Plaintiff							
Claims Settled Before Litigation	228	16.1%	6	19	4	\$296,089	\$9,545
Claims Settled Before Trial	874	61.9%	20	66	6	\$802,763	\$134,799
Claims Settled During Trial	81	5.7%	19	61	7	\$2,415,931	\$197,824
Claims Settled After Trial	218	15.4%	15	56	6	\$992,374	\$124,998
Total Settled	1401	99.2%	17	56	6	\$843,077	\$116,534
Judgement for Plaintiff	10	0.7%	15	71	5	\$1,105,401	\$551,136
Judgement for Plaintiff On Appeal	2	0.1%	20	115	9	\$314,865	\$139,008
Total Court Dispositions	12	0.8%	16	78	7	\$973,645	\$482,448
Total	1413	100.0%	17	57	6	\$844,186	\$119,641
In Favor of Defendant							
Claims Closed Before Litigation	422	33.3%	13	29	3		\$5,463
Claims Closed Before Trial	613	48.4%	25	62	6		\$82,101
Claims Closed During Trial	7	0.6%	30	72	6		\$86,598
Claims Closed After Trial	99	7.8%	17	52	5		\$42,816
Total Settled	1141	90.1%	20	49	5		\$50,375
Judgement for Defendant	119	9.4%	25	59	5		\$140,624
Judgement for Defendant On Appeal	6	0.5%	16	99	4		\$296,900
Total Court Dispositions	125	9.9%	24	61	4		\$148,126
Total	1266	100.0%	20	50	5		\$60,027

(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

2016 - 2020 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2016	550	\$59,121,750	\$107,494	\$235,440,821	\$428,074	\$222,846,376	\$405,175
2017	524	\$54,429,776	\$103,874	\$159,711,515	\$304,793	\$239,525,860	\$457,110
2018	553	\$47,023,087	\$85,033	\$155,192,231	\$280,637	\$302,678,291	\$547,339
2019	578	\$58,382,719	\$101,008	\$235,145,568	\$406,826	\$391,984,442	\$678,174
2020	474	\$64,787,340	\$136,682	\$159,747,936	\$337,021	\$280,846,588	\$592,503
Total	2679	\$283,744,672	\$105,914	\$945,238,071	\$352,832	\$1,437,881,557	\$536,723

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Commercial Insurers

2016 - 2020 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2016	306	\$25,267,002	\$82,572	\$171,835,775	\$561,555	\$79,888,082	\$261,072
2017	307	\$31,297,397	\$101,946	\$107,411,856	\$349,876	\$111,662,945	\$363,723
2018	282	\$30,190,914	\$107,060	\$102,932,509	\$365,009	\$123,708,035	\$438,681
2019	244	\$24,926,513	\$102,158	\$117,545,255	\$481,743	\$129,917,199	\$532,448
2020	195	\$17,404,483	\$89,254	\$81,388,021	\$417,374	\$78,877,022	\$404,498
Total	1334	\$129,086,309	\$96,766	\$581,113,416	\$435,617	\$524,053,283	\$392,844

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Captives and Self Insurers

2016 - 2020 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2016	244	\$33,854,748	\$138,749	\$63,605,046	\$260,676	\$142,958,294	\$585,895
2017	217	\$23,132,379	\$106,601	\$52,299,659	\$241,012	\$127,862,915	\$589,230
2018	271	\$16,832,173	\$62,111	\$52,259,722	\$192,840	\$178,970,256	\$660,407
2019	334	\$33,456,206	\$100,168	\$117,600,313	\$352,097	\$262,067,243	\$784,632
2020	279	\$47,382,857	\$169,831	\$78,359,915	\$280,860	\$201,969,566	\$723,905
Total	1345	\$154,658,363	\$114,988	\$364,124,655	\$270,725	\$913,828,274	\$679,426

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Yearly Information Report

All Insurers

2016 - 2020 Aggregate

<i>Year</i>	<i>Number of Closed Claims</i> (1)	<i>Total Indemnity Payments</i> (2)	<i>Economic Damages</i> (3)	<i>Non-Economic Damages</i> (4)
2016	146	\$83,725,654	\$21,586,470	\$62,139,184
2017	157	\$85,636,662	\$29,548,868	\$56,087,794
2018	155	\$114,549,323	\$33,649,304	\$80,900,019
2019	160	\$180,847,208	\$51,800,813	\$129,046,395
2020	168	\$113,336,168	\$8,421,926	\$104,914,242
Total	786	\$578,095,015	\$145,007,381	\$433,087,634

(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

2016 - 2020 Aggregate

<i>Year</i>	<i>Number of Closed Claims</i> <i>(1)</i>	<i>Total Indemnity Payments</i> <i>(2)</i>	<i>Economic Damages</i> <i>(3)</i>	<i>Non-Economic Damages</i> <i>(4)</i>
2016	79	\$32,816,279	\$10,125,066	\$22,691,213
2017	103	\$51,659,120	\$16,239,744	\$35,419,376
2018	102	\$76,193,779	\$26,979,780	\$49,213,999
2019	80	\$77,209,524	\$33,372,731	\$43,836,793
2020	68	\$40,169,395	\$7,246,926	\$32,922,469
Total	432	\$278,048,097	\$93,964,247	\$184,083,850

(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

2016 - 2020 Aggregate

<i>Year</i>	<i>Number of Closed Claims</i> (1)	<i>Total Indemnity Payments</i> (2)	<i>Economic Damages</i> (3)	<i>Non-Economic Damages</i> (4)
2016	67	\$50,909,375	\$11,461,404	\$39,447,971
2017	54	\$33,977,542	\$13,309,124	\$20,668,418
2018	53	\$38,355,544	\$6,669,524	\$31,686,020
2019	80	\$103,637,684	\$18,428,082	\$85,209,602
2020	100	\$73,166,773	\$1,175,000	\$71,991,773
Total	354	\$300,046,918	\$51,043,134	\$249,003,784

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

Appendix 2

Calendar Year Premium and Losses

Connecticut Department of Insurance

Yearly Information Report - All Insurers

(3) and (4) include all ALAE

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

<i>Type</i> <i>(1)</i>	<i>Earned Premium</i> <i>(2)</i>	<i>Paid Losses</i> <i>(3)</i>	<i>Incurred Losses</i> <i>(4)</i>
2016			
Commercial Insurers	\$88,642,918	\$67,200,562	\$82,995,531
Captives	\$119,318,916	\$96,478,337	\$93,544,340
Self Insurers	\$28,288,684	\$38,147,622	\$41,679,595
Totals	\$236,250,518	\$201,826,521	\$218,219,466
2017			
Commercial Insurers	\$87,100,773	\$105,069,044	\$98,216,971
Captives	\$123,466,686	\$74,688,762	\$149,773,109
Self Insurers	\$42,616,040	\$27,940,396	\$37,085,571
Totals	\$253,183,499	\$207,698,202	\$285,075,651
2018			
Commercial Insurers	\$94,650,944	\$96,425,240	\$124,433,237
Captives	\$160,434,382	\$138,318,927	\$135,097,171
Self Insurers	\$24,077,562	\$30,921,984	\$82,986,804
Totals	\$279,162,888	\$265,666,151	\$342,517,212
2019			
Commercial Insurers	\$88,655,820	\$91,869,693	\$97,171,113
Captives	\$156,094,059	\$128,967,741	\$228,123,681
Self Insurers	\$40,550,952	\$65,013,595	\$23,557,192
Totals	\$285,300,831	\$285,851,029	\$348,851,986
2020			
Commercial Insurers	\$90,361,158	\$71,800,233	\$121,049,182
Captives	\$176,674,404	\$152,526,273	\$131,132,012
Self Insurers	\$20,492,604	\$30,540,353	\$19,953,346
Totals	\$287,528,166	\$254,866,859	\$272,134,540

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	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Comssion and Brokerage Expense	Taxes and Fees
2011	\$171,700,809	\$94,144,801	\$171,151,556	\$61,919,462	\$22,501,066	\$283,223	\$12,793,838	\$4,203,788
2012	\$172,801,837	\$121,343,097	\$183,579,600	\$46,165,381	\$17,856,776	\$322,460	\$14,135,597	\$3,904,038
2013	\$148,812,180	\$93,150,101	\$151,726,766	\$51,351,379	\$23,622,873	\$4,350,519	\$13,396,369	\$3,302,555
2014	\$168,061,489	\$124,205,248	\$172,282,030	\$102,647,790	\$39,120,838	\$2,201,777	\$11,909,444	\$4,831,584
2015	\$157,006,663	\$138,387,634	\$166,060,387	\$110,370,621	\$26,289,302	\$2,364,585	\$12,027,500	\$4,100,092
2016	\$171,554,520	\$111,852,733	\$180,372,492	\$136,898,339	\$33,341,104	\$2,536,549	\$12,054,843	\$4,554,706
2017	\$181,836,455	\$138,809,686	\$176,644,109	\$153,598,815	\$26,962,046	\$1,976,685	\$12,227,467	\$4,015,343
2018	\$183,967,485	\$168,675,426	\$190,310,786	\$147,785,446	\$37,361,417	\$257,595	\$12,399,809	\$4,052,299
2019	\$205,278,198	\$158,087,954	\$212,417,242	\$250,915,470	\$37,101,382	\$502,176	\$13,249,951	\$4,494,589
2020	\$218,333,541	\$173,571,986	\$216,999,818	\$157,479,951	\$25,688,097	\$4,129,647	\$12,331,149	\$4,971,381

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
2011	36.2%	13.1%	10.1%	23.4%	30.8%
2012	25.1%	9.7%	10.0%	39.7%	38.8%
2013	33.8%	15.6%	13.9%	21.9%	28.1%
2014	59.6%	22.7%	11.0%	-13.0%	1.3%
2015	66.5%	15.8%	11.1%	-14.8%	0.0%
2016	75.9%	18.5%	10.6%	-27.5%	-10.9%
2017	87.0%	15.3%	10.3%	-33.6%	-12.1%
2018	77.7%	19.6%	8.8%	-29.9%	-12.3%
2019	118.1%	17.5%	8.6%	-70.8%	-46.2%
2020	72.6%	11.8%	9.9%		

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

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

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Comssion and Brokerage Expense	Taxes and Fees
2011	\$104,227,438	\$44,780,366	\$102,941,143	\$35,954,052	\$6,768,159	\$155,657	\$8,353,622	\$2,287,440
2012	\$104,373,747	\$82,665,445	\$116,084,137	\$33,479,847	\$10,341,611	\$168,358	\$9,415,023	\$1,953,860
2013	\$100,764,957	\$37,952,734	\$100,805,050	\$23,010,438	\$16,781,516	\$4,186,734	\$9,744,289	\$2,077,539
2014	\$95,464,847	\$52,346,524	\$98,813,130	\$40,588,569	\$21,030,684	\$2,041,568	\$8,083,428	\$2,181,634
2015	\$81,629,145	\$67,658,841	\$91,216,103	\$63,821,085	\$11,448,173	\$2,234,250	\$8,239,702	\$1,816,363
2016	\$78,794,526	\$51,492,522	\$88,317,355	\$68,479,449	\$20,040,090	\$2,409,402	\$7,718,994	\$2,365,823
2017	\$73,646,849	\$84,536,063	\$70,264,692	\$53,219,821	\$8,388,620	\$1,793,792	\$7,671,073	\$1,497,215
2018	\$68,273,276	\$63,916,367	\$75,589,919	\$32,741,092	\$18,572,593	\$154,077	\$7,134,192	\$1,333,438
2019	\$69,448,387	\$53,402,248	\$77,538,301	\$53,759,457	\$17,198,874	\$400,244	\$6,930,572	\$1,223,999
2020	\$65,238,399	\$46,968,666	\$66,077,958	\$43,928,548	\$11,015,395	\$3,951,953	\$6,617,450	\$1,258,415

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
2011	43.5%	34.9%	6.6%	10.5%
2012	71.2%	28.8%	8.9%	9.9%
2013	37.6%	22.8%	16.6%	15.9%
2014	53.0%	41.1%	21.3%	12.5%
2015	74.2%	70.0%	12.6%	13.5%
2016	58.3%	77.5%	22.7%	14.1%
2017	120.3%	75.7%	11.9%	15.6%
2018	84.6%	43.3%	24.6%	11.4%
2019	68.9%	69.3%	22.2%	11.0%
2020	71.1%	66.5%	16.7%	17.9%

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

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost	Dividends	Comssion and	Taxes and
					Containment Expenses Incurred		Brokerage Expense	Fees
2011	\$22,906,173	\$10,949,829	\$23,744,608	\$13,258,266	\$3,769,983	\$0	\$4,195,923	\$88,573
2012	\$22,062,594	\$9,686,010	\$21,360,485	\$11,409,059	\$1,859,871	\$20,974	\$3,833,908	\$93,293
2013	\$19,415,484	\$6,930,519	\$22,160,406	\$2,874,968	\$534,941	\$0	\$3,346,095	\$81,627
2014	\$18,941,089	\$9,692,780	\$19,798,365	\$8,173,296	\$1,590,645	\$0	\$3,091,004	\$70,489
2015	\$19,211,403	\$15,607,062	\$19,196,853	\$6,594,333	\$2,274,170	\$0	\$2,872,210	\$73,744
2016	\$20,338,255	\$6,128,989	\$20,072,354	\$18,787,689	\$3,127,718	\$0	\$3,182,045	\$65,054
2017	\$20,482,905	\$12,029,528	\$19,615,026	\$15,603,593	\$2,193,829	\$0	\$3,485,354	\$45,368
2018	\$23,397,977	\$12,678,070	\$22,297,991	\$21,057,746	\$4,463,282	\$0	\$4,248,136	\$65,348
2019	\$26,594,722	\$24,656,828	\$26,001,084	\$15,951,075	\$6,392,067	\$0	\$5,087,395	\$105,370
2020	\$27,993,080	\$19,098,437	\$26,617,427	\$21,881,731	\$3,191,809	\$0	\$4,733,629	\$69,738

% of Earned Premium				
Year	Direct Losses	Direct Losses	Defense & Cost	Other
	Paid	Incurred	Containment Expenses Incurred	Underwriting Expenses
2011	46.1%	55.8%	15.9%	18.0%
2012	45.3%	53.4%	8.7%	18.5%
2013	31.3%	13.0%	2.4%	15.5%
2014	49.0%	41.3%	8.0%	16.0%
2015	81.3%	34.4%	11.8%	15.3%
2016	30.5%	93.6%	15.6%	16.2%
2017	61.3%	79.5%	11.2%	18.0%
2018	56.9%	94.4%	20.0%	19.3%
2019	94.8%	61.3%	24.6%	20.0%
2020	71.8%	82.2%	12.0%	18.0%

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

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Comssion and Brokerage Expense	Taxes and Fees
2011	\$44,567,198	\$38,414,606	\$44,465,805	\$12,707,144	\$11,962,924	\$127,566	\$244,293	\$1,827,775
2012	\$46,365,496	\$28,991,642	\$46,134,978	\$1,276,475	\$5,655,294	\$133,128	\$886,666	\$1,856,885
2013	\$28,631,739	\$48,266,848	\$28,761,310	\$25,465,973	\$6,306,416	\$163,785	\$305,985	\$1,143,389
2014	\$53,655,553	\$62,165,944	\$53,670,535	\$53,885,925	\$16,499,509	\$160,209	\$735,012	\$2,579,461
2015	\$56,166,115	\$55,121,731	\$55,647,431	\$39,955,203	\$12,566,959	\$130,335	\$915,588	\$2,209,985
2016	\$72,421,739	\$54,231,222	\$71,982,783	\$49,631,201	\$10,173,296	\$127,147	\$1,153,804	\$2,123,829
2017	\$87,706,701	\$42,244,095	\$86,764,391	\$84,775,401	\$16,379,597	\$182,893	\$1,071,040	\$2,472,760
2018	\$92,296,232	\$92,080,989	\$92,422,876	\$93,986,608	\$14,325,542	\$103,518	\$1,017,481	\$2,653,513
2019	\$109,235,089	\$80,028,878	\$108,877,857	\$181,204,938	\$13,510,441	\$101,932	\$1,231,984	\$3,165,220
2020	\$125,102,062	\$107,504,883	\$124,304,433	\$91,669,672	\$11,480,893	\$177,694	\$980,070	\$3,643,228

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
2011	86.4%	28.6%	26.9%	4.9%
2012	62.8%	2.8%	12.3%	6.2%
2013	167.8%	88.5%	21.9%	5.6%
2014	115.8%	100.4%	30.7%	6.5%
2015	99.1%	71.8%	22.6%	5.9%
2016	75.3%	68.9%	14.1%	4.6%
2017	48.7%	97.7%	18.9%	4.3%
2018	99.6%	101.7%	15.5%	4.1%
2019	73.5%	166.4%	12.4%	4.1%
2020	86.5%	73.7%	9.2%	3.9%

Top 15 in 2020 Direct Premiums Written

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

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

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

Top 15 in 2019 Direct Premiums Written

Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves	Direct Losses Paid	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense & Cost Containment Expense Paid	Direct Defense & Cost Containment Expense Incurred	Direct Defense & Cost Containment Expense Unpaid	Commission and Brokerage Expense	Taxes, Licenses and Fees
MCIC VT a Recip RRG	VT	97,150,343	97,150,108	-	-	73,184,878	172,887,528	238,513,799	9,727,462	9,071,481	22,750,279	58,505	2,690,342
Proselect Ins Co	NE	23,719,553	24,975,559	-	13,309,968	20,825,300	25,713,878	92,732,364	7,615,775	4,393,327	24,170,822	2,321,160	291,359
Connecticut Medical Ins Co	CT	14,751,040	23,097,266	328,209	7,772,459	17,060,805	16,967,459	46,543,448	3,261,881	3,423,432	13,292,601	267,704	267,438
Continental Cas Co	IL	6,893,652	6,893,652	-	37,028	10,948,218	3,523,042	23,839,567	1,460,206	2,868,011	3,755,210	104,098	205,392
National Fire & Marine Ins Co	NE	5,726,249	4,448,363	-	3,153,882	791,559	3,060,096	6,464,994	191,516	601,638	1,593,960	1,740,224	-
ProAssurance Ind Co Inc	AL	4,874,827	4,899,198	-	2,359,232	8,162	1,023,297	8,028,498	606,004	3,891,114	6,568,771	472,870	122,904
American Cas Co Of Reading PA	PA	4,402,789	4,403,200	-	1,878,138	725,500	879,190	4,313,058	368,686	353,571	1,856,979	1,636,870	79,954
MedPro RRG RRG	DC	3,924,027	3,770,969	-	1,734,238	935,000	1,574,388	5,831,977	136,203	587,454	1,976,198	462,631	161,991
Coverys Specialty Ins Co	NJ	3,497,953	4,347,320	-	560,007	1,690,000	4,852,401	6,741,222	584,851	2,054,055	2,790,266	606,748	118
Ironshore Specialty Ins Co	AZ	3,076,785	2,727,211	-	1,669,933	9,991,736	3,404,611	6,908,110	687,559	667,689	952,796	324,504	-
Applied Medico Legal Solutions RRG	AZ	2,423,018	2,480,148	-	871,776	3,095,000	1,856,098	3,209,513	751,164	699,951	1,934,984	424,028	96,921
Medical Protective Co	IN	2,328,405	2,206,758	-	1,237,617	211,000	860,546	7,337,823	622,866	532,357	2,069,215	386,640	33,444
Hallmark Specialty Ins Co	OK	2,208,429	1,830,342	-	1,186,552	25,000	1,036,245	2,086,787	183,612	190,305	167,560	531,760	388
MdAdvantage Ins Co of NJ	NJ	1,915,219	1,531,465	-	1,260,191	-	1,025,675	1,232,343	21,105	287,354	322,695	216,562	33,950
Aspen Amer Ins Co	TX	1,437,666	1,223,026	-	666,978	22,258	261,358	654,253	47,069	296,448	268,260	336,887	23,430

Top 15 Total 178,329,955 = 86.9% of total 2019 Direct Premiums Written of \$205,278,198

Top 3 Total 135,620,936 = 66.1% of total 2019 Direct Premiums Written of \$205,278,198

Investment Income * – 15 Leading Writers

<u>COMPANY NAME</u>	<u>2020</u>	<u>2019</u>
MCIC VT a Recip RRG	\$72,933,202	\$134,000,000
Proselect Ins Co	\$735,302	\$2,317,420
Integris Ins Co	\$17,753,623	\$34,395,316
National Fire & Marine Ins Co	\$70,183,291	\$469,000,000
MedPro RRG RRG	\$168,903	\$869,583
American Cas Co Of Reading PA	\$8,547,439	\$9,558,478
Ironshore Specialty Ins Co	\$11,426,116	\$10,919,382
Continental Cas Co	\$1,840,000,000	\$1,910,000,000
MdAdvantage Ins Co of NJ	\$8,489,342	\$8,929,512
Columbia Cas Co	\$8,745,870	\$9,509,225
Medical Protective Co	\$78,751,770	\$152,000,000
ProAssurance Ind Co Inc	\$32,949,762	\$26,845,945
Coverys Specialty Ins Co	\$1,470,592	\$1,446,161
Hallmark Specialty Ins Co	\$6,008,369	\$5,569,832
TDC Specialty Ins Co	\$1,945,460	\$4,540,873

Source: National Association of Insurance Commissioners Database

* Note: Investment earnings are from the company's Annual Financial Statements, Page 4, Line 11 and are for all lines of business written by the company in all states.

Appendix 4

**Medical Malpractice Data Reporting Requirements
Connecticut General Statute § 38a-395**



Substitute Senate Bill No. 249

Public Act No. 07-25

AN ACT CONCERNING MEDICAL MALPRACTICE DATA REGARDING MEDICAL PROFESSIONALS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 38a-395 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) As used in this section:

(1) "Claim" means a request for indemnification filed by a [physician, surgeon, hospital, advanced practice registered nurse or physician assistant] medical professional or hospital pursuant to a professional liability policy for a loss for which a reserve amount has been established by an insurer;

(2) "Closed claim" means a claim that has been settled, or otherwise disposed of, where the insurer has made all indemnity and expense payments on the claim; [and]

(3) "Insurer" means an insurer that insures a [physician, surgeon, hospital, advanced practice registered nurse or physician assistant] medical professional or hospital against professional liability. "Insurer" includes, but is not limited to, a captive insurer or a self-insured person; and

Substitute Senate Bill No. 249

(4) "Medical professional" has the same meaning as provided in section 38a-976.

(b) On and after January 1, 2006, each insurer shall provide to the Insurance Commissioner a closed claim report, on such form as the commissioner prescribes, in accordance with this section. The insurer shall submit the report not later than ten days after the last day of the calendar quarter in which a claim is closed. The report shall only include information about claims settled under the laws of this state.

(c) The closed claim report shall include:

(1) Details about the insured and insurer, including: (A) The name of the insurer; (B) the professional liability insurance policy limits and whether the policy was an occurrence policy or was issued on a claims-made basis; (C) the name, address, health care provider professional license number and specialty coverage of the insured; and (D) the insured's policy number and a unique claim number.

(2) Details about the injury or loss, including: (A) The date of the injury or loss that was the basis of the claim; (B) the date the injury or loss was reported to the insurer; (C) the name of the institution or location at which the injury or loss occurred; (D) the type of injury or loss, including a severity of injury rating that corresponds with the severity of injury scale that the Insurance Commissioner shall establish based on the severity of injury scale developed by the National Association of Insurance Commissioners; and (E) the name, age and gender of any injured person covered by the claim. Any individually identifiable health information, as defined in 45 CFR 160.103, as from time to time amended, submitted pursuant to this subdivision shall be confidential. The reporting of the information is required by law. If necessary to comply with federal privacy laws, including the Health Insurance Portability and Accountability Act of 1996, (P.L. 104-191) (HIPAA), as from time to time amended, the insured shall arrange

Substitute Senate Bill No. 249

with the insurer to release the required information.

(3) Details about the claims process, including: (A) Whether a lawsuit was filed and, if so, in which court; (B) the outcome of such lawsuit; (C) the number of other defendants, if any; (D) the stage in the process when the claim was closed; (E) the dates of the trial, if any; (F) the date of the judgment or settlement, if any; (G) whether an appeal was filed and, if so, the date filed; (H) the resolution of any appeal and the date such appeal was decided; (I) the date the claim was closed; (J) the initial indemnity and expense reserve for the claim; and (K) the final indemnity and expense reserve for the claim.

(4) Details about the amount paid on the claim, including: (A) The total amount of the initial judgment rendered by a jury or awarded by the court; (B) the total amount of the settlement if there was no judgment rendered or awarded; (C) the total amount of the settlement if the claim was settled after judgment was rendered or awarded; (D) the amount of economic damages, as defined in section 52-572h, or the insurer's estimate of the amount in the event of a settlement; (E) the amount of noneconomic damages, as defined in section 52-572h, or the insurer's estimate of the amount in the event of a settlement; (F) the amount of any interest awarded due to the failure to accept an offer of judgment or compromise; (G) the amount of any remittitur or additur; (H) the amount of final judgment after remittitur or additur; (I) the amount paid by the insurer; (J) the amount paid by the defendant due to a deductible or a judgment or settlement in excess of policy limits; (K) the amount paid by other insurers; (L) the amount paid by other defendants; (M) whether a structured settlement was used; (N) the expense assigned to and recorded with the claim, including, but not limited to, defense and investigation costs, but not including the actual claim payment; and (O) any other information the commissioner determines to be necessary to regulate the professional liability insurance industry with respect to [physicians, surgeons, hospitals,

Substitute Senate Bill No. 249

advanced practice registered nurses or physician assistants] medical professionals or hospitals, ensure the industry's solvency and ensure that such liability insurance is available and affordable.

(d) (1) The commissioner shall establish an electronic database composed of closed claim reports filed pursuant to this section.

(2) The commissioner shall compile the data included in individual closed claim reports into an aggregated summary format and shall prepare a written annual report of the summary data. The report shall provide an analysis of closed claim information including a minimum of five years of comparative data, when available, trends in frequency and severity of claims, itemization of damages, timeliness of the claims process, and any other descriptive or analytical information that would assist in interpreting the trends in closed claims.

(3) The annual report shall include a summary of rate filings for professional liability insurance for [physicians, surgeons, hospitals, advanced practice registered nurses and physician assistants] medical professionals or hospitals, which have been approved by the department for the prior calendar year, including an analysis of the trend of direct losses, incurred losses, earned premiums and investment income as compared to prior years. The report shall include base premiums charged by insurers for each specialty and the number of providers insured by specialty for each insurer.

(4) Not later than March 15, 2007, and annually thereafter, the commissioner shall submit the annual report to the joint standing committee of the General Assembly having cognizance of matters relating to insurance in accordance with section 11-4a. The commissioner shall also (A) make the report available to the public, (B) post the report on its Internet site, and (C) provide public access to the contents of the electronic database after the commissioner establishes that the names and other individually identifiable information about

Substitute Senate Bill No. 249

the claimant and practitioner have been removed.

(e) The Insurance Commissioner shall provide the Commissioner of Public Health with electronic access to all information received pursuant to this section. The Commissioner of Public Health shall maintain the confidentiality of such information in the same manner and to the same extent as required for the Insurance Commissioner.

Approved May 18, 2007

Appendix 5

Medical Malpractice Closed Claim Data Collection Application Users Guide



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

MEDICAL MALPRACTICE CLOSED CLAIM DATA COLLECTION

Introduction:

Public Act 05-275 (the “Act”) requires Medical Malpractice insurance providers to report closed claims data to the Connecticut Department of Insurance (the “Department”) and authorizes the Department to establish a reporting format to capture this data. The reporting requirement applies to all admitted and non-admitted insurers, risk retention groups, captives, and self-insured entities. A quarterly report is required to be sent to the Department not later than 10 days after the close of the quarter in which the claim is closed.

Public Act No. 07-25

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

The link can be found at the following URL address:

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

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

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

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

Definitions and Terms:

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

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

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

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

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

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

Captive Domicile:

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

Captive License #:

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

Non-Hospital Healthcare Provider:

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

Self-Insured Trust:

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

Voluntary Attending Physician:

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

Yearly Reporting Financial Terms & Definitions:

Commercial Insurer

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

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

Hospital/Captive:

Hospital/Captive without Voluntary Attending Physicians

Hospital Professional Liability Premium (No General Liability) –

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

Hospital Net Retained Paid Professional Liability Losses –

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

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

Hospital/Captive with Voluntary Attending Physicians

Hospital Professional Liability Premium (No General Liability) –

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

Hospital Net Retained Paid Professional Liability Losses –

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

Hospital Net Retained Incurred Professional Liability Losses –

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

Hospital/Self Insured Trust

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

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

Medical Malpractice Online Reporting Tool Instruction

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

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

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

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

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

Click here to start:

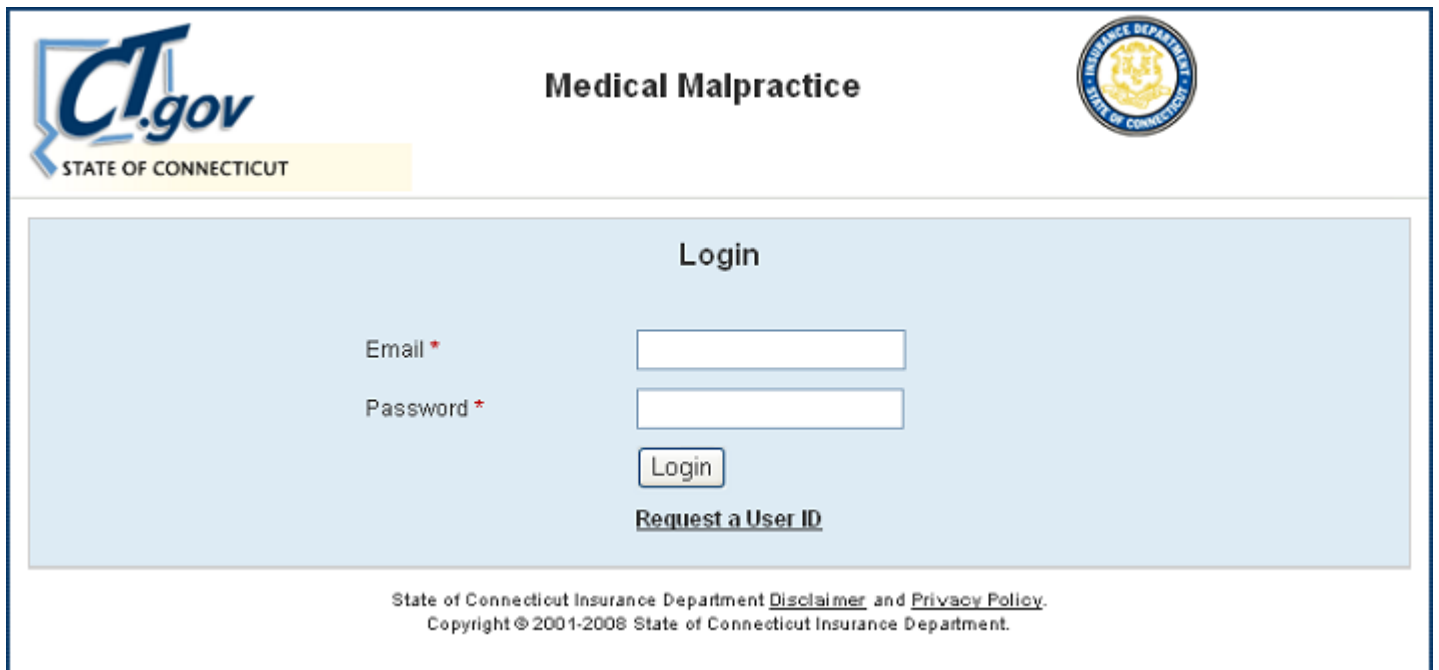
https://www.cid-online.ct.gov/mmdc/Login_input.action

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.

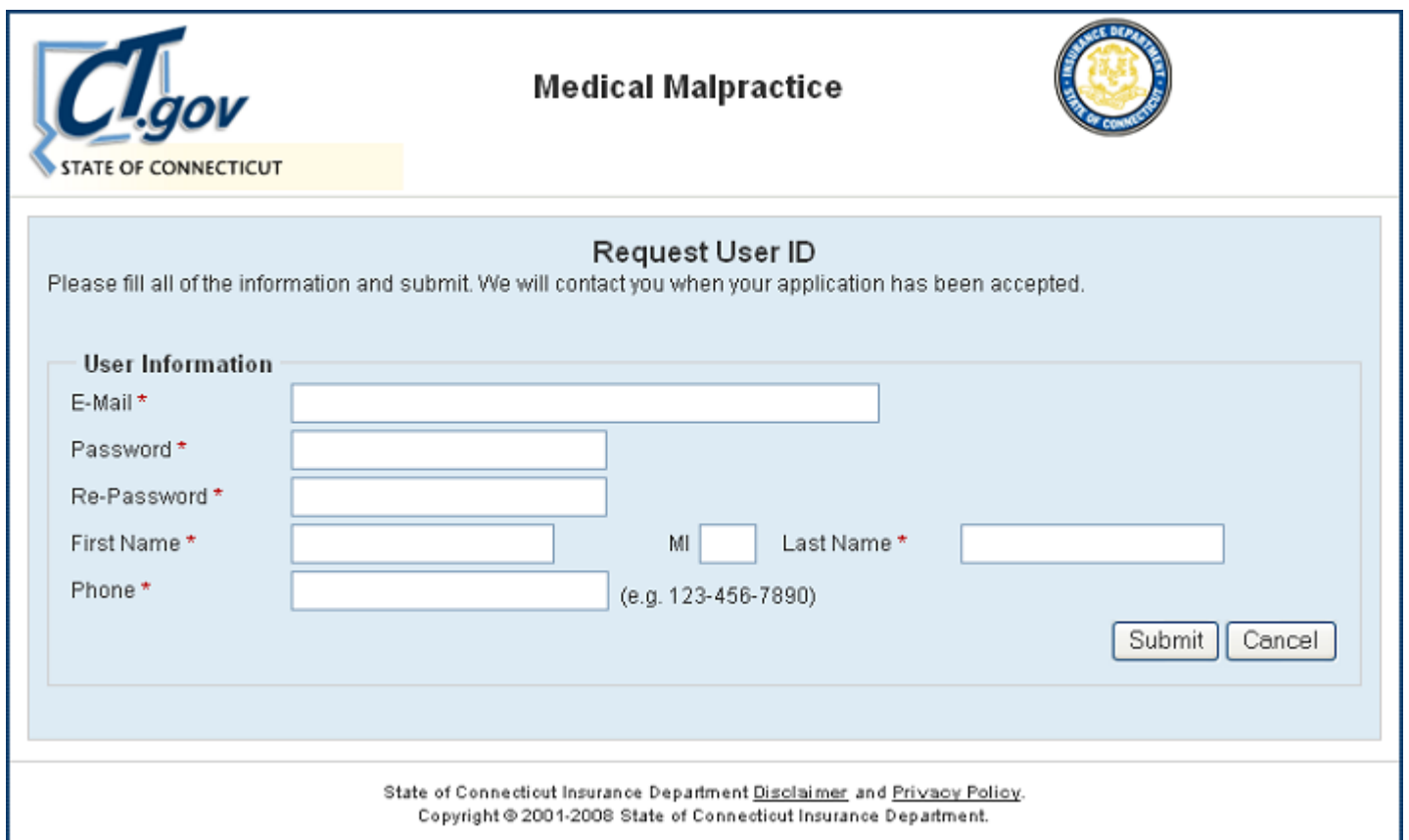
Request a User ID

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), 'Last Name *', and 'Phone *' (with a note '(e.g. 123-456-7890)'). There are 'Submit' and 'Cancel' buttons at the bottom right. At the bottom, there is a disclaimer: 'State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#). Copyright © 2001-2008 State of Connecticut Insurance Department.'

3. Enter the Company Information

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

Request a Company

Please enter the information of the company to register

Business Type *

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

Name of Self-Insured *

What Information do you require to access?

Yearly Information Closed Claims

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

Yes No

Contact person for questions regarding data

First Name * MI Last Name *

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

E-mail *

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



STATE OF CONNECTICUT

Medical Malpractice



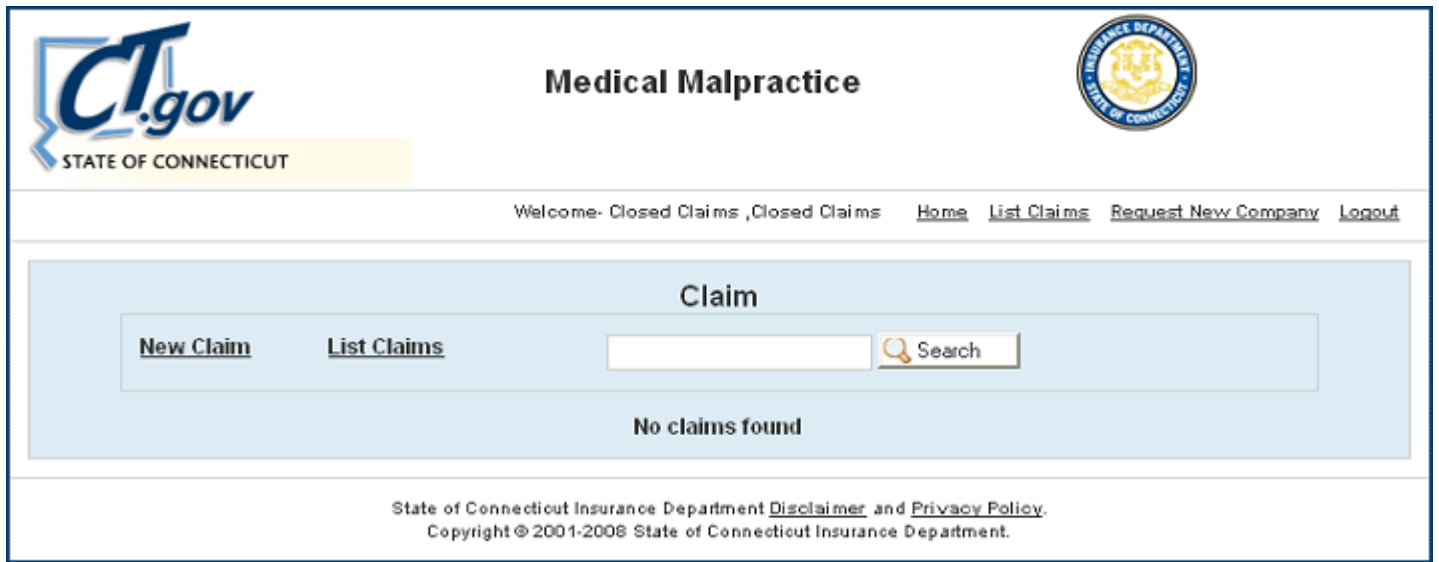
What do you want to do now?

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

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

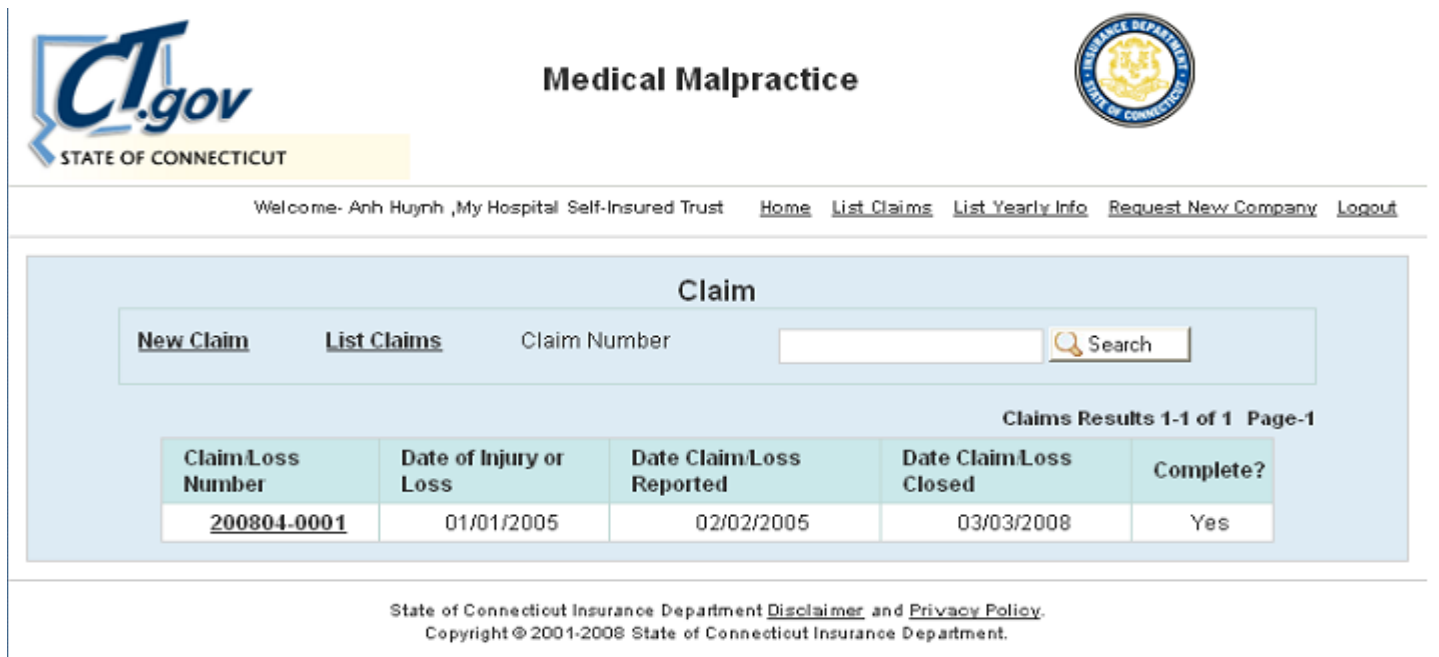
Closed Claim reporting

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



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

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



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

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

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

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

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

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

Injured Party Information

Claim Details

Claim/Loss Number *

County where claim incident occurred *

Date of Injury or Loss *

Date Claim/Loss Reported *

Date Claim/Loss Closed *

Injured Person Details

First Name * Middle Name Last Name *

Date Of Birth Age Group Age Group *

Gender * Male Female

Injury Details

Name of institution where loss/injury occurred *

Type of Location where loss/injury occurred *

Act or Omission Type *

Act or Omission Description *

Severity rating(NAIC) *

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

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

Lawsuit Information

Lawsuit Information

Was a Suit filed? Yes No

Date Suit Filed *

Name of Court Suit Filed in *

Docket Number *
(N/A if Unavailable)

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

Insured/Policy Holder Information

Search Insured/Policy Holder

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

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

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

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

Insured/Policy Holder Information

Insured/Entity Details

Name of Entity *

Address1 *

Address2

City *

State *

Zip Code *

Policy Number *

Specialty *


Insured Policy Limits *

Initial Indemnity and Expense Reserve *

Final Indemnity and Expense Reserve *

Loss Adjustment Expenses paid to Defense Counsel *

All Other Allocated Loss Adjustment Expenses Paid *

Close Date 

Is Insured/Entity *

Primary Excess

Occurrence/Claim *

Occurrence Claim-Made

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

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Settlement Information

Date of Settlement *

Settlement Code *

Were Other Companies Involved * No Yes

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

Judgment/Settlement Information

Outcome Information

Judgment
 Settlement
 Withdrawn
 Abandon

Were Other Companies Involved * No Yes

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

7. Settlement Award Detail screen

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

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

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

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

Trial Information:

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

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

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

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

Outcome Information:

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

Trial Information:

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

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

Judgment/Settlement Information

Outcome Information

Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes

Trial Information

Judgment by Jury Judgment by Court Withdrawn Dismissed

Trial Date From *

Trial Date To *

Award Information

Date Award Decided *

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

Appeal Filed

Yes No

<< Back

Proceed >>

Cancel

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

Judgment/Settlement Information


Outcome Information


Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes


Trial Information


Judgment by Jury Judgment by Court Withdrawn Dismissed

Trial Date From * 

Trial Date To * 


Award Information


Date Award Decided * 


Lawsuit Outcome * 

Appeal Filed

Yes No

Date Appeal Filed * 

Date Appeal Decided * 

Appeal Outcome * 

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

Jury Award

Jury Award

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

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

Court Award

Court Award

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

11. Claim Detail screen

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

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

New Claim
Mark as Completed

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

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

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

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

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

Yearly Information Report

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

Yearly Information

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

Commercial Insurer

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

Hospital/Non Hospital – Self Insurer

Yearly Information

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

Hospital/Non Hospital - Self-Insured

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

Hospital – Captive with Voluntary Physicians

Yearly Information

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

Hospital - Captive with Voluntary Physicians Attending

Year	2007
Hospital Professional Liability Premium (No General Liability) *	<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"/>

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"/>

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"/>

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 *