



# **CT Medical Malpractice Report**

**To**  
Insurance and Real Estate Committee

**Presented by**  
Connecticut Insurance Department  
Andrew N. Mais, Commissioner

June 15, 2025

Pursuant to Section 14 of Public Act 05-275, the Connecticut Insurance Department has compiled the 2025 Medical Malpractice Report.

The report summarizes Connecticut medical malpractice liability closed claim data for calendar years 2020 through 2024. The report also includes 2024 rate filing activity, premium information by medical provider specialty for 2024 and industry experience over the last 10 years.

The Department compiled the report with data collected from 160 entities:

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

The two primary pieces of claims data analyzed were:

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

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

**A brief summary of the data includes:**

- 2,241 total closed claims over the past five years
  - ✓ 1,270 were resolved in favor of the plaintiff
  - ✓ 971 were resolved in favor of the defendant
- \$987,710 was the average indemnity payout to a claimant
  - ✓ \$743,208 was the average payout by a commercial insurer
  - ✓ \$1,146,478 was the average payout by a captive or a self-insurer

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

Respectfully,



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Andrew N. Mais  
Insurance Commissioner

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# Connecticut Medical Malpractice Closed Claim Annual Report – 2025

## 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 2025 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 2020 through 2024. In addition, it provides a summary of rate filing activity for 2024, premium information by medical provider specialty for 2024 and industry calendar year experience for the most recent ten years. Copies of prior year reports are available on the Department’s website at [https://portal.ct.gov/cid/consumer-resource-library/cid-reports/medical-malpractice-report?language=en\\_US](https://portal.ct.gov/cid/consumer-resource-library/cid-reports/medical-malpractice-report?language=en_US).

## II. Background

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

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

## III. Data Collection

The required closed claim data elements are submitted to the Department on a quarterly basis. Closed claim reports are due by the 10<sup>th</sup> 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 160 entities including 67 carriers licensed in Connecticut, 37 risk retention groups (RRG’s) and 56 excess and surplus lines companies. 2024 closed claims data were from 214 insuring entities, which included 157 admitted insurance companies, 18 hospitals or hospital groups that are either self-insured or insured with a captive and 39 non-hospital captives/self-insurers/risk retention groups.

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

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

## IV. Description of Analysis

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

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

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

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 2020 through 2024. 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 2023 and 2024, 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 2015 - 2024 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 for which 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, 2024, there are some observations that can be made from an analysis of the claim information. Greater detail is provided in Section VII which provides the narrative describing the reports and charts in Appendix 1.

Compared to 2023, the 2024 total number of closed claims has increased, and, while the number of closed claims with indemnity payment decreased, the total indemnity payment amount (report 1) has increased. The number of closed claims with payment to defense counsel was slightly lower in 2024 than in 2023, with lower total and average amount paid (report 2). ALAE payments other than that paid to defense counsel have also increased (report 3).

- **Total Claims:** A total of 2,241 closed claims were reported for the five years included in the reporting period. Commercial Insurers reported 41% of the claims, or 917. Captives/Self-Insurers reported 1,324 claims.
- **Indemnity Payments:** Indemnity payments include all compensation paid to claimants or plaintiffs. About 43% of the claims had no indemnity payments, while the remaining 57% closed with an indemnity payment. The total amount paid to claimants was \$1.254 billion, with an average of \$987,710 for those claims with an indemnity payment. The payments include amounts for both economic and non-economic damages. During 2020, 11 claims closed with above \$3 million total indemnity payment. In 2021, six claims closed with indemnity payment of \$3 million or greater, and in 2022, seven claims closed with indemnity payments greater than \$3 million. However, beginning in 2023 we observed a dramatic upward trend in the number of these large claims, with 17 claims closed with indemnity payments over \$3 million. In 2024 21 claims closed with indemnity payments of \$3 million or more, including three with payments over \$10 million. These large claims are major contributors driving up the five-year average indemnity payment amount.
- **Defense Counsel Payments:** About 76%, or 1,703, generated legal expenses to defend the claim. These expenses totaled \$207 million, an average of \$121,718 per claim. Of

these 1703 claims, 36% (613) were for incidents that had no payments to claimants, averaging \$56,871 for legal expenses. For incidents with payments to claimants, average legal expenses are higher at \$158,186.

- **Indemnity Payments and Size of Claims:** Of all claims that have an indemnity payment, 38% (479 out of 1,270) have a payment of less than \$200,000. But million dollar-plus claims, with only 29% of all claim counts, represent 80% of all indemnity payments, over \$1 billion.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 1,270 claims that closed with an indemnity payment, 177 closed within one year of being reported and had an average paid indemnity of \$366,794. That average figure rose to \$1,460,488 for claims closing between 60 and 90 months from being reported. The average paid is about \$2.7 million for claims that take longer than ten years to close.
- **Defense Counsel Payments and Age of Claim:** Average defense counsel payments generally increased with the age of claim.
- **Claim Outcomes:** Of the 2,241 reported claims, 1,270 were resolved in favor of the claimant or plaintiff. Of the claims resolved in favor of the claimant or plaintiff, about 99% were settled, with 80% settled before trial began. The remaining 971 were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 97% were settled, with 87% 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 2,241 claims, 1,270, or 57% had indemnity payments to a claimant at an average value of \$987,710. Compared to Commercial Insurers, Captives/Self-Insurers had a higher percentage (58% to 55%) of claims with indemnity payments. The average indemnity payment size for Commercial Insurers (\$743,208) is lower than for Captives/Self-Insurers (\$1,146,478).

Of the total 2,241 claims, 76% 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 Commercial Insurers subgroup are lower than those for Captives/Self-Insurers (\$67,313 versus \$163,027), which echoes the pattern seen for indemnity payments.

When other ALAE (allocated loss adjustment expenses) are included with defense counsel payments, the total of \$242 million represents the amount expended to defend and investigate claims. This represents 19% of the total indemnity. Commercial Insurers expended a lower percentage than Captives/Self-Insurers.

### **Claims by Size (Reports 4 and 5)**

The distribution of these claims by size is shown on Report 4 and on Charts 4-1 and 4-2. Of the 1,270 claims, 364, or 29% of claims with indemnity payments, were for amounts greater than \$1 million. Indemnity payments for these larger claims totaled \$1.01 billion, or 80% of the total payments for all claim sizes. Claims greater than \$500,000, but less than \$1 million, represented another 208 claims (16%) with \$148 million of payments. Thus, the 572 claims greater than \$500,000, represents 45% of the claims, but 92% of the total paid indemnity.

We observe in Chart 5-1 that the average to defense counsel payment for claims with payments in the range \$100,000 to \$200,000 is around \$450,000, which is much higher for other sizes of claims. This seems to stem from a claim or claims paid in 2021.

On the other hand, 17% 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 33% of the total.

### **Age of Claim (Report 6)**

These exhibits display claims by age at the time of closing from both report date and injury date and provide the average length of time to closure. The majority of claims with indemnity payments closed between two and five years of being reported. Overall, it took an average of 3.32 years from the report date to close claims with indemnity payments. The average time from the date of incident to report was about 1.37 years, which suggests claims are closed, on average, about 4.68 years after injury. (See Report 6 – Part 5.) Average payments increased as the claim aged, with claims closing more than two years after the report date averaging over \$1 million per claim. The distribution of claims and payments by age can be seen on Report 6, Parts 1 and 2 and Charts 6-1 & 6-2.

As expected, the older the age of the claim, the more likely it was to have legal costs to defend the claim. Of the claims that closed within six months, 30% had defense counsel payments. For claims closing after three years, the percentage is at 92%. 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 \$6,326, while those closing five or more years after being reported averaged \$334,144. 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 285 out of 1,270 (22.4%) 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 1,270 claims reported as closed with an indemnity payment, 335, or 26% were due to the death of the injured party, with average paid indemnity of \$1,540,490. Injuries identified as either “major permanent” or “grave permanent” had average paid indemnity about \$2.3 million, which was more than twice the overall average indemnity payment. These types of claims include quadriplegia and brain damage cases, requiring lifelong dependent care. These 153 severe “permanent injuries” claims, when combined with the death cases, comprise about 69% 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 153 most serious non-death claims were higher than the overall average. For those claims, 140 of which had defense counsel costs, the

average legal cost was \$212,101 compared to \$158,186 for all claims with defense counsel costs. The average legal costs by injury type are displayed on Report 7, Part 2 and Chart 7-2.

For claims where no indemnity payment was made, 63% had defense counsel payments that averaged \$56,871. However, for the most serious non-death permanent injury claims, 61% required legal defense at an average cost of \$169,844. 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 (95%) of the Hospitals-General claims were reported by the Captives/Self-Insurers, while the number of claims paid in the Physicians-Other category was more evenly split between Commercial Insurers (44%) and Captives/Self Insurers (56%).

The average paid indemnity amounts vary significantly by specialty and are often distorted by one or two large claims. For the Medical Group/Other Corporate Group Practice category, which had about 5% of the claims, the average indemnity payment was \$1,640,225, about 66% above the overall average. It is also the highest average among all categories. The next highest average indemnity payment was the Hospital - General category at \$1,387,821 with 420 claims. Physician - Family/Pediatric/General Practice has the third highest indemnity payment size at \$1,256,250 with 75% of the 8 claims reported by commercial insurers. In reviewing the Report 8 exhibits, the reader should be aware that the volume of data is not sufficient to properly measure differences in claim costs by specialty. Five of the specialty areas have 20 or fewer claims and nine have fewer than 50 claims over the five-year period.

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

### **Claims by Outcome (Report 9)**

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

- Of the 2,241 closed claims, 43% resulted in no payment to the plaintiff. Of these, 97% 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 about two years after the incident date on average. Of the claims that were not settled, the average time to final resolution was much longer than for settled cases.
- The remaining 57% of closed claims resulted in indemnity payments to the plaintiff. Of these, 99% were settled, with most of those settled before trial. Only 16 of the 1,270 claims were the result of court judgments for the plaintiff.
- Of the cases resolved by trial, only 34% resulted in payments to the plaintiff. For cases that were settled, 57% resulted in payments to the plaintiff.
- For claims where indemnity was paid, the average value for settled cases was \$949,721 with additional expenses for total ALAE of \$155,622 per claim on average. For cases that had

court dispositions, the average payment was \$3,965,083, with \$407,919 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 29% of the 1,270 claims with an indemnity payment, that is 366, 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 84% of the payments were for non-economic damages. The average value of the claims in Report 11 was \$834,053, or approximately 16% lower than the overall average for all claims with indemnity payments of \$987,710 shown in Report 1. Commercial Insurers provided the split on 75% of the claims reported with indemnity payments and 77% of those payments were for non-economic damages. Captives/Self-Insurers provided the split on only 68% of claims reported with indemnity payments and 88% of those payments were for non-economic damages.

## **VIII. Rate Filings and Industry Calendar Year Data**

### **Rate Filings**

There were nineteen requests in 2024 for rate changes in Medical Malpractice. In addition, the Insurance Services Office filed a 12.8% decrease in its advisory loss costs for Physicians, Surgeons, and Dentists.

One company introduced medical malpractice rates for use with a General Liability program. The remaining rate changes ranged from 0.0% to 14.2%. None of the rate requests met the State's prior rate approval requirements as outlined under C.G.S 38a-676(2)(A).

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

Report 12 displays calendar year earned premium and losses for 2020 through 2024 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. Over the past 5 years, Captives have represented about 57% of the business as indicated by the earned premium volume. Commercial insurers have earned about 33%, and self-insureds have represented the remaining 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 2024 has increased by 29% compared to 2023 premiums, and a 46% increase over 2020 premiums.

In prior reports, we saw a dramatic increase in the amounts attributable to Captives for paid and incurred amounts, beginning in 2021. We were able to trace the increase to a particular captive insurer. The captive in question, Hartford Healthcare Indemnity Services, Ltd., investigated and found that there had been a misunderstanding regarding the basis for data reporting. The error has been corrected, and the figures now correctly reflect the paid and incurred loss amounts for all Captives.

### **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 2024. Exhibit 1 displays experience for all companies combined and also includes profitability ratios from the NAIC Report

on Profitability by Line by State (Profitability Report). Ratios are shown separately for underwriting profit (premiums less losses and expenses as a percent of earned premium) and profit on the insurance transaction (underwriting profit plus investment earnings less federal income taxes as a percent of earned premium). These results show that in 2015, the profit on insurance transactions was 0.0%. The Profitability Reports for subsequent years indicated a loss on insurance transactions, and the incurred loss and loss expense ratio increased to 118.1% in 2019, leading to a 46.2% loss on insurance transactions for that year. In the years 2020 the loss ratio dropped to 72.6%, and the loss on insurance transactions dropped to 1.0%, but in 2021 and 2022 there were losses on insurance transactions of 15.0% and 14.2%, respectively. In 2023 there was a profit on insurance transactions of 1.9%.

Exhibits 2, 3 and 4 provide the same experience, without the profitability information, separately for licensed companies, excess/surplus lines companies, and risk retention groups. The ten years of history generally shows volatile incurred loss experience for the surplus lines and risk retention groups. Licensed companies' experience is also showing some volatility relative to the historical ratios. The written premium decline that was observed in the last few years stabilized in 2021 through 2023 and increased slightly in 2024. For excess/surplus companies, written premiums increased steadily from \$19 million in 2015 to \$38 million in 2022 but fell off in 2023 and 2024 to about \$30 million. Risk retention groups written premium has increased the last eight years reaching \$149.3 million in 2024 from its 2015 low of \$56.2 million. For risk retention groups the ratios of both Direct Losses Paid and Direct Losses Incurred to Earned premium rose dramatically from 2023 to 2024. This can be traced to the experience of a handful of carriers. Based on the figures in Exhibits 5 and 6, MCIC had much higher ratios of paid and incurred loss to earned premium in 2024 than in the prior year. Other smaller risk retention groups also experienced poorer experience than in the prior year.

Exhibits 5 and 6 provide premium, loss and expense experience for 2023 and 2024 separately for the top fifteen writers. The market remains concentrated with 86.6% of the premium written in 2024 by the top 15 insurers. MCIC, VT, Inc., (an RRG covering several hospitals in Connecticut), Integris Insurance Company (formerly known as Connecticut Medical Insurance Company (CMIC)), and ProSelect Insurance Company, continue as the top three writers with 66.6% of total direct written premium for the state.

In addition, Exhibit 7 displays investment income for 2023 and 2024 for the 15 leading insurers in the state. As noted above, these companies write 86.6% 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

2020 - 2024 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>
2020	474	255	219	\$217,161,086	\$851,612
2021	421	219	202	\$212,876,461	\$972,039
2022	479	262	217	\$193,151,047	\$737,218
2023	432	271	161	\$307,215,795	\$1,133,638
2024	435	263	172	\$323,987,235	\$1,231,891
<b>Total</b>	<b>2,241</b>	<b>1,270</b>	<b>971</b>	<b>\$1,254,391,624</b>	<b>\$987,710</b>

(6)=(5)/(3)

**Connecticut Department of Insurance**  
**Indemnity Payments**  
**Commercial Insurers**

2020 - 2024 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>
2020	191	99	92	\$69,303,082	\$700,031
2021	167	76	91	\$41,118,999	\$541,039
2022	196	105	91	\$70,333,732	\$669,845
2023	187	120	67	\$102,495,072	\$854,126
2024	176	100	76	\$88,352,935	\$883,529
<b>Total</b>	<b>917</b>	<b>500</b>	<b>417</b>	<b>\$371,603,820</b>	<b>\$743,208</b>

(6)=(5)/(3)

**Connecticut Department of Insurance**  
**Indemnity Payments**  
**Captives and Self Insurers**

2020 - 2024 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>
2020	283	156	127	\$147,858,004	\$947,808
2021	254	143	111	\$171,757,462	\$1,201,101
2022	283	157	126	\$122,817,315	\$782,276
2023	245	151	94	\$204,720,723	\$1,355,766
2024	259	163	96	\$235,634,300	\$1,445,609
<b>Total</b>	<b>1,324</b>	<b>770</b>	<b>554</b>	<b>\$882,787,804</b>	<b>\$1,146,478</b>

(6)=(5)/(3)

# Connecticut Department of Insurance

## Defense Counsel Payments

### All Insurers

2020 - 2024 Aggregate

Year (1)	Total Number of Closed Claims (2)	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims (3)	Total Payment (4)	Number of Claims (5)	Average Payment (6)	Number of Claims (7)	Average Payment (8)
2020	474	343	\$73,660,054	133	\$86,234	210	\$296,147
2021	421	305	\$23,876,784	126	\$50,405	179	\$97,909
2022	479	345	\$29,521,077	124	\$45,081	221	\$108,286
2023	432	358	\$40,361,286	115	\$53,275	243	\$140,883
2024	435	352	\$39,865,860	115	\$46,305	237	\$145,742
<b>Total</b>	<b>2,241</b>	<b>1,703</b>	<b>\$207,285,061</b>	<b>613</b>	<b>\$56,871</b>	<b>1,090</b>	<b>\$158,186</b>

(3)=(5)+(7)

# Connecticut Department of Insurance

## Defense Counsel Payments

### Commercial Insurers

2020 - 2024 Aggregate

Year (1)	Total Number of Closed Claims (2)	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims (3)	Total Payment (4)	Number of Claims (5)	Average Payment (6)	Number of Claims (7)	Average Payment (8)
2020	191	144	\$6,947,038	59	\$20,893	85	\$67,228
2021	167	134	\$6,342,370	66	\$31,303	68	\$62,888
2022	196	142	\$10,824,501	52	\$48,505	90	\$92,247
2023	187	161	\$13,641,154	54	\$47,345	107	\$103,593
2024	176	154	\$11,720,229	63	\$46,427	91	\$96,652
<b>Total</b>	<b>917</b>	<b>735</b>	<b>\$49,475,292</b>	<b>294</b>	<b>\$38,444</b>	<b>441</b>	<b>\$86,560</b>

(3)=(5)+(7)

# Connecticut Department of Insurance

## Defense Counsel Payments

### Captives and Self Insurers

2020 - 2024 Aggregate

Year (1)	Total Number of Closed Claims (2)	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims (3)	Total Payment (4)	Number of Claims (5)	Average Payment (6)	Number of Claims (7)	Average Payment (8)
2020	283	199	\$66,713,016	74	\$138,331	125	\$451,812
2021	254	171	\$17,534,414	60	\$71,418	111	\$119,363
2022	283	203	\$18,696,576	72	\$42,607	131	\$119,304
2023	245	197	\$26,720,132	61	\$58,524	136	\$170,222
2024	259	198	\$28,145,631	52	\$46,158	146	\$176,339
<b>Total</b>	<b>1,324</b>	<b>968</b>	<b>\$157,809,769</b>	<b>319</b>	<b>\$73,854</b>	<b>649</b>	<b>\$206,857</b>

(3)=(5)+(7)

# Connecticut Department of Insurance

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

2020 - 2024 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>
2020	474	147	\$217,161,086	\$73,660,054	\$4,754,837	36.1%
2021	421	134	\$212,876,461	\$23,876,784	\$3,426,905	12.8%
2022	479	163	\$193,151,047	\$29,521,077	\$5,646,073	18.2%
2023	432	169	\$307,215,795	\$40,361,286	\$7,575,435	15.6%
2024	435	158	\$323,987,235	\$39,865,860	\$13,045,573	16.3%
<b>Total</b>	<b>2,241</b>	<b>771</b>	<b>\$1,254,391,624</b>	<b>\$207,285,061</b>	<b>\$34,448,823</b>	<b>19.3%</b>

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

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

2020 - 2024 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>
2020	191	110	\$69,303,082	\$6,947,038	\$2,565,274	13.7%
2021	167	93	\$41,118,999	\$6,342,370	\$1,885,040	20.0%
2022	196	109	\$70,333,732	\$10,824,501	\$4,376,185	21.6%
2023	187	124	\$102,495,072	\$13,641,154	\$3,561,639	16.8%
2024	176	96	\$88,352,935	\$11,720,229	\$4,352,578	18.2%
<b>Total</b>	<b>917</b>	<b>532</b>	<b>\$371,603,820</b>	<b>\$49,475,292</b>	<b>\$16,740,716</b>	<b>17.8%</b>

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

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

2020 - 2024 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>
2020	283	37	\$147,858,004	\$66,713,016	\$2,189,563	46.6%
2021	254	41	\$171,757,462	\$17,534,414	\$1,541,865	11.1%
2022	283	54	\$122,817,315	\$18,696,576	\$1,269,888	16.3%
2023	245	45	\$204,720,723	\$26,720,132	\$4,013,796	15.0%
2024	259	62	\$235,634,300	\$28,145,631	\$8,692,995	15.6%
<b>Total</b>	<b>1,324</b>	<b>239</b>	<b>\$882,787,804</b>	<b>\$157,809,769</b>	<b>\$17,708,107</b>	<b>19.9%</b>

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

# Connecticut Department of Insurance

## Indemnity Payments for Claims

### All Insurers

2020 - 2024 Aggregate

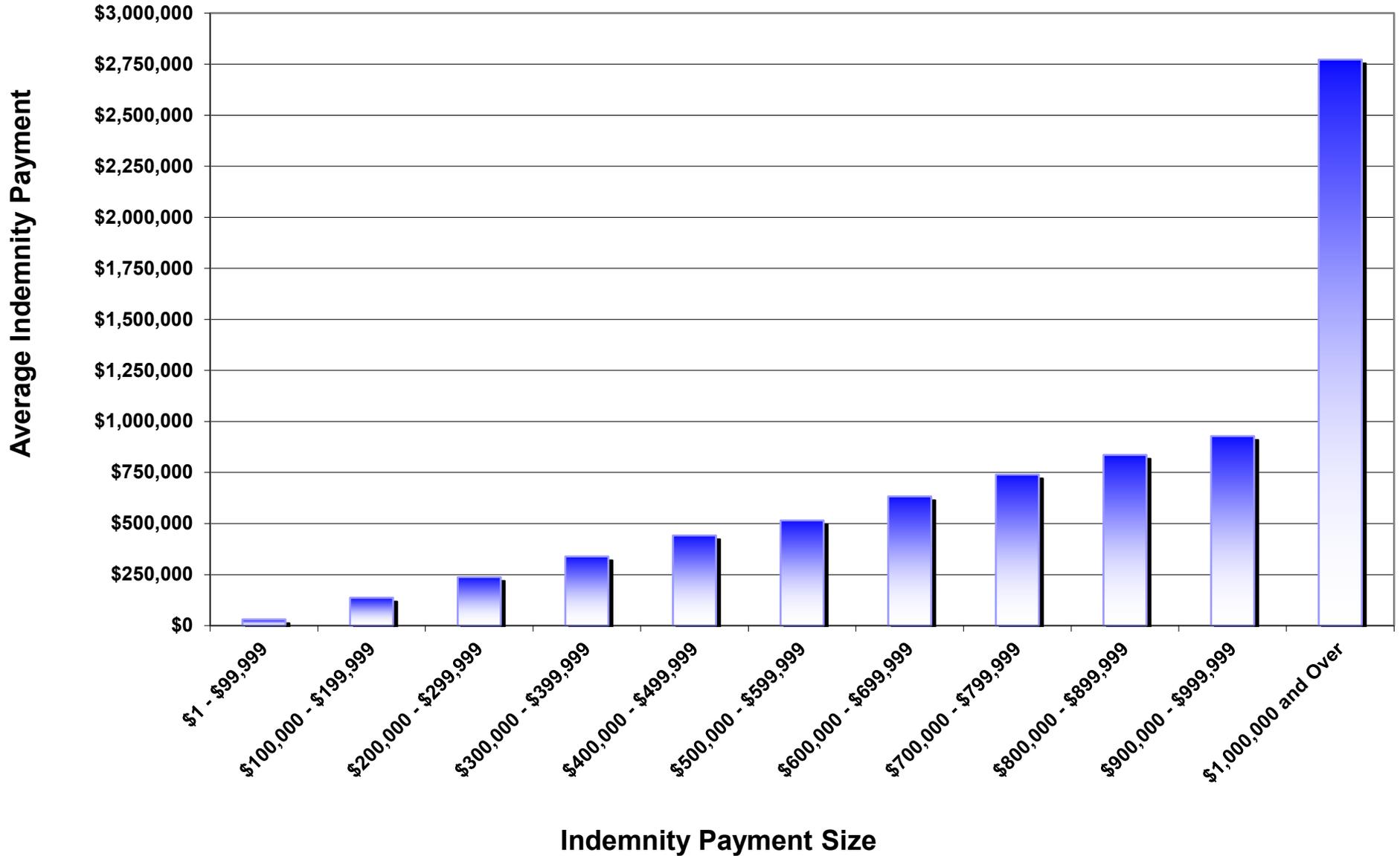
<i>Indemnity Payment</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)
\$1 - \$99,999	359	28.3%	\$10,945,764	\$30,490	0.9%
\$100,000 - \$199,999	120	9.4%	\$16,372,001	\$136,433	1.3%
\$200,000 - \$299,999	91	7.2%	\$21,627,167	\$237,661	1.7%
\$300,000 - \$399,999	77	6.1%	\$26,083,585	\$338,748	2.1%
\$400,000 - \$499,999	51	4.0%	\$22,526,208	\$441,690	1.8%
\$500,000 - \$599,999	47	3.7%	\$24,213,750	\$515,186	1.9%
\$600,000 - \$699,999	51	4.0%	\$32,275,826	\$632,859	2.6%
\$700,000 - \$799,999	41	3.2%	\$30,319,001	\$739,488	2.4%
\$800,000 - \$899,999	35	2.8%	\$29,258,968	\$835,971	2.3%
\$900,000 - \$999,999	34	2.7%	\$31,561,386	\$928,276	2.5%
\$1,000,000 and Over	364	28.7%	\$1,009,207,968	\$2,772,549	80.5%
<b>Total</b>	<b>1,270</b>	<b>100.0%</b>	<b>\$1,254,391,624</b>	<b>\$987,710</b>	<b>100.0%</b>

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

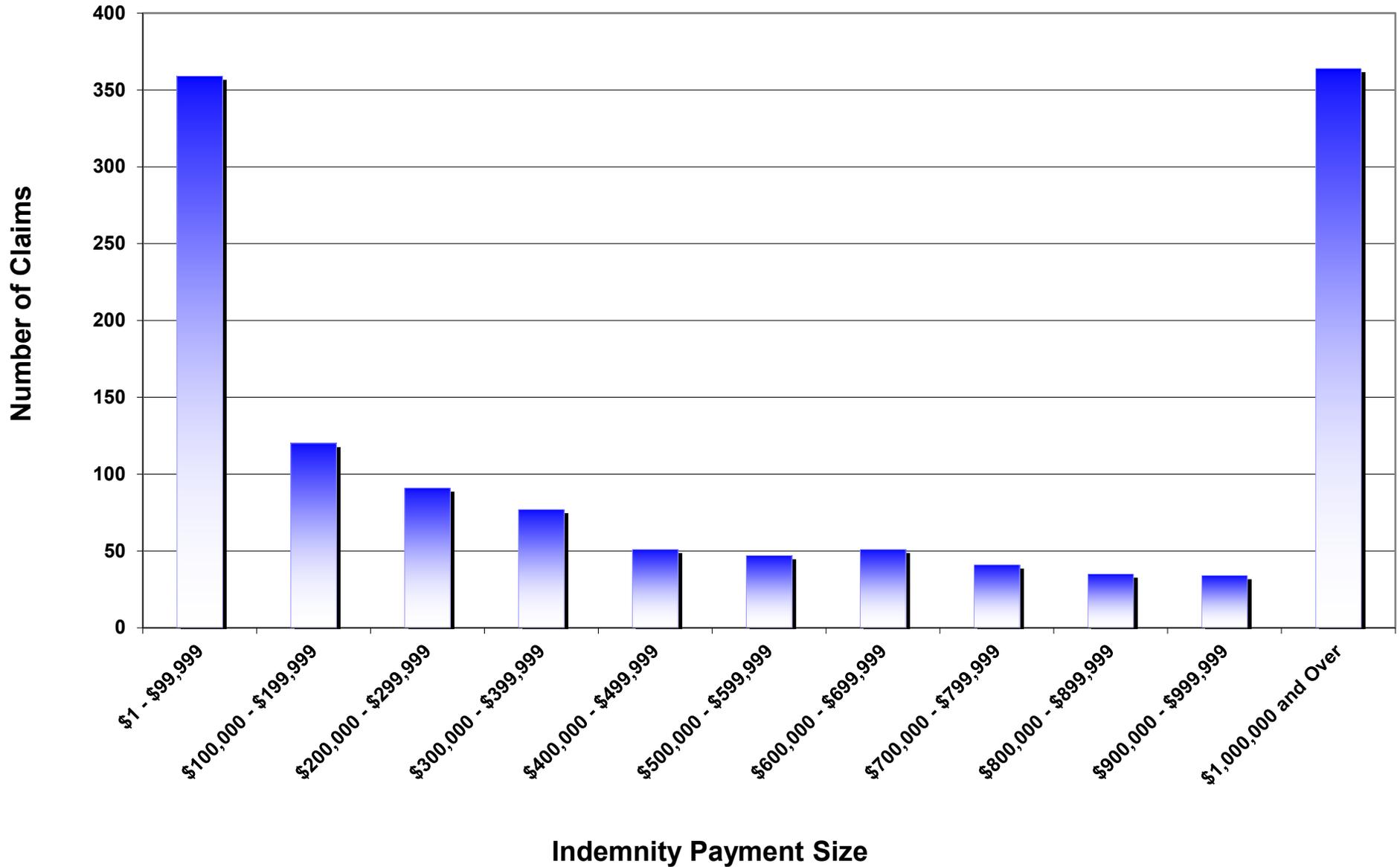
(5)=(4)/(2)

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

**Average Indemnity Payment by Indemnity Payment Size  
2020 - 2024 Aggregate**



**Number of Claims by Indemnity Payment Size  
2020 - 2024 Aggregate**



# Connecticut Department of Insurance

## Defense Counsel Payments by Indemnity Payment

### All Insurers

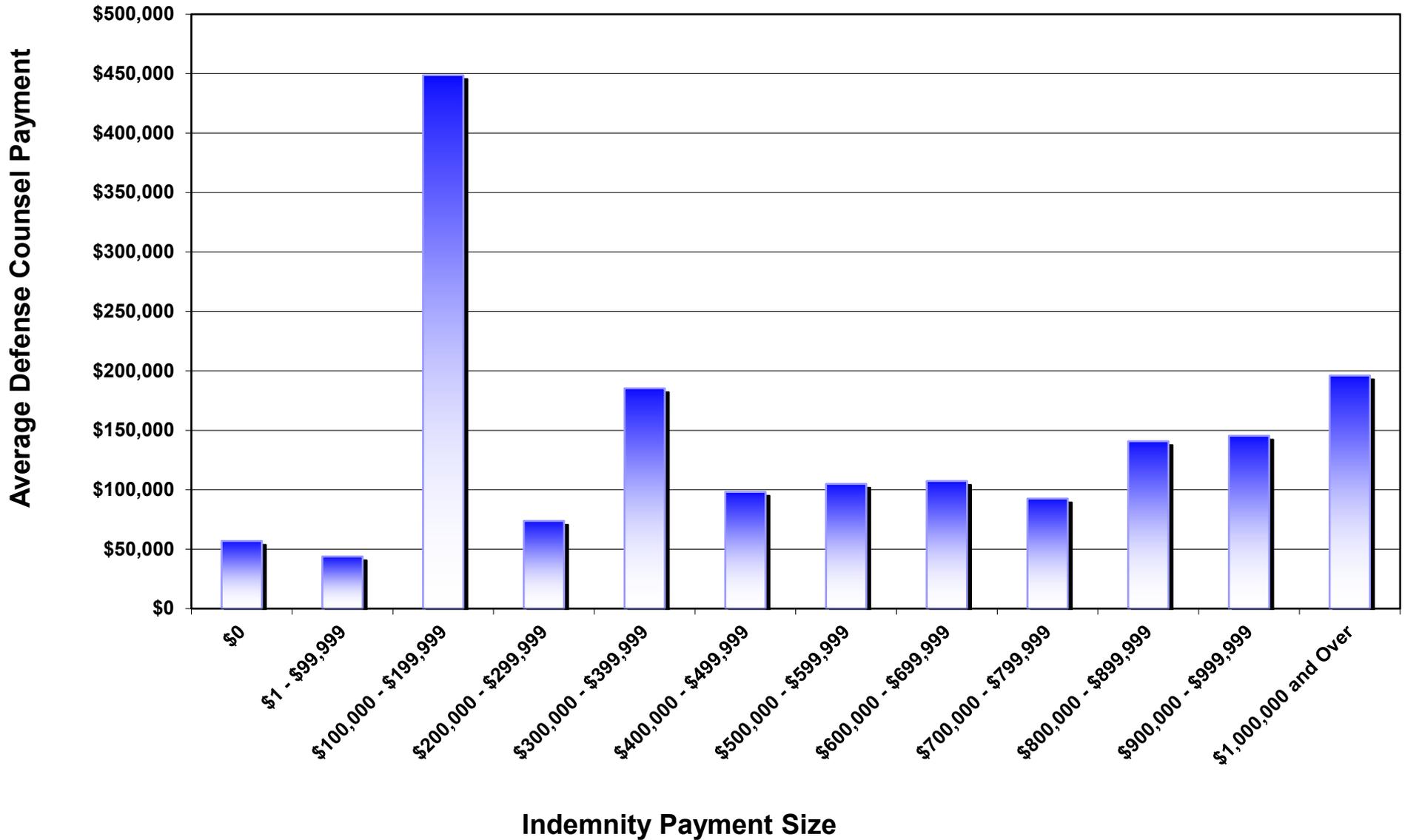
2020 - 2024 Aggregate

<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	971	613	\$34,861,885	\$56,871	16.8%
\$1 - \$99,999	359	236	\$10,349,470	\$43,854	5.0%
\$100,000 - \$199,999	120	104	\$46,667,606	\$448,727	22.5%
\$200,000 - \$299,999	91	84	\$6,196,890	\$73,773	3.0%
\$300,000 - \$399,999	77	73	\$13,528,473	\$185,322	6.5%
\$400,000 - \$499,999	51	51	\$5,006,603	\$98,169	2.4%
\$500,000 - \$599,999	47	42	\$4,406,148	\$104,908	2.1%
\$600,000 - \$699,999	51	46	\$4,937,550	\$107,338	2.4%
\$700,000 - \$799,999	41	40	\$3,702,375	\$92,559	1.8%
\$800,000 - \$899,999	35	34	\$4,786,914	\$140,792	2.3%
\$900,000 - \$999,999	34	33	\$4,797,035	\$145,365	2.3%
\$1,000,000 and Over	364	347	\$68,044,112	\$196,093	32.8%
<b>Total</b>	<b>2,241</b>	<b>1,703</b>	<b>\$207,285,061</b>	<b>\$121,718</b>	<b>100.0%</b>

(5)=(4)/(3)

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

**Average Payment to Defense Counsel by Indemnity Payment Size  
2020 - 2024 Aggregate**



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

2020 - 2024 Aggregate

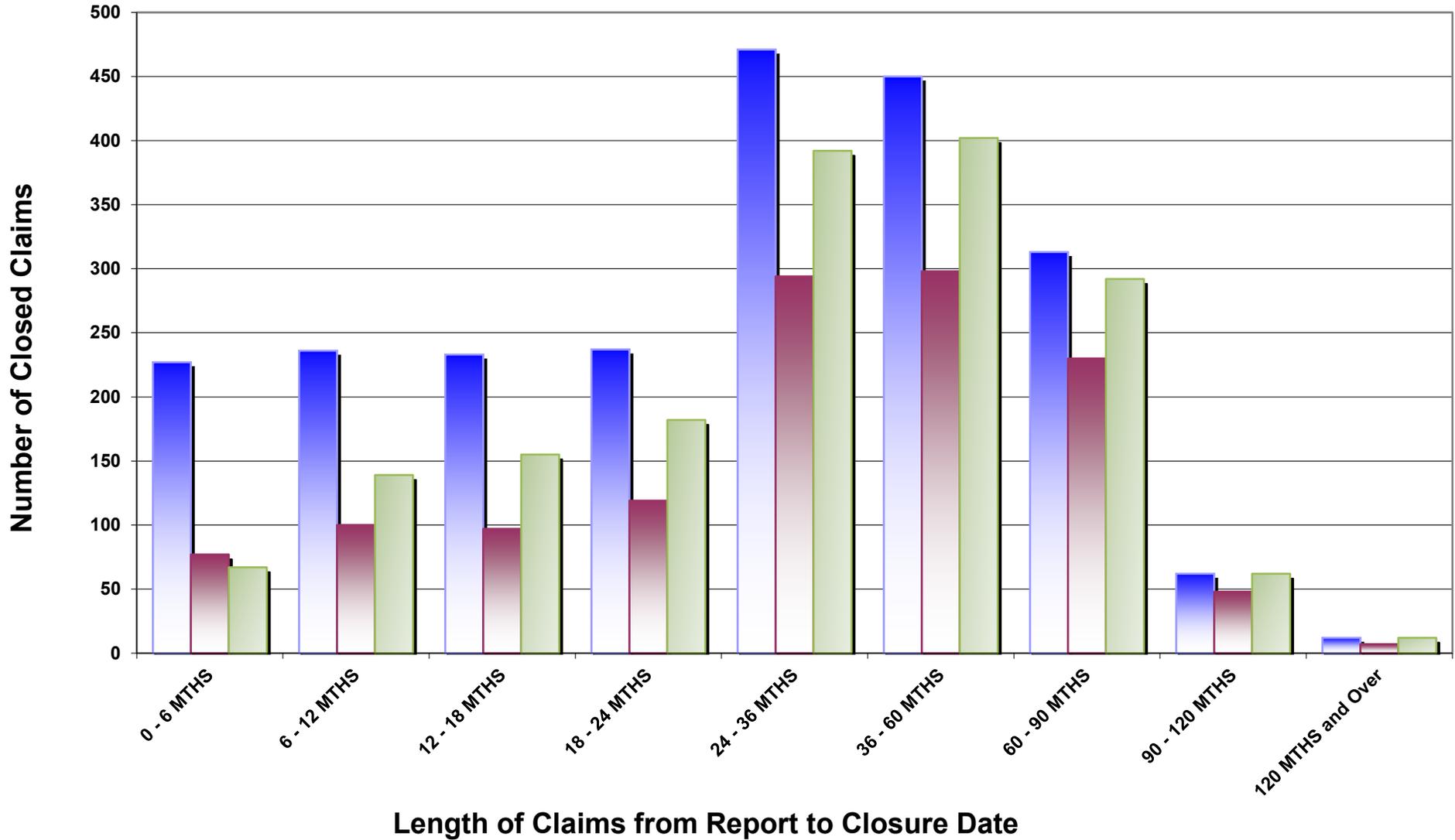
<i>Report to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Percent of Claims with Defense Counsel Payments</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	227	10.1%	77	6.1%	67	3.9%
6 - 12 Months	236	10.5%	100	7.9%	139	8.2%
12 - 18 Months	233	10.4%	97	7.6%	155	9.1%
18 - 24 Months	237	10.6%	119	9.4%	182	10.7%
24 - 36 Months	471	21.0%	294	23.1%	392	23.0%
36 - 60 Months	450	20.1%	298	23.5%	402	23.6%
60 - 90 Months	313	14.0%	230	18.1%	292	17.1%
90 - 120 Months	62	2.8%	48	3.8%	62	3.6%
120 Months and Over	12	0.5%	7	0.6%	12	0.7%
<b>Total</b>	<b>2,241</b>	<b>100.0%</b>	<b>1,270</b>	<b>100.0%</b>	<b>1,703</b>	<b>100.0%</b>
<b>Average Length of Claims</b>	<b>2.92 YEARS</b>		<b>3.32 YEARS</b>		<b>3.23 YEARS</b>	

*(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  
2020 - 2024 Aggregate



# Connecticut Department of Insurance

## Length of Claims from Report Date to Closure Date

### Claims with Indemnity Payments - From All Insurers

2020 - 2024 Aggregate

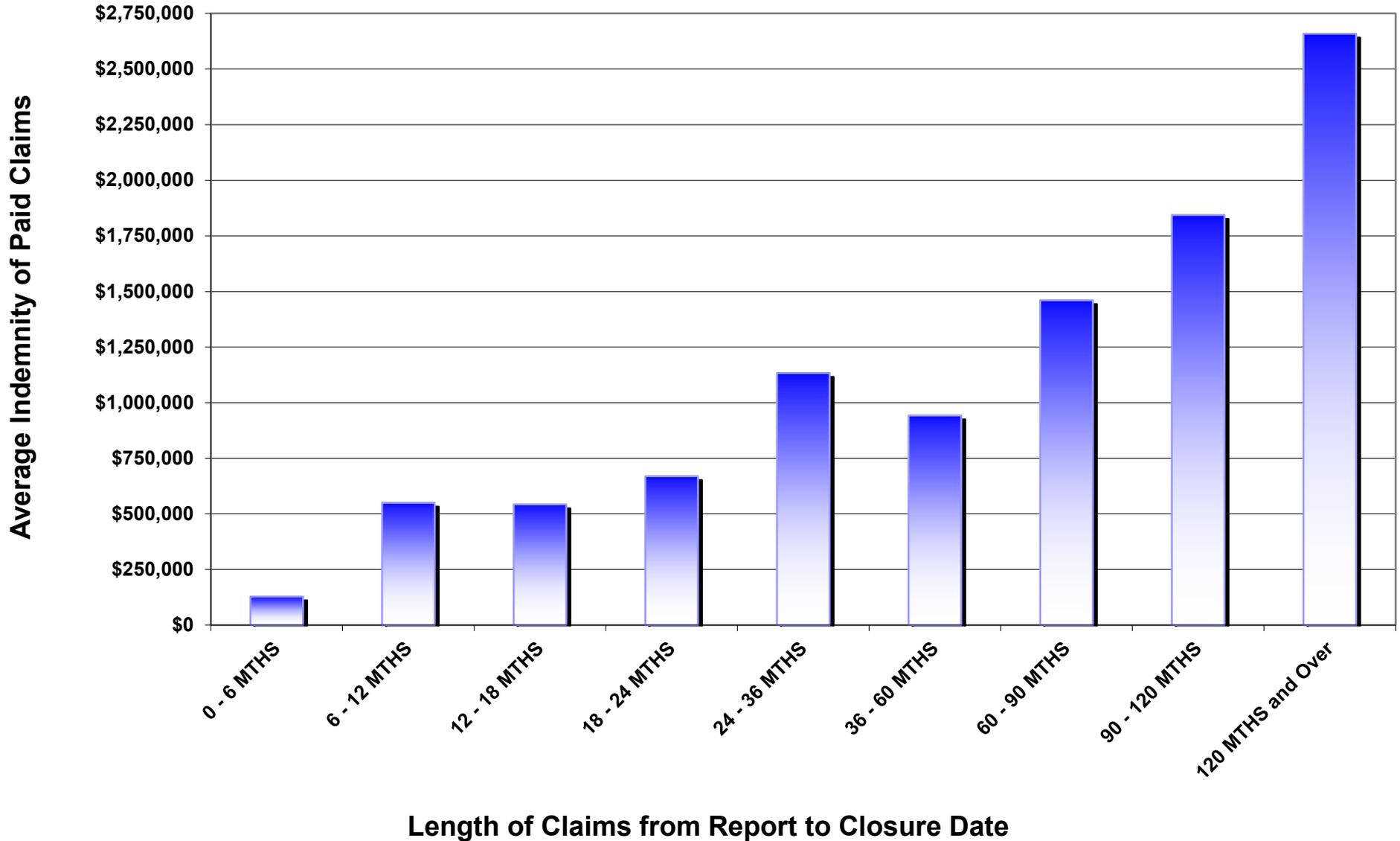
<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Paid Ratio</i>	<i>Total Indemnity Payments</i>	<i>Percent of Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	227	77	33.9%	\$9,906,952	0.8%	\$128,662
6 - 12 Months	236	100	42.4%	\$55,015,544	4.4%	\$550,155
12 - 18 Months	233	97	41.6%	\$52,652,504	4.2%	\$542,809
18 - 24 Months	237	119	50.2%	\$79,676,835	6.4%	\$669,553
24 - 36 Months	471	294	62.4%	\$333,217,706	26.6%	\$1,133,394
36 - 60 Months	450	298	66.2%	\$280,896,908	22.4%	\$942,607
60 - 90 Months	313	230	73.5%	\$335,912,249	26.8%	\$1,460,488
90 - 120 Months	62	48	77.4%	\$88,502,241	7.1%	\$1,843,797
120 Months and Over	12	7	58.3%	\$18,610,685	1.5%	\$2,658,669
<b>Total</b>	<b>2,241</b>	<b>1,270</b>	<b>56.7%</b>	<b>\$1,254,391,624</b>	<b>100.0%</b>	<b>\$987,710</b>

(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  
2020 - 2024 Aggregate**



# Connecticut Department of Insurance

## Length of Claims from Report Date to Closure Date

### Claims with Defense Counsel Payments - From All Insurers

2020 - 2024 Aggregate

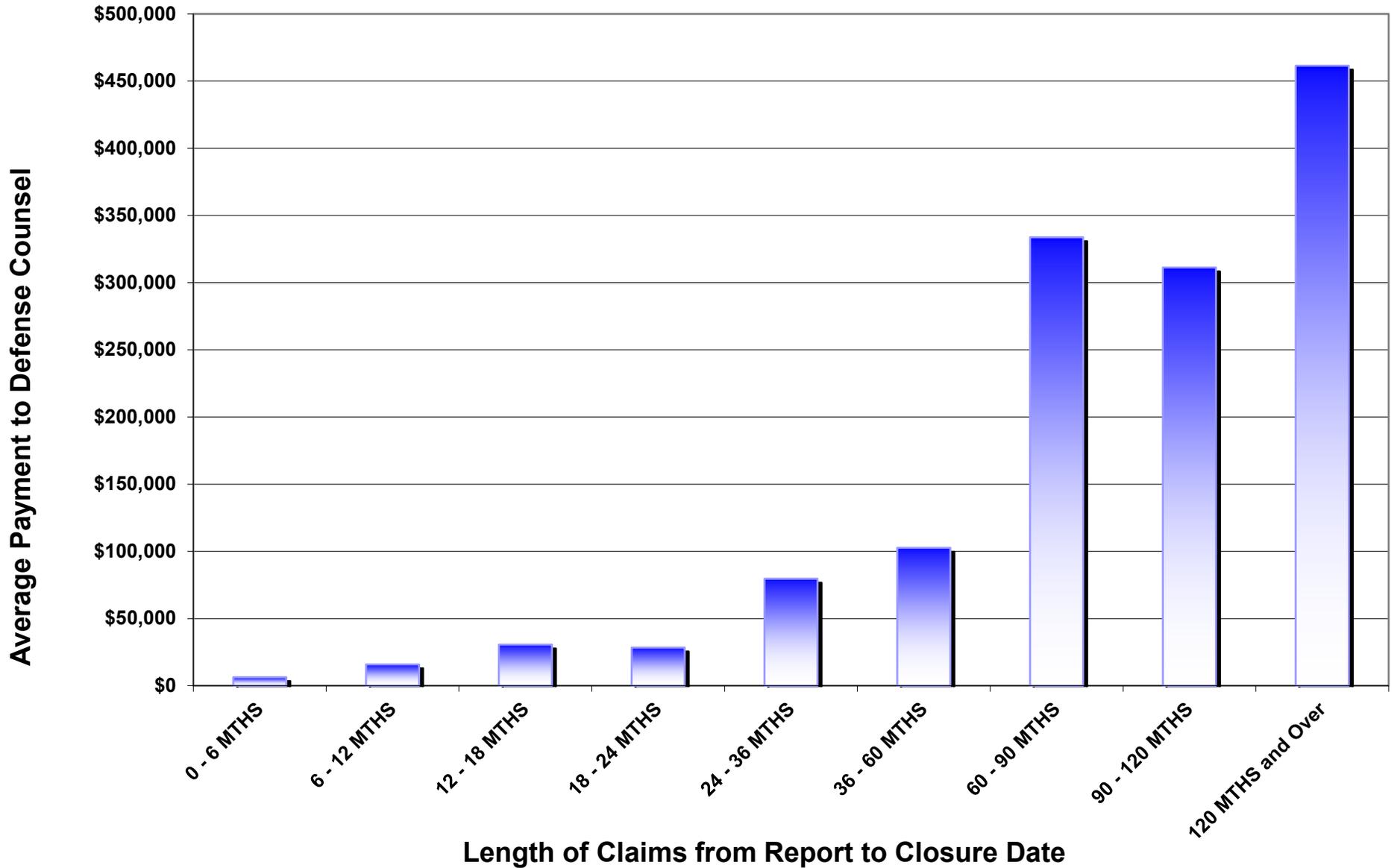
<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Paid Ratio</i>	<i>Total Defense Counsel Payments</i>	<i>Percent of Total Defense Counsel Payments</i>	<i>Average Defense Counsel Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	227	67	29.5%	\$423,846	0.2%	\$6,326
6 - 12 Months	236	139	58.9%	\$2,202,228	1.1%	\$15,843
12 - 18 Months	233	155	66.5%	\$4,740,061	2.3%	\$30,581
18 - 24 Months	237	182	76.8%	\$5,158,686	2.5%	\$28,344
24 - 36 Months	471	392	83.2%	\$31,200,221	15.1%	\$79,592
36 - 60 Months	450	402	89.3%	\$41,263,412	19.9%	\$102,645
60 - 90 Months	313	292	93.3%	\$97,460,606	47.0%	\$333,769
90 - 120 Months	62	62	100.0%	\$19,298,182	9.3%	\$311,261
120 Months and Over	12	12	100.0%	\$5,537,819	2.7%	\$461,485
<b>Total</b>	<b>2,241</b>	<b>1,703</b>	<b>76.0%</b>	<b>\$207,285,061</b>	<b>100.0%</b>	<b>\$121,718</b>

(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  
2020 - 2024 Aggregate**



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

2020 - 2024 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	227	10.1%	77	6.1%
6 - 12 Months	236	10.5%	100	7.9%
12 - 18 Months	233	10.4%	97	7.6%
18 - 24 Months	237	10.6%	119	9.4%
24 - 36 Months	471	21.0%	294	23.1%
36 - 60 Months	450	20.1%	298	23.5%
60 - 90 Months	313	14.0%	230	18.1%
90 - 120 Months	62	2.8%	48	3.8%
120 Months and Over	12	0.5%	7	0.6%
<b>Total</b>	<b>2,241</b>	<b>100.0%</b>	<b>1,270</b>	<b>100.0%</b>
<b>Average Length of Claims</b>	<b>1.48 YEARS</b>		<b>1.37 YEARS</b>	

*(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**

2020 - 2024 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	227	10.1%	77	6.1%
6 - 12 Months	236	10.5%	100	7.9%
12 - 18 Months	233	10.4%	97	7.6%
18 - 24 Months	237	10.6%	119	9.4%
24 - 36 Months	471	21.0%	294	23.1%
36 - 60 Months	450	20.1%	298	23.5%
60 - 90 Months	313	14.0%	230	18.1%
90 - 120 Months	62	2.8%	48	3.8%
120 Months and Over	12	0.5%	7	0.6%
<b>Total</b>	<b>2,241</b>	<b>100.0%</b>	<b>1,270</b>	<b>100.0%</b>
<b>Average Length of Claims</b>	<b>4.40 YEARS</b>		<b>4.68 YEARS</b>	

*(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

2020 - 2024 Aggregate

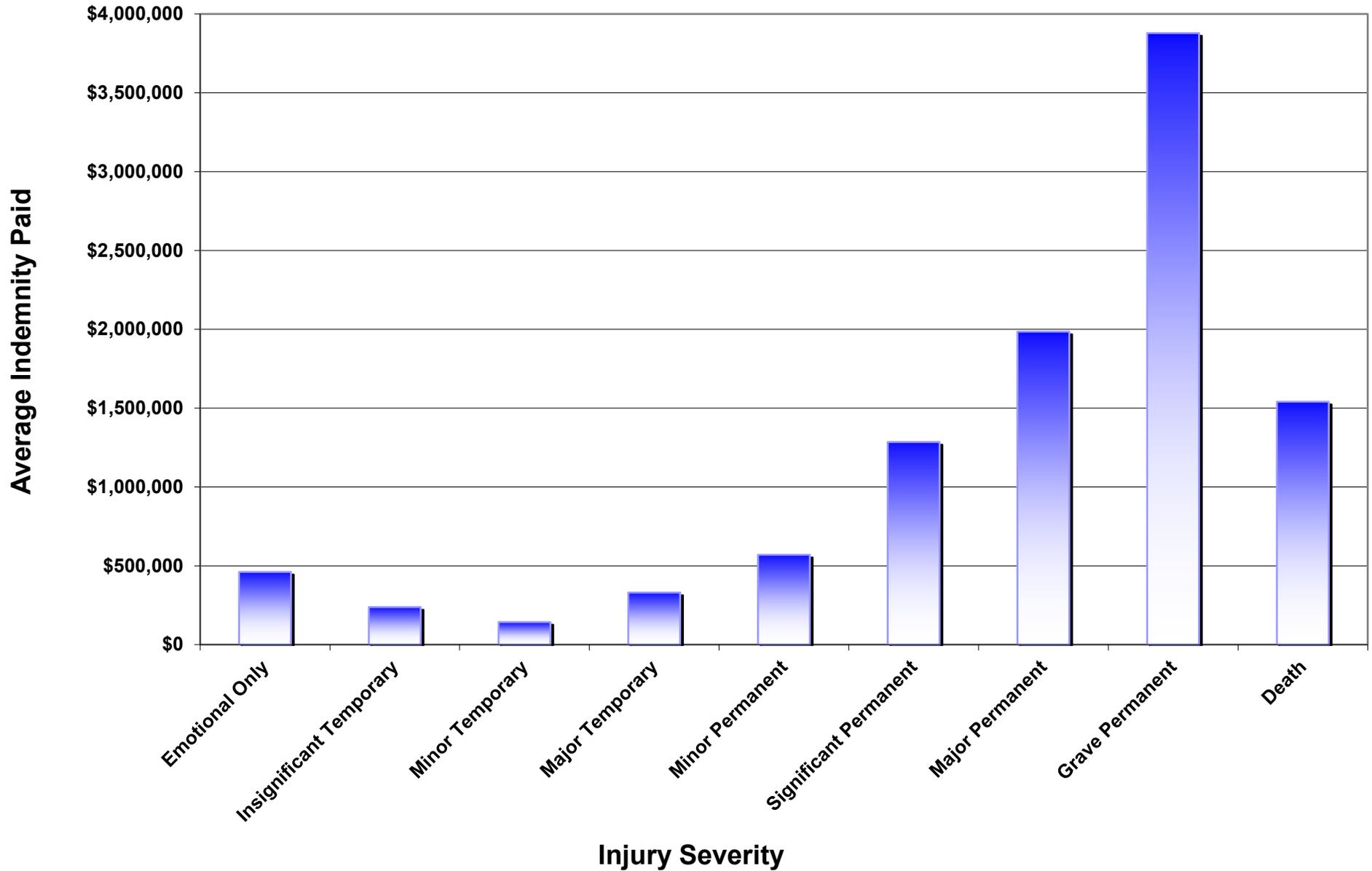
<i>Severity of Injury</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)
Emotional Only	102	8.0%	\$47,013,450	\$460,916	3.7%
Insignificant Temporary	89	7.0%	\$21,163,087	\$237,787	1.7%
Minor Temporary	182	14.3%	\$25,994,386	\$142,826	2.1%
Major Temporary	148	11.7%	\$48,830,571	\$329,936	3.9%
Minor Permanent	130	10.2%	\$74,066,476	\$569,742	5.9%
Significant Permanent	131	10.3%	\$168,317,250	\$1,284,865	13.4%
Major Permanent	127	10.0%	\$252,097,378	\$1,985,019	20.1%
Grave Permanent	26	2.0%	\$100,844,763	\$3,878,645	8.0%
Death	335	26.4%	\$516,064,263	\$1,540,490	41.1%
<b>Total</b>	<b>1,270</b>	<b>100.0%</b>	<b>\$1,254,391,624</b>	<b>\$987,710</b>	<b>100.0%</b>

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

(5)=(4)/(2)

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

**Average Indemnity Paid by Severity of Injury  
2020 - 2024 Aggregate**



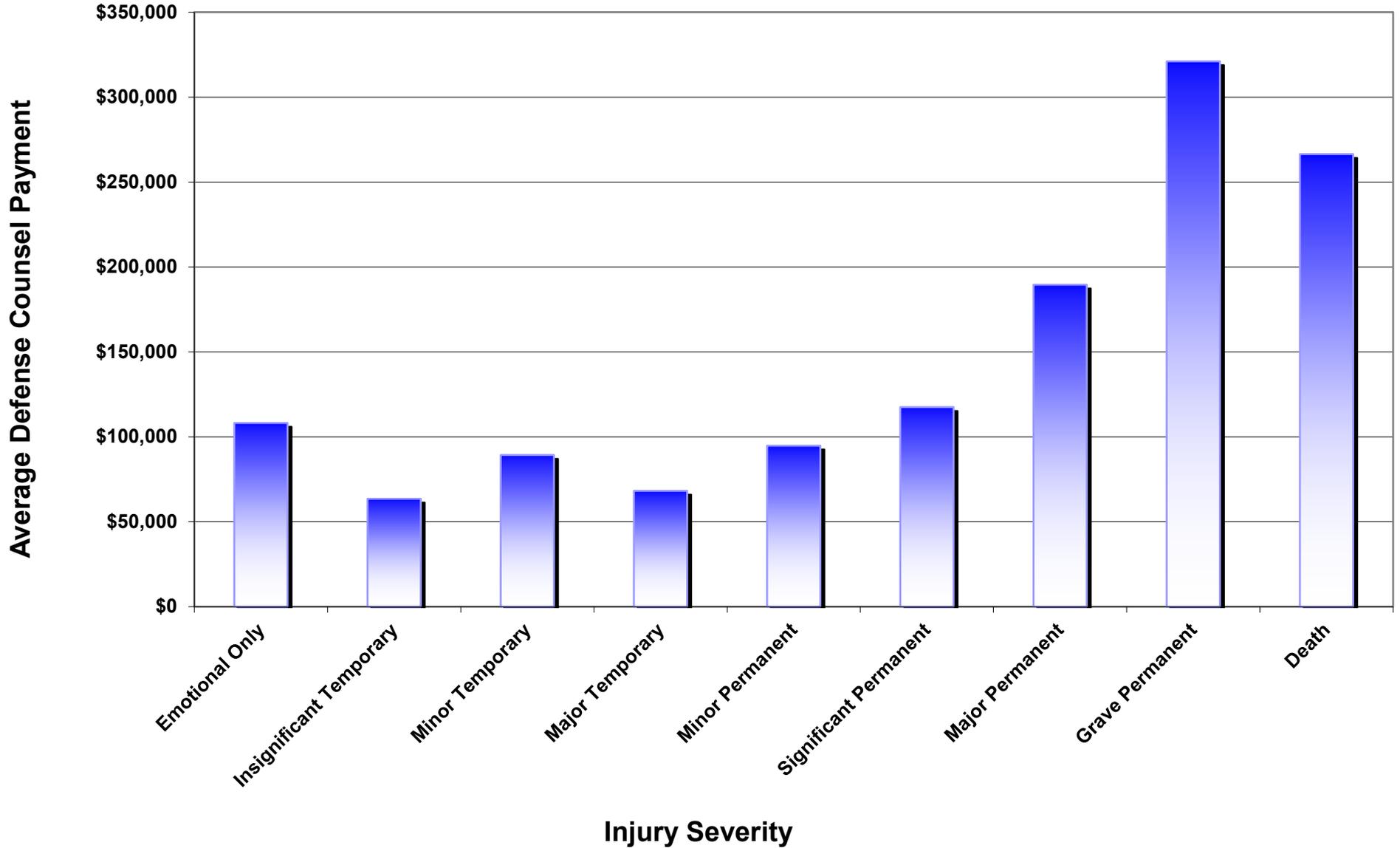
**Connecticut Department of Insurance**  
**Defense Counsel Payments by Severity of Injury**  
**Claims with Indemnity Payments**  
**All Insurers**

2020 - 2024 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	102	62	\$6,706,011	\$108,161
Insignificant Temporary	89	54	\$3,432,158	\$63,558
Minor Temporary	182	141	\$12,591,365	\$89,300
Major Temporary	148	129	\$8,800,011	\$68,217
Minor Permanent	130	120	\$11,373,823	\$94,782
Significant Permanent	131	124	\$14,568,173	\$117,485
Major Permanent	127	116	\$21,988,096	\$189,553
Grave Permanent	26	24	\$7,705,979	\$321,082
Death	335	320	\$85,257,560	\$266,430
<b>Total</b>	<b>1,270</b>	<b>1,090</b>	<b>\$172,423,176</b>	<b>\$158,186</b>

(5)=(4)/(3)

**Average Payment to Defense Counsel by Severity of Injury  
Claims with Indemnity Payment  
2020 - 2024 Aggregate**



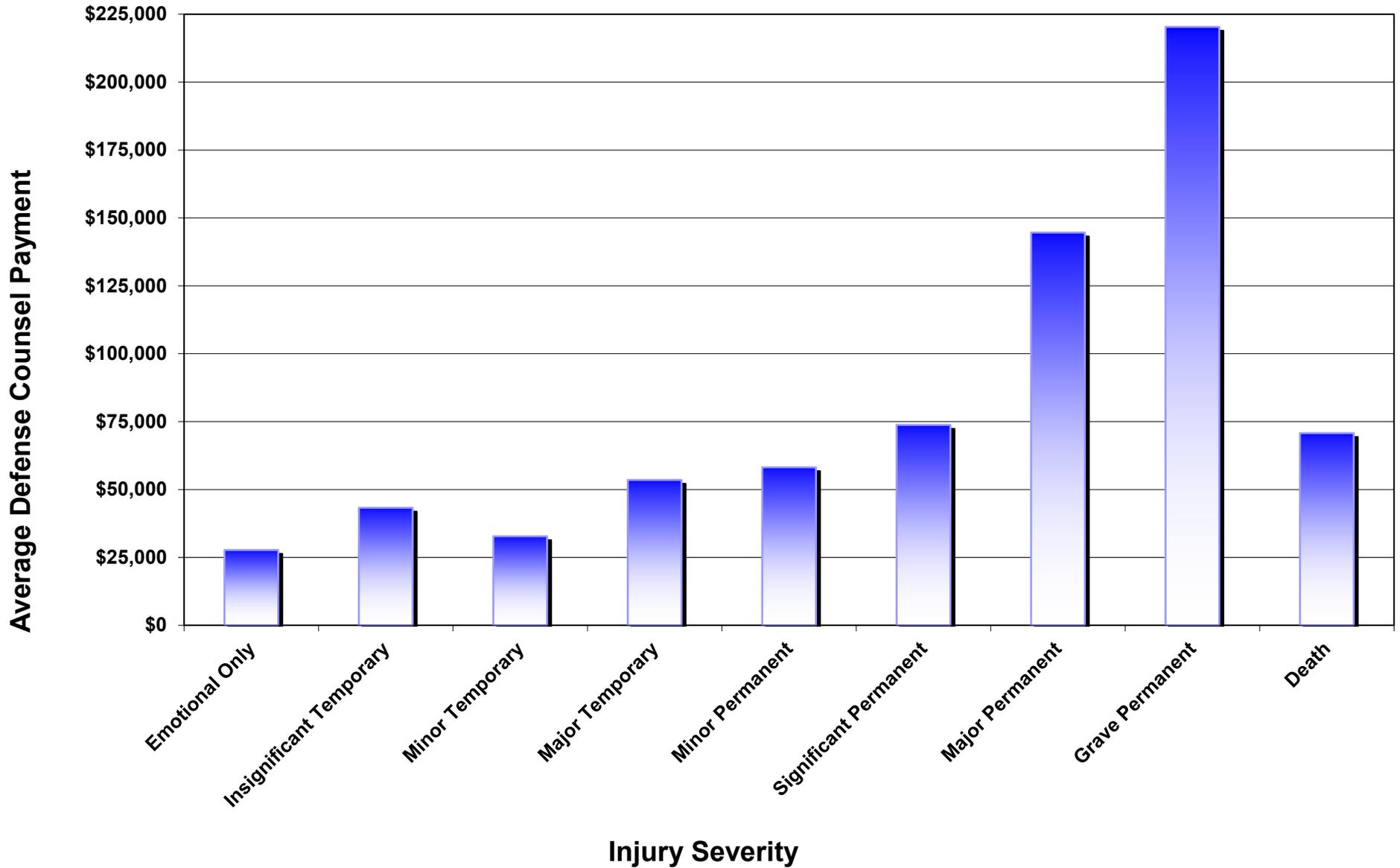
**Connecticut Department of Insurance**  
**Defense Counsel Payments by Severity of Injury**  
**Claims without Indemnity Payments**  
**All Insurers**

2020 - 2024 Aggregate

<i>Severity of Injury</i>	<i>Number of Claims without Indemnity Payments</i>	<i>Number of Claims with Payment to Defense Counsel only</i>	<i>Total Payment to Defense Counsel for Claims in (3)</i>	<i>Average Payment to Defense Counsel for Claims in (3)</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Emotional Only	156	86	\$2,385,144	\$27,734
Insignificant Temporary	147	75	\$3,246,328	\$43,284
Minor Temporary	188	118	\$3,869,421	\$32,792
Major Temporary	115	88	\$4,710,361	\$53,527
Minor Permanent	76	57	\$3,315,479	\$58,166
Significant Permanent	43	32	\$2,361,106	\$73,785
Major Permanent	47	26	\$3,759,761	\$144,606
Grave Permanent	17	13	\$2,864,154	\$220,320
Death	182	118	\$8,350,131	\$70,764
<b>Total</b>	<b>971</b>	<b>613</b>	<b>\$34,861,885</b>	<b>\$56,871</b>

(5)=(4)/(3)

**Average Payment to Defense Counsel by Severity of Injury  
Claims Without Indemnity Payment  
2020 - 2024 Aggregate**



# Connecticut Department of Insurance

## Indemnity Payments by Type of Medical Provider Specialty

### All Insurers

2020 - 2024 Aggregate

<i>Medical Provider Specialty</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Indemnity Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Anesthesiology	34	\$20,383,929	\$599,527	1.63%
APRN/RN	52	\$33,655,737	\$647,226	2.68%
Chiropractor	24	\$9,454,494	\$393,937	0.75%
Dentist	66	\$12,678,550	\$192,099	1.01%
Emergency Services/Call Center/Ambulance Service	51	\$35,688,680	\$699,778	2.85%
Freestanding Surgical Center/Rehab Hospital	19	\$10,602,200	\$558,011	0.85%
Gynecology/OB-GYN	73	\$67,591,391	\$925,909	5.39%
Hospital - General	420	\$582,884,771	\$1,387,821	46.47%
Hospital - Others	20	\$18,446,043	\$922,302	1.47%
Medical Group/Other Corporate Group Practice	64	\$104,974,387	\$1,640,225	8.37%
Orthopedics	48	\$22,038,017	\$459,125	1.76%
Physician - Family/Pediatric/General Practice	8	\$10,050,000	\$1,256,250	0.80%
Physicians - Others	257	\$262,331,632	\$1,020,746	20.91%
Physicians Assistant	8	\$4,535,000	\$566,875	0.36%
Psychiatry	14	\$5,045,000	\$360,357	0.40%
Radiology/Imaging Center	41	\$36,846,750	\$898,701	2.94%
Other	71	\$17,185,043	\$242,043	1.37%
<b>Total</b>	<b>1,270</b>	<b>\$1,254,391,624</b>	<b>\$987,710</b>	<b>100.0%</b>

*(4)=(3)/(2)*

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

# Connecticut Department of Insurance

## Indemnity Payments by Type of Medical Provider Specialty

### Commercial Insurers

2020 - 2024 Aggregate

<i>Medical Provider Specialty</i>	<i>Base Premium in</i>	<i>Number of Medical Providers in 2024</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	\$1,580,538	131	10	\$10,876,109	\$1,087,611	2.93%
APRN/RN	\$20,633,664	16439	29	\$16,833,020	\$580,449	4.53%
Chiropractor	\$9,026,757	2857	21	\$6,079,494	\$289,500	1.64%
Dentist	\$12,521,095	4014	65	\$12,626,400	\$194,252	3.40%
Emergency Services/Call Center/Ambulance Service	\$497,333	32	15	\$8,858,333	\$590,556	2.38%
Freestanding Surgical Center/Rehab Hospital	\$2,348,739	105	15	\$3,737,200	\$249,147	1.01%
Gynecology/OB-GYN	\$4,031,624	81	24	\$27,103,185	\$1,129,299	7.29%
Hospital - General	\$6,397,637	33	20	\$63,440,039	\$3,172,002	17.07%
Hospital - Others	\$358,368	53	10	\$5,620,666	\$562,067	1.51%
Medical Group/Other Corporate Group Practice	\$5,784,855	934	41	\$37,206,852	\$907,484	10.01%
Orthopedics	\$6,229,947	258	37	\$17,971,137	\$485,706	4.84%
Physician - Family/Pediatric/General Practice	\$2,724,604	249	6	\$5,950,000	\$991,667	1.60%
Physicians - Others	\$34,201,683	2436	112	\$109,698,592	\$979,452	29.52%
Physicians Assistant	\$581,026	265	4	\$3,310,000	\$827,500	0.89%
Psychiatry	\$3,566,149	5581	10	\$4,600,000	\$460,000	1.24%
Radiology/Imaging Center	\$2,806,090	95	20	\$21,964,500	\$1,098,225	5.91%
Other	\$17,682,387	3636	61	\$15,728,293	\$257,841	4.23%
<b>Total</b>	<b>\$130,972,496</b>	<b>37,199</b>	<b>500</b>	<b>\$371,603,820</b>	<b>\$743,208</b>	<b>100.0%</b>

(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

2020 - 2024 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	24	\$9,507,820	\$396,159	1.08%
APRN/RN	23	\$16,822,717	\$731,422	1.91%
Chiropractor	3	\$3,375,000	\$1,125,000	0.38%
Dentist	1	\$52,150	\$52,150	0.01%
Emergency Services/Call Center/Ambulance Service	36	\$26,830,347	\$745,287	3.04%
Freestanding Surgical Center/Rehab Hospital	4	\$6,865,000	\$1,716,250	0.78%
Gynecology/OB-GYN	49	\$40,488,206	\$826,290	4.59%
Hospital - General	400	\$519,444,732	\$1,298,612	58.84%
Hospital - Others	10	\$12,825,377	\$1,282,538	1.45%
Medical Group/Other Corporate Group Practice	23	\$67,767,535	\$2,946,415	7.68%
Orthopedics	11	\$4,066,880	\$369,716	0.46%
Physician - Family/Pediatric/General Practice	2	\$4,100,000	\$2,050,000	0.46%
Physicians - Others	145	\$152,633,040	\$1,052,642	17.29%
Physicians Assistant	4	\$1,225,000	\$306,250	0.14%
Psychiatry	4	\$445,000	\$111,250	0.05%
Radiology/Imaging Center	21	\$14,882,250	\$708,679	1.69%
Other	10	\$1,456,750	\$145,675	0.17%
<b>Total</b>	<b>770</b>	<b>\$882,787,804</b>	<b>\$1,146,478</b>	<b>100.0%</b>

*(4)=(3)/(2)*

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

# Connecticut Department of Insurance

## Disposition of Claims For All Insurers

2020 - 2024 Aggregate

<i>Disposition</i> (1)	<i>Claim Reports</i>		<i>Average Months</i>		<i>Average Severity of Injury Rating</i> (6)	<i>Average paid</i>	
	<i>Number</i> (2)	<i>Percent</i> (3)	<i>Incident to Report</i> (4)	<i>Incident to Disposition</i> (5)		<i>Indemnity</i> (7)	<i>ALAE</i> (8)
<b>In Favor of Plaintiff</b>							
Claims Settled Before Litigation	236	18.6%	7	21	3	\$279,614	\$19,394
Claims Settled Before Trial	778	61.3%	18	67	6	\$943,365	\$203,791
Claims Settled During Trial	25	2.0%	15	53	6	\$1,509,600	\$136,653
Claims Settled After Trial	215	16.9%	92	122	6	\$1,643,178	\$133,056
<b>Total Settled</b>	<b>1,254</b>	<b>98.7%</b>	<b>29</b>	<b>67</b>	<b>5</b>	<b>\$949,721</b>	<b>\$155,622</b>
Judgement for Plaintiff	13	1.0%	21	80	6	\$1,657,638	\$389,978
Judgement for Plaintiff On Appeal	3	0.2%	7	90	5	\$13,964,009	\$485,664
<b>Total Court Dispositions</b>	<b>16</b>	<b>1.3%</b>	<b>19</b>	<b>82</b>	<b>6</b>	<b>\$3,965,083</b>	<b>\$407,919</b>
<b>Total</b>	<b>1,270</b>	<b>100.0%</b>	<b>29</b>	<b>68</b>	<b>5</b>	<b>\$987,710</b>	<b>\$158,800</b>
<b>In Favor of Defendant</b>							
Claims Closed Before Litigation	386	39.8%	10	26	4		\$3,312
Claims Closed Before Trial	458	47.2%	25	61	5		\$55,946
Claims Closed During Trial	38	3.9%	28	58	5		\$78,662
Claims Closed After Trial	58	6.0%	21	49	4		\$43,783
<b>Total Settled</b>	<b>940</b>	<b>96.8%</b>	<b>19</b>	<b>45</b>	<b>5</b>		<b>\$34,500</b>
Judgement for Defendant	28	2.9%	23	73	5		\$223,086
Judgement for Defendant On Appeal	3	0.3%	16	109	3		\$460,221
<b>Total Court Dispositions</b>	<b>31</b>	<b>3.2%</b>	<b>22</b>	<b>77</b>	<b>4</b>		<b>\$246,035</b>
<b>Total</b>	<b>971</b>	<b>100.0%</b>	<b>19</b>	<b>46</b>	<b>4</b>		<b>\$41,254</b>

(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

2020 - 2024 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>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2020	474	\$68,143,291	\$143,762	\$160,051,238	\$337,661	\$295,575,976	\$623,578
2021	421	\$48,264,028	\$114,641	\$291,932,457	\$693,426	\$240,180,150	\$570,499
2022	479	\$51,501,070	\$107,518	\$151,370,350	\$316,013	\$228,318,197	\$476,656
2023	432	\$55,708,138	\$128,954	\$193,866,323	\$448,765	\$355,152,516	\$822,112
2024	435	\$194,848,215	\$447,927	\$335,003,027	\$770,122	\$376,898,668	\$866,434
<b>Total</b>	<b>2,241</b>	<b>\$418,464,742</b>	<b>\$186,731</b>	<b>\$1,132,223,395</b>	<b>\$505,231</b>	<b>\$1,496,125,507</b>	<b>\$667,615</b>

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

# Connecticut Department of Insurance

## Reserves

### Commercial Insurers

2020 - 2024 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>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2020	191	\$17,244,483	\$90,285	\$81,293,744	\$425,622	\$78,815,394	\$412,646
2021	167	\$11,739,034	\$70,294	\$51,340,076	\$307,426	\$49,346,409	\$295,487
2022	196	\$17,646,002	\$90,031	\$74,877,483	\$382,028	\$85,534,418	\$436,400
2023	187	\$18,517,530	\$99,024	\$91,870,374	\$491,285	\$119,697,865	\$640,096
2024	176	\$155,597,994	\$884,080	\$234,766,387	\$1,333,900	\$104,425,742	\$593,328
<b>Total</b>	<b>917</b>	<b>\$220,745,043</b>	<b>\$240,725</b>	<b>\$534,148,064</b>	<b>\$582,495</b>	<b>\$437,819,828</b>	<b>\$477,448</b>

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

**Connecticut Department of Insurance**  
**Reserves**  
**Captives and Self Insurers**

2020 - 2024 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>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2020	283	\$50,898,808	\$179,854	\$78,757,494	\$278,295	\$216,760,582	\$765,938
2021	254	\$36,524,994	\$143,799	\$240,592,381	\$947,214	\$190,833,741	\$751,314
2022	283	\$33,855,068	\$119,629	\$76,492,867	\$270,293	\$142,783,779	\$504,536
2023	245	\$37,190,608	\$151,798	\$101,995,949	\$416,310	\$235,454,651	\$961,039
2024	259	\$39,250,221	\$151,545	\$100,236,640	\$387,014	\$272,472,926	\$1,052,019
<b>Total</b>	<b>1,324</b>	<b>\$197,719,699</b>	<b>\$149,335</b>	<b>\$598,075,331</b>	<b>\$451,719</b>	<b>\$1,058,305,679</b>	<b>\$799,325</b>

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

# Connecticut Department of Insurance

## Yearly Information Report

### All Insurers

2020 - 2024 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)
2020	171	\$113,706,168	\$8,453,143	\$105,253,025
2021	143	\$87,328,563	\$13,937,640	\$73,390,923
2022	198	\$126,143,517	\$18,014,866	\$108,128,651
2023	194	\$196,330,150	\$31,783,565	\$164,546,585
2024	198	\$230,475,194	\$46,057,233	\$184,417,961
<b>Total</b>	<b>904</b>	<b>\$753,983,592</b>	<b>\$118,246,447</b>	<b>\$635,737,145</b>

(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

2020 - 2024 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)
2020	68	\$40,169,395	\$7,246,926	\$32,922,469
2021	56	\$24,592,999	\$8,916,440	\$15,676,559
2022	75	\$38,697,164	\$7,380,111	\$31,317,053
2023	97	\$82,892,572	\$27,392,103	\$55,500,469
2024	81	\$66,233,394	\$7,984,926	\$58,248,468
<b>Total</b>	<b>377</b>	<b>\$252,585,524</b>	<b>\$58,920,506</b>	<b>\$193,665,018</b>

(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

2020 - 2024 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)
2020	103	\$73,536,773	\$1,206,217	\$72,330,556
2021	87	\$62,735,564	\$5,021,200	\$57,714,364
2022	123	\$87,446,353	\$10,634,755	\$76,811,598
2023	97	\$113,437,578	\$4,391,462	\$109,046,116
2024	117	\$164,241,800	\$38,072,307	\$126,169,493
<b>Total</b>	<b>527</b>	<b>\$501,398,068</b>	<b>\$59,325,941</b>	<b>\$442,072,127</b>

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

# **Appendix 2**

## **Calendar Year Premium and Losses**

# Connecticut Department of Insurance

## Yearly Information Report - All Insurers

(3) and (4) include all ALAE

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

<i>Type</i> (1)	<i>Earned Premium</i> (2)	<i>Paid Losses</i> (3)	<i>Incurred Losses</i> (4)
<b>2020</b>			
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
<b>Totals</b>	<b>\$287,528,166</b>	<b>\$254,866,859</b>	<b>\$272,134,540</b>
<b>2021</b>			
Commercial Insurers	\$94,747,777	\$58,620,520	\$73,546,956
Captives	\$176,469,789	\$92,075,942	\$174,565,751
Self Insurers	\$32,927,119	\$31,585,855	\$24,683,068
<b>Totals</b>	<b>\$304,144,685</b>	<b>\$182,282,317</b>	<b>\$272,795,775</b>
<b>2022</b>			
Commercial Insurers	\$149,248,634	\$78,091,892	\$85,907,184
Captives	\$182,930,512	\$94,104,173	\$201,550,667
Self Insurers	\$49,503,357	\$23,253,717	\$17,975,695
<b>Totals</b>	<b>\$381,682,503</b>	<b>\$195,449,782</b>	<b>\$305,433,546</b>
<b>2023</b>			
Commercial Insurers	\$94,825,578	\$80,662,475	\$76,736,292
Captives	\$189,459,945	\$158,498,678	\$193,572,880
Self Insurers	\$40,487,601	\$31,415,333	\$41,689,127
<b>Totals</b>	<b>\$324,773,124</b>	<b>\$270,576,486</b>	<b>\$311,998,299</b>
<b>2024</b>			
Commercial Insurers	\$131,783,757	\$74,812,076	\$111,566,188
Captives	\$250,548,314	\$300,865,085	\$353,907,697
Self Insurers	\$36,795,803	\$81,575,205	\$47,971,717
<b>Totals</b>	<b>\$419,127,874</b>	<b>\$457,252,366</b>	<b>\$513,445,602</b>

# **Appendix 3**

## **Insurance Industry Financial Data**

**Medical Malpractice**  
**Data from NAIC I-SITE P&C Summary by Line of Business**  
**Total Connecticut Medical Malpractice Market**  
**(Including Excess and Surplus Lines Companies and Risk Retention Groups)**

Year	Premium Written	Direct Losses Paid	Defense & Cost Containment			Dividends	Comsion and Brokerage Expense	Taxes and Fees
			Premium Earned	Direct Losses Incurred	Expenses Incurred			
2015	\$157,006,663	\$138,387,634	\$166,060,387	\$110,370,621	\$26,289,302	\$2,364,585	\$12,027,500	\$4,100,092
2016	\$171,554,520	\$111,852,733	\$180,372,492	\$136,898,339	\$33,341,104	\$2,536,549	\$12,054,843	\$4,554,706
2017	\$181,836,455	\$138,809,686	\$176,644,109	\$153,598,815	\$26,962,046	\$1,976,685	\$12,227,467	\$4,015,343
2018	\$183,967,485	\$168,675,426	\$190,310,786	\$147,785,446	\$37,361,417	\$257,595	\$12,399,809	\$4,052,299
2019	\$205,278,198	\$158,087,954	\$212,417,242	\$250,915,470	\$37,101,382	\$502,176	\$13,249,951	\$4,494,589
2020	\$218,333,541	\$173,571,986	\$216,999,818	\$157,479,951	\$25,688,097	\$4,129,647	\$12,331,149	\$4,971,381
2021	\$236,536,063	\$100,435,006	\$232,336,710	\$208,971,108	\$26,456,847	\$155,817	\$12,386,117	\$6,986,596
2022	\$253,051,556	\$140,349,460	\$251,023,097	\$224,954,393	\$40,217,312	\$193,503	\$14,729,404	\$7,339,899
2023	\$245,358,560	\$188,055,633	\$252,583,191	\$194,843,488	\$37,434,373	\$194,413	\$13,390,539	\$7,653,611
2024	\$254,381,753	\$277,319,005	\$251,306,332	\$301,531,391	\$31,947,004	\$350,386	\$13,711,868	\$7,871,236

**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
2015	66.5%	15.8%	11.1%	-14.8%	0.0%
2016	75.9%	18.5%	10.6%	-27.5%	-10.9%
2017	87.0%	15.3%	10.3%	-33.6%	-12.1%
2018	77.7%	19.6%	8.8%	-29.9%	-12.3%
2019	118.1%	17.5%	8.6%	-70.8%	-46.2%
2020	72.6%	11.8%	9.9%	-14.4%	-1.0%
2021	89.9%	11.4%	8.4%	-33.4%	-15.0%
2022	89.6%	16.0%	8.9%	-33.9%	-14.2%
2023	77.1%	14.8%	8.4%	-18.7%	1.9%
2024	120.0%	12.7%	8.7%		

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

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

<b>Year</b>	<b>Premium Written</b>	<b>Direct Losses Paid</b>	<b>Premium Earned</b>	<b>Direct Losses Incurred</b>	<b>Defense &amp; Cost Containment Expenses Incurred</b>	<b>Dividends</b>	<b>Comssion and Brokerage Expense</b>	<b>Taxes and Fees</b>
2015	\$81,629,145	\$67,658,841	\$91,216,103	\$63,821,085	\$11,448,173	\$2,234,250	\$8,239,702	\$1,816,363
2016	\$78,794,526	\$51,492,522	\$88,317,355	\$68,479,449	\$20,040,090	\$2,409,402	\$7,718,994	\$2,365,823
2017	\$73,646,849	\$84,536,063	\$70,264,692	\$53,219,821	\$8,388,620	\$1,793,792	\$7,671,073	\$1,497,215
2018	\$68,273,276	\$63,916,367	\$75,589,919	\$32,741,092	\$18,572,593	\$154,077	\$7,134,192	\$1,333,438
2019	\$69,448,387	\$53,402,248	\$77,538,301	\$53,759,457	\$17,198,874	\$400,244	\$6,930,572	\$1,223,999
2020	\$65,238,399	\$46,968,666	\$66,077,958	\$43,928,548	\$11,015,395	\$3,951,953	\$6,617,450	\$1,258,415
2021	\$69,972,768	\$45,228,173	\$68,193,007	\$65,527,578	\$8,124,402	\$55,165	\$6,096,949	\$1,517,781
2022	\$70,325,656	\$67,194,117	\$70,707,208	\$50,421,718	\$10,305,592	\$50,817	\$7,160,441	\$1,425,948
2023	\$68,621,283	\$68,990,081	\$75,597,141	\$49,919,234	\$6,933,876	\$42,787	\$7,070,414	\$1,739,867
2024	\$74,715,353	\$56,590,678	\$73,005,224	\$65,261,942	\$10,815,878	\$133,479	\$7,366,401	\$1,880,415

% of Earned Premium				
<b>Year</b>	<b>Direct Losses Paid</b>	<b>Direct Losses Incurred</b>	<b>Defense &amp; Cost Containment Expenses Incurred</b>	<b>Other Underwriting Expenses</b>
2015	74.2%	70.0%	12.6%	13.5%
2016	58.3%	77.5%	22.7%	14.1%
2017	120.3%	75.7%	11.9%	15.6%
2018	84.6%	43.3%	24.6%	11.4%
2019	68.9%	69.3%	22.2%	11.0%
2020	71.1%	66.5%	16.7%	17.9%
2021	66.3%	96.1%	11.9%	11.2%
2022	95.0%	71.3%	14.6%	12.2%
2023	91.3%	66.0%	9.2%	11.7%
2024	77.5%	89.4%	14.8%	12.8%

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

<b>Year</b>	<b>Premium Written</b>	<b>Direct Losses Paid</b>	<b>Premium Earned</b>	<b>Direct Losses Incurred</b>	<b>Defense &amp; Cost Containment Expenses Incurred</b>	<b>Dividends</b>	<b>Comssion and Brokerage Expense</b>	<b>Taxes and Fees</b>
2015	\$19,211,403	\$15,607,062	\$19,196,853	\$6,594,333	\$2,274,170	\$0	\$2,872,210	\$73,744
2016	\$20,338,255	\$6,128,989	\$20,072,354	\$18,787,689	\$3,127,718	\$0	\$3,182,045	\$65,054
2017	\$20,482,905	\$12,029,528	\$19,615,026	\$15,603,593	\$2,193,829	\$0	\$3,485,354	\$45,368
2018	\$23,397,977	\$12,678,070	\$22,297,991	\$21,057,746	\$4,463,282	\$0	\$4,248,136	\$65,348
2019	\$26,594,722	\$24,656,828	\$26,001,084	\$15,951,075	\$6,392,067	\$0	\$5,087,395	\$105,370
2020	\$27,993,080	\$19,098,437	\$26,617,427	\$21,881,731	\$3,191,809	\$0	\$4,733,629	\$69,738
2021	\$31,633,626	\$6,811,773	\$29,400,136	\$9,098,198	\$2,989,725	\$0	\$5,056,151	\$76,934
2022	\$37,911,872	\$11,447,732	\$36,428,548	\$25,085,205	\$7,829,185	\$0	\$6,245,568	\$120,773
2023	\$30,216,986	\$16,261,812	\$31,533,334	\$18,113,400	\$2,686,855	\$0	\$5,112,074	\$6,782
2024	\$30,363,190	\$17,300,768	\$30,134,660	\$8,826,116	\$2,026,611	\$0	\$4,786,364	\$3,372

% of Earned Premium				
<b>Year</b>	<b>Direct Losses Paid</b>	<b>Direct Losses Incurred</b>	<b>Defense &amp; Cost Containment Expenses Incurred</b>	<b>Other Underwriting Expenses</b>
2015	81.3%	34.4%	11.8%	15.3%
2016	30.5%	93.6%	15.6%	16.2%
2017	61.3%	79.5%	11.2%	18.0%
2018	56.9%	94.4%	20.0%	19.3%
2019	94.8%	61.3%	24.6%	20.0%
2020	71.8%	82.2%	12.0%	18.0%
2021	23.2%	30.9%	10.2%	17.5%
2022	31.4%	68.9%	21.5%	17.5%
2023	51.6%	57.4%	8.5%	16.2%
2024	57.4%	29.3%	6.7%	15.9%

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

<b>Year</b>	<b>Premium Written</b>	<b>Direct Losses Paid</b>	<b>Premium Earned</b>	<b>Direct Losses Incurred</b>	<b>Defense &amp; Cost Containment Expenses Incurred</b>	<b>Dividends</b>	<b>Comsion and Brokerage Expense</b>	<b>Taxes and Fees</b>
2015	\$56,166,115	\$55,121,731	\$55,647,431	\$39,955,203	\$12,566,959	\$130,335	\$915,588	\$2,209,985
2016	\$72,421,739	\$54,231,222	\$71,982,783	\$49,631,201	\$10,173,296	\$127,147	\$1,153,804	\$2,123,829
2017	\$87,706,701	\$42,244,095	\$86,764,391	\$84,775,401	\$16,379,597	\$182,893	\$1,071,040	\$2,472,760
2018	\$92,296,232	\$92,080,989	\$92,422,876	\$93,986,608	\$14,325,542	\$103,518	\$1,017,481	\$2,653,513
2019	\$109,235,089	\$80,028,878	\$108,877,857	\$181,204,938	\$13,510,441	\$101,932	\$1,231,984	\$3,165,220
2020	\$125,102,062	\$107,504,883	\$124,304,433	\$91,669,672	\$11,480,893	\$177,694	\$980,070	\$3,643,228
2021	\$134,929,669	\$48,395,060	\$134,743,567	\$134,345,332	\$15,342,720	\$100,652	\$1,233,017	\$5,391,881
2022	\$144,814,028	\$61,707,611	\$143,887,341	\$149,447,470	\$22,082,535	\$142,686	\$1,323,395	\$5,793,178
2023	\$146,520,291	\$102,803,740	\$145,452,716	\$126,810,854	\$27,813,642	\$151,626	\$1,208,051	\$5,906,962
2024	\$149,303,210	\$203,427,559	\$148,166,448	\$227,443,333	\$19,104,515	\$216,907	\$1,559,103	\$5,987,449

<b>% of Earned Premium</b>				
<b>Year</b>	<b>Direct Losses Paid</b>	<b>Direct Losses Incurred</b>	<b>Defense &amp; Cost Containment Expenses Incurred</b>	<b>Other Underwriting Expenses</b>
2015	99.1%	71.8%	22.6%	5.9%
2016	75.3%	68.9%	14.1%	4.7%
2017	48.7%	97.7%	18.9%	4.3%
2018	99.6%	101.7%	15.5%	4.1%
2019	73.5%	166.4%	12.4%	4.1%
2020	86.5%	73.7%	9.2%	4.6%
2021	35.9%	99.7%	11.4%	5.0%
2022	42.9%	103.9%	15.3%	5.0%
2023	70.7%	87.2%	19.1%	5.0%
2024	137.3%	153.5%	12.9%	5.2%

**Top 15 in 2024 Direct Premiums Written**

Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves	Direct Losses Paid	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense & Cost Containment Expense Paid	Direct Defense & Cost Containment Expense Incurred	Direct Defense & Cost Containment Expense Unpaid	Commission and Brokerage Expense	Taxes, Licenses and Fees
MCIC VT a Recip RRG	VT	126,371,427	126,372,243	-	-	178,753,278	190,634,903	410,704,056	14,226,911	14,150,930	48,726,623	244,746	5,128,515
Integrus Ins Co	CT	23,159,068	23,972,246	-	8,064,680	13,875,133	25,327,064	61,787,749	2,175,695	3,910,181	13,621,167	1,368,918	802,613
Proselect Ins Co	NE	19,914,506	18,170,038	-	10,217,220	20,967,041	20,217,249	47,944,606	3,433,101	1,262,867	14,323,766	1,481,321	302,747
Continental Cas Co	IL	8,489,992	8,489,992	-	37,022	10,339,016	21,599,143	33,170,632	1,612,204	1,131,543	1,261,038	35,623	225,467
Ironshore Specialty Ins Co	AZ	6,653,895	6,561,998	-	2,676,741	603,873	1,969,565	8,046,591	332,660	688,935	1,142,070	523,288	-
MedPro RRG RRG	DC	6,312,529	6,437,964	-	1,793,759	5,820,833	1,572,557	11,972,232	975,666	629,732	4,971,712	813,301	255,501
American Cas Co Of Reading PA	PA	5,238,769	5,081,196	-	2,114,699	1,580,000	1,403,432	4,700,802	246,692	781,419	3,087,289	1,935,200	119,346
National Fire & Marine Ins Co	NE	5,188,946	5,654,830	-	3,072,318	3,166,000	2,381,706	19,707,391	729,126	635,412	3,379,836	989,095	-
Clinician Assur Inc RRG	VT	3,481,692	2,696,263	-	2,611,269	-	1,637,089	3,673,568	49,493	501,606	1,523,833	5,805	107,850
Medical Protective Co	IN	3,243,880	3,093,228	-	1,830,521	43,500	1,783,272	6,988,132	415,267	683,059	2,497,611	684,656	57,860
Health Care Industry Liab Recip Ins	DC	3,241,785	3,246,641	-	1,623,056	469,459	1,749,939	6,766,767	287,246	749,974	2,268,933	-	132,782
MAG Mut Ins Co	GA	2,891,026	2,672,637	83,332	920,511	-	473,605	473,605	975	619,018	618,043	321,086	89,547
Columbia Cas Co	IL	2,652,289	2,547,313	-	1,753,028	455,000	1,015,467	3,580,413	129,739	286,357	1,195,475	376,947	508
Doctors Co An Interins Exch	CA	1,688,355	1,617,859	1,810	928,078	735,000	1,420,520	3,377,779	796,991	1,189,474	2,004,935	159,177	46,610
TDC Specialty Ins Co	DC	1,681,884	1,758,418	-	972,629	3,487,500	307,510	952,462	154,706	250,671	2,591,497	318,359	236

Top 15 Total                    220,210,043 = 86.6% of total Direct Premiums Written of \$254,381,753

Top 3 Total                    169,445,001 = 66.6% of total Direct Premiums Written of \$254,381,753

### Top 15 in 2023 Direct Premiums Written

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

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

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

## Connecticut Medical Malpractice Annual Report – 2024

### Investment Income \* – 15 Leading Writers

<u>COMPANY NAME</u>	<u>2024</u>	<u>2023</u>
MCIC VT a Recip RRG	\$171,734,549	\$97,859,577
Integrus Ins Co	\$22,018,325	\$14,461,133
Proselect Ins Co	\$515,066	-\$228,972
Continental Cas Co	\$2,085,979,974	\$1,956,831,349
Ironshore Specialty Ins Co	\$22,550,725	\$16,656,178
MedPro RRG RRG	(\$1,169,200)	\$2,069,850
American Cas Co Of Reading PA	\$5,737,412	\$3,192,059
National Fire & Marine Ins Co	\$6,081,969,341	\$602,969,515
Clinician Assur Inc RRG	\$3,195,032	\$2,959,021
Medical Protective Co	\$1,045,690,849	-\$20,110,019
Health Care Industry Liab Recip Ins	\$537,123	\$390,245
MAG Mut Ins Co	\$88,941,003	\$75,166,183
Columbia Cas Co	\$9,144,400	\$9,163,156
Doctors Co An Interins Exch	\$182,092,439	\$148,360,847
TDC Specialty Ins Co	\$11,900,753	\$4,191,608

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. 07-25<sup>1</sup> (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](mailto:cid.pc@ct.gov). Subject matter should reference Medical Malpractice Closed Claim database: Attention – George Bradner

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

## **Definitions and Terms:**

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

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

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

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

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

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

### **Captive Domicile:**

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

### **Captive License #:**

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

### **Non-Hospital Healthcare Provider:**

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

### **Self-Insured Trust:**

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

### **Voluntary Attending Physician:**

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

## **Yearly Reporting Financial Terms & Definitions:**

### **Commercial Insurer**

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

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

### **Hospital/Captive:**

Hospital/Captive without Voluntary Attending Physicians

#### **Hospital Professional Liability Premium (No General Liability) –**

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

#### **Hospital Net Retained Paid Professional Liability Losses –**

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

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

Hospital/Captive with Voluntary Attending Physicians

#### **Hospital Professional Liability Premium (No General Liability) –**

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

#### **Hospital Net Retained Paid Professional Liability Losses –**

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

#### **Hospital Net Retained Incurred Professional Liability Losses –**

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

**Hospital/Self Insured Trust**

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

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

## Medical Malpractice Online Reporting Tool Instruction

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

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

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

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

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

Click here to start:

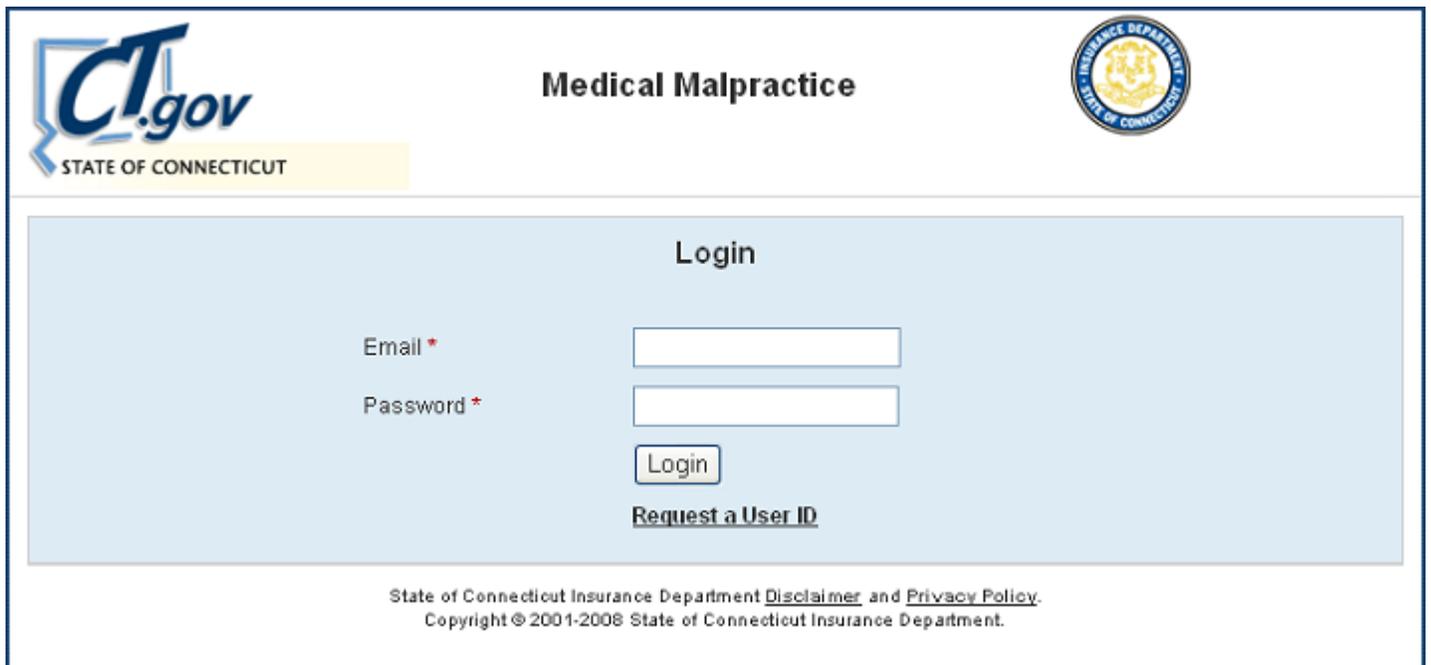
[https://cidonline.ct.gov/mmdc/Login\\_input.action](https://cidonline.ct.gov/mmdc/Login_input.action)

To Bookmark this page:

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

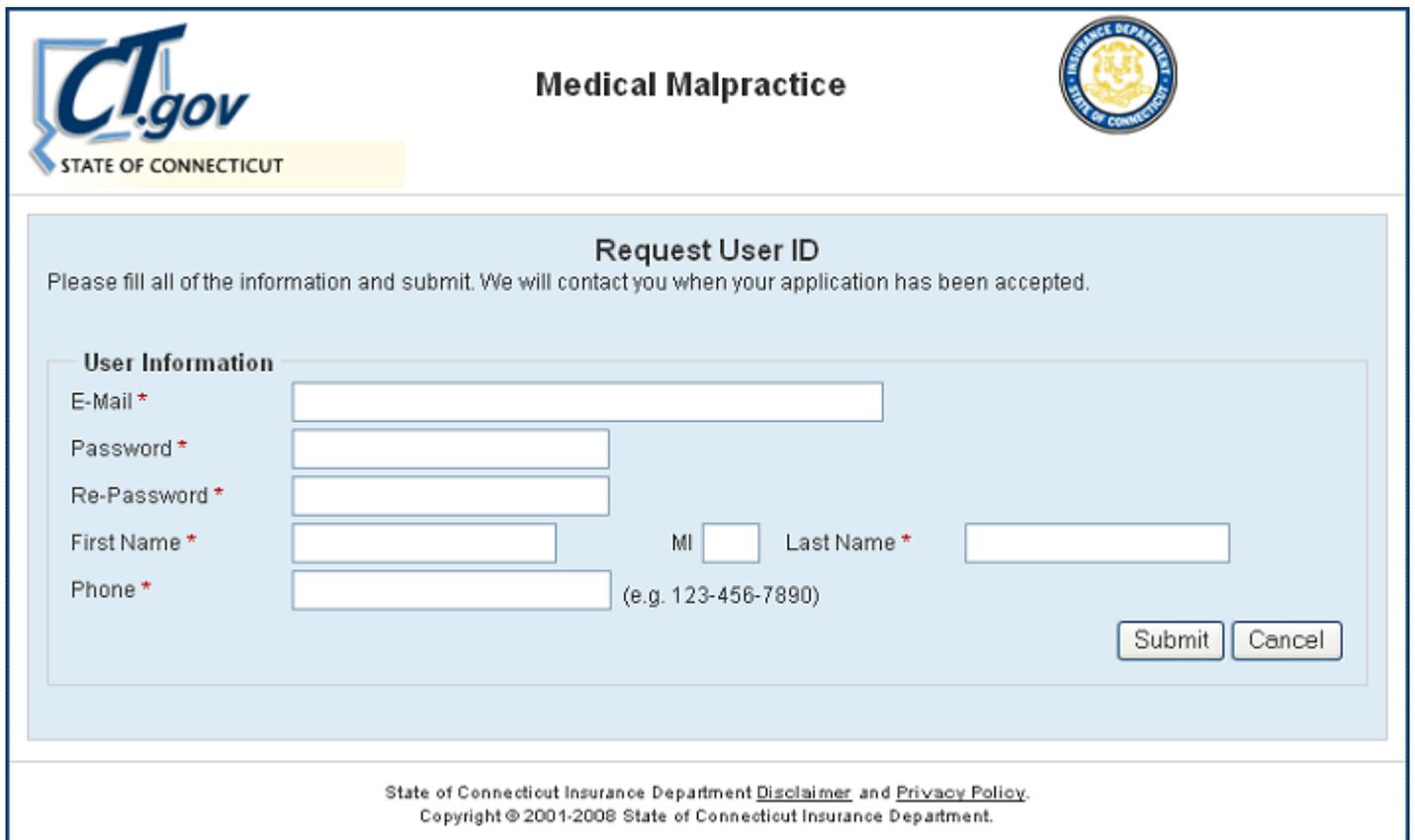
## Request a User ID

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



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

2. Enter the User Information



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

### 3. Enter the Company Information

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

### Request a Company

Please enter the information of the company to register

Business Type \*

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

Name of Self-Insured \*

**What Information do you require to access?**

Yearly Information  Closed Claims

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

Yes  No

**Contact person for questions regarding data**

First Name \*  MI  Last Name \*

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

E-mail \*

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



STATE OF CONNECTICUT

## Medical Malpractice



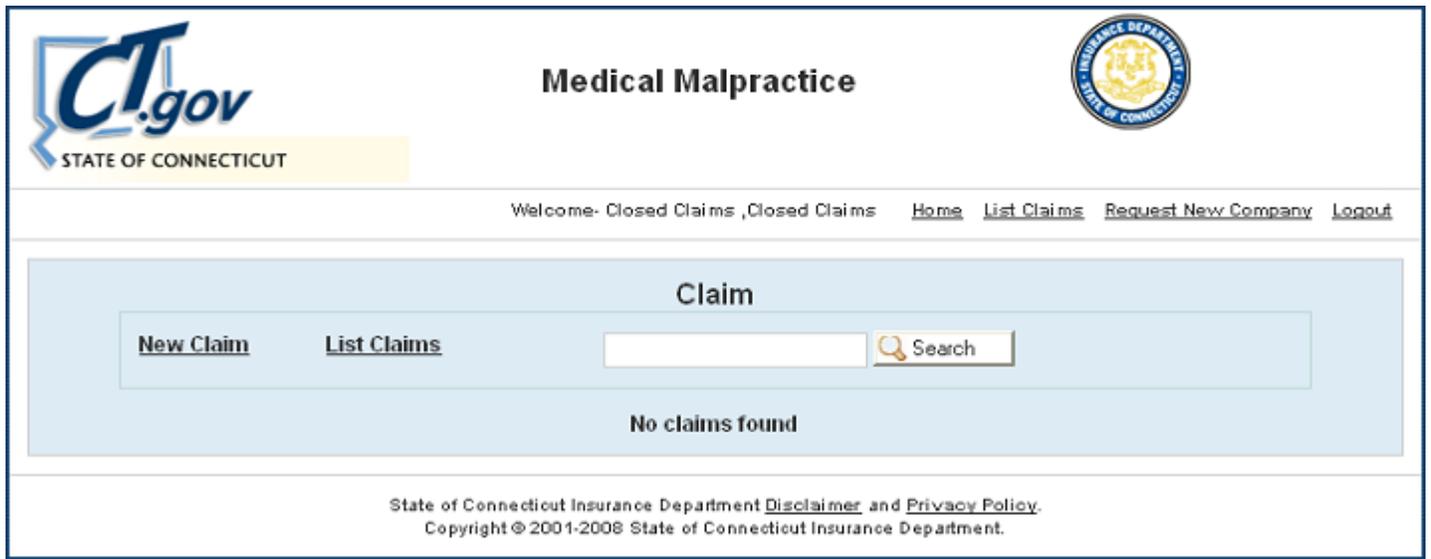
What do you want to do now?

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

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

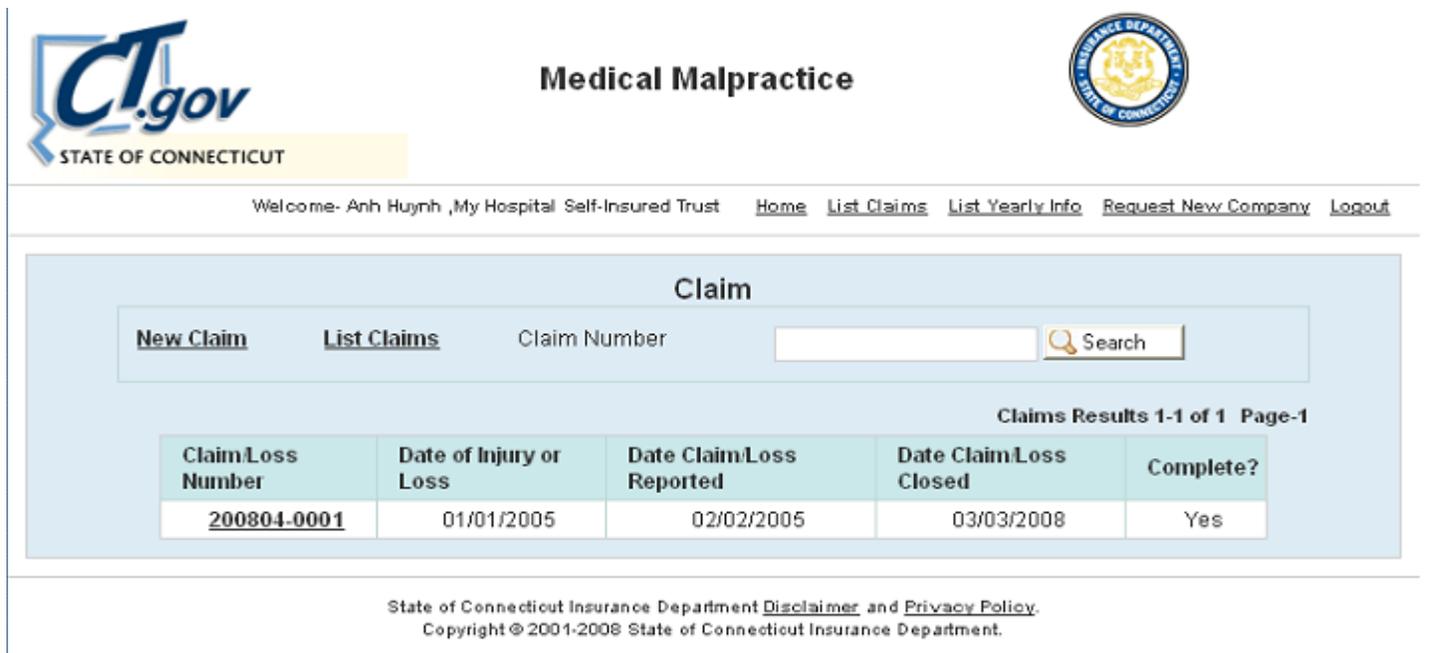
## Closed Claim reporting

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



The screenshot shows the CT.gov Medical Malpractice portal. The header includes the CT.gov logo and the State of Connecticut Insurance Department 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. 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 prefilled information table. If that is the case, you must proceed and enter the information manually, using the information from the claim, or the Public Health Department Web Site.
  - **Business Entity** – Type in the whole or part of the Entity's Name, then click the "Search" button to search for the Entity already on the Insurance Department Insurer List. If the Entity is found then it will display in the table. Select the Entity you want in order to pre-fill the Entity's Name, address, policy limits, and specialty. The same principle applies here as well. You may need to proceed without using the pre-fill table, and enter the information manually on the next page.

### Insured/Policy Holder Information

**Search Insured/Policy Holder**

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

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

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

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

### Insured/Policy Holder Information

**Insured/Entity Details**

Name of Entity \*

Address1 \*

Address2

City \*

State \*

Zip Code \*

Policy Number \*

Specialty \*

Insured Policy Limits \*

Initial Indemnity and Expense Reserve \*

Final Indemnity and Expense Reserve \*

Loss Adjustment Expenses paid to Defense Counsel \*

All Other Allocated Loss Adjustment Expenses Paid \*

Close Date  

**Is Insured/Entity \***

Primary  Excess

**Occurrence/Claim \***

Occurrence  Claim-Made

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

**Judgment/Settlement Information**

**Outcome Information**

Settlement  Withdrawn  Abandon

**Judgment/Settlement Information**

**Outcome Information**

Settlement  Withdrawn  Abandon

**Settlement Information**

Date of Settlement \*

Settlement Code \*

Were Other Companies Involved \*  No  Yes

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

**Judgment/Settlement Information**

**Outcome Information**

Judgment  Settlement  Withdrawn  Abandon

Were Other Companies Involved \*  No  Yes

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

7. Settlement Award Detail screen

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

### Settlement Award

**Settlement Information**

**Structured Settlement \***

No  Yes

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

### Settlement Award

**Settlement Information**

**Structured Settlement \***

No  Yes

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

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

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

**Outcome Information:**

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

**Trial Information:**

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

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

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

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

**Outcome Information:**

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

**Trial Information:**

- Radio buttons:  Judgment by Jury,  Judgment by Court,  Withdrawn,  Dismissed
- Text: "Date Withdrawn" followed by a date input field 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 \*   
  
Judgment for Plaintiff on Appeal  
Judgment for Defendant on Appeal

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

### Jury Award

**Jury Award**

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

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

### Court Award

**Court Award**

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

11. Claim Detail screen

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

New Claim
Mark as Completed

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

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

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

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

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

## Yearly Information Report

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

**Yearly Information**

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

**Commercial Insurer**

Year	2007
Base Premium *	<input type="text"/>
Earned Premium *	<input type="text"/>
Paid Losses (Including ALAE) *	<input type="text"/>
Incurred Losses (Including ALAE) *	<input type="text"/>
Specialty (Please Choose the Closest One) *	<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](#)

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**Hospital - Captive with Voluntary Physicians Attending**

Year 2007

Hospital Professional Liability Premium (No General Liability) \*

Hospital Net Retained Paid Professional Liability Losses \*

Hospital Net Retained Incurred Professional Liability Losses \*

Voluntary Attending Physicians Professional Liability Premium \*

Voluntary Attending Physicians Net Retained Paid Professional Liability Losses [No GL] \*

Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses \*

No. Of Voluntary Attending Physicians Covered \*

## Hospital – Captive without Voluntary Physicians

**Yearly Information**

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

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**Hospital - Captive without Voluntary Physicians Attending**

Year 2007

Hospital Professional Liability Premium (No General Liability) \*

Hospital Net Retained Paid Professional Liability Losses \*

Hospital Net Retained Incurred Professional Liability Losses \*

## Non-Hospital – Captive with Voluntary Physicians

**Yearly Information**

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

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**Non Hospital - Captive with 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 \*

Voluntary Attending Physicians Professional Liability Premium \*

Voluntary Attending Physicians Net Retained Paid Professional Liability Losses [No GL] \*

Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses \*

No. Of Voluntary Attending Physicians Covered \*

## 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 \*