

Iowa
Medical Malpractice Annual Report
For Calendar Year 2008

December 2009
Iowa Insurance Division

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Executive Summary

The Iowa Insurance Division requested open and closed claim data for calendar year 2008 from licensed insurance companies pursuant to Iowa Code Section 505.27. Licensed companies who wrote medical malpractice insurance in Iowa during the period from January 1, 2008, through December 31, 2008, were asked to provide specific data for claims closed during that period and separately those remaining open at the end of the year.

Data was reviewed for consistency within and between companies, and for completeness and reasonableness. The accuracy of the report depends on the accuracy of the data obtained from the companies.

The report provides a portrayal of Iowa's medical malpractice insurance market. Average payments of benefits plus allocated loss adjustment expenses for all closed claims were about \$78,000. The average incurred amounts for all open claims were about \$383,000. An increase in average claim reserves for one of the companies that reported was a major cause of the size of change in average incurred amounts from last year to this year.

Of the specialty providers listed, Hospitals and Clinics or Corporations had the most number of claims reported in both the open and closed claim reports. Of closed claims provider specialty categories with 20 or more claims, Family Practice had the highest average paid. Of open claims categories with 20 or more claims, Emergency Medicine and Hospital had the highest average incurred losses and allocated loss adjustment expenses.

For closed and open claims, Failure to Diagnose/Monitor/Treat and Treatment Related Cause produced more claims than any other listed alleged cause of loss. For categories with at least 20 claims, the costliest closed claims on average were for Pregnancy or Birth Related Problems claims and the open claims with the highest average incurred losses were from the Pregnancy or Birth Related Problems and the Wrong Diagnosis categories.

Most claims for closed were Temporary - Minor and Death claims. Most claims for open were Permanent - Major and Death claims. On average the costliest claims, paid or reserved, were those considered Grave. Average paid losses and expenses for closed claims by category ranged from less than \$12,000 to more than \$315,000. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$80,000 to more than \$2,400,000.

Minor rounding differences may exist, however no adjustments were made to the amounts reported.

The Division recommends that we monitor the progress of the NAIC model law regarding Medical Professional Liability Closed Claim Reporting and when it is completed evaluate the model law to determine whether it should be adopted in Iowa. If the model law is adopted in Iowa it would help produce data that is comparable with other states that have adopted the model law and would provide companies with consistent reporting requirements for states that have adopted the model law.

Statutory language requests that carriers report the total amounts paid within six months after final disposition of the claims. In the three years of collecting this information only a few companies have data to report and it provides no information about the overall market. Therefore, the Division recommends considering elimination of the requirement to report these amounts paid.

Introduction

Pursuant to Iowa Code Section 505.27, the Iowa Insurance Division requested insurance companies report medical malpractice claim data for calendar year 2008.

Licensed insurers who wrote medical malpractice insurance in Iowa during 2008, were asked to provide data separately for any claims that closed during the year and any claims that were open at the end of the year.

Data Request

The Division requested that companies submit data for each *claim* or *lawsuit*.

Claims were defined as formal or written demands for compensation under a medical malpractice insurance policy relating to allegations of liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.

A *lawsuit* was defined as a complaint filed in any court in Iowa alleging liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.

Only direct business was to be included in the report. Adjustments for subrogation were to be made. Claims were to be reported separately for each insured associated with a claim; for each injured party associated with an incident; for each claimant that filed a claim for the same injury; and for each policy if filed under more than one policy. Reopened claims were to be reported considering only their final disposition date.

A copy of the data request is included at the end of this report.

Companies

Licensed insurers who wrote medical malpractice insurance in Iowa during 2008, were required to provide data for claims that closed during the year or that were open at the end of the year. These insurers represented 74.5% of the medical malpractice market in Iowa as determined by their percentage of calendar year 2008 direct written premiums. Non licensed companies were 19.7% of the market and surplus lines companies were 5.7% of the market. The overall direct written premium in Iowa decreased over 18% from 2007 to 2008 and decreased over 22% from 2006 to 2008.

Page 7 shows a history of the market shares for companies that wrote medical malpractice business in 2008. The market shares were determined by dividing the company's written premium for the year by the total written premium for all companies in that year. The Division did not include companies that reported data, but did not have written premium in 2008 to maintain consistency with the data request.

The companies writing medical malpractice insurance in Iowa have changed from year to year. New companies start writing, others cease writing the business. From 2007 to 2008 8 companies (1 licensed) that didn't report written premium or reported \$0 in written premium in 2007 had positive written premium in 2008. Also 2 companies (1 licensed) that reported positive written premium in 2007 did not report written premium or reported \$0 in written premium in 2008. The premium volume that each company wrote also changed dramatically for some companies from year to year. Most of the business is written by a few companies, but even those companies have changed year to year and the market share written has shifted.

All of the companies required to comply with the data request responded either by providing the claims data or by stating that they had no applicable claims to report.

**Iowa Insurance Division
 Medical Malpractice Closed and Open Claim Report
 Market Shares of Licensed Companies with Written Premium and Reported Claims**

| Company Name | Calendar Year 2004 | Calendar Year 2005 | Calendar Year 2006 | Calendar Year 2007 | Calendar Year 2008 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Midwest Medical Insurance Company | 35.5% | 35.9% | 36.5% | 33.8% | 39.0% |
| Physicians Insurance Company of Wisconsin, Inc. | 19.6% | 15.0% | 15.6% | 13.3% | 12.5% |
| AMCO Insurance Company | 3.2% | 3.0% | 2.8% | 2.8% | 3.2% |
| C N A Insurance Companies | 1.9% | 1.9% | 2.1% | 2.4% | 3.0% |
| Medical Protective Company, The | 3.8% | 2.5% | 2.3% | 2.2% | 2.7% |
| Preferred Professional Insurance Company | 2.2% | 2.4% | 2.1% | 2.2% | 2.6% |
| MHA Insurance Company | 0.0% | 0.3% | 1.0% | 1.9% | 2.4% |
| NCMIC Insurance Company | 1.2% | 1.3% | 1.4% | 1.6% | 1.9% |
| ISMIE Mutual Insurance Company | 3.5% | 3.3% | 1.0% | 1.2% | 1.2% |
| Podiatry Insurance Company of America, A Mutual Company | 0.8% | 0.9% | 1.0% | 1.0% | 1.1% |
| Cincinnati Insurance Company, The | 1.5% | 1.2% | 1.1% | 1.0% | 1.0% |
| Doctors Company, The | 0.6% | 0.4% | 0.6% | 0.4% | 0.6% |
| Fireman's Fund Insurance Company | 0.5% | 0.4% | 0.5% | 0.5% | 0.5% |
| National Union Fire Insurance Company of Pittsburg, PA | 0.5% | 0.3% | 0.5% | 0.4% | 0.5% |
| COPIC Insurance Company | 0.0% | 0.5% | 0.3% | 0.4% | 0.5% |
| ACE American Insurance Company | 0.2% | 0.3% | 0.3% | 0.4% | 0.4% |
| Pharmacists Mutual Insurance Company | 0.3% | 0.3% | 0.3% | 0.3% | 0.4% |
| Church Mutual Insurance Company | 0.0% | 0.1% | 0.1% | 0.1% | 0.2% |
| ProNational Insurance Company | 0.4% | 1.2% | 1.4% | 1.4% | 0.1% |
| Total | 75.7% | 71.2% | 70.9% | 67.3% | 73.8% |

Data

All responses received were reviewed for consistency with the data request. Data elements were reviewed for completeness, reasonableness, and consistency with other data elements.

In cases where a company did not use the provided categories to identify claims, if a category could be reasonably assigned, that was done. Otherwise, the claim was listed in the Other/Unknown category. Any categories with less than five claims were combined and reported in total.

On the Benefits and Expenses by Company exhibits, companies with fewer than five claims were reported as a group. Page 25 shows the companies combined for the closed claim exhibits and for the open claim exhibits.

There were 7 claims that closed with total loss and allocated loss adjustment expenses above one million dollars and 49 open claims with incurred amounts above one million dollars. About 65% of those claims were between \$1,000,000 and \$2,000,000.

Limitations

The accuracy of this report depends on the accuracy of the data provided by the companies. The Division reviewed the data for completeness, reasonableness, consistency with other data elements, and consistency with the data request. No adjustments were made to the data other than the assigning of categories to identify claims where a company did not use the provided categories but one could be reasonably assigned.

Although attempts were made to gather uniform data from all companies, complete uniformity is not possible. Some companies did not maintain records of all the data as requested. Some used company specific definitions that could not be manipulated to completely match the requested categories. Companies may have interpreted data elements differently from each other. Company practices, such as the timing of considering an incident an open claim or of closing a claim may differ by company.

Medical malpractice insurance is available for individuals and for a variety of institutions, including hospitals, clinics, and nursing homes. Insurance companies often specialize in what medical malpractice insurance they write. Differences in data between specialties or types of policyholders may be a result of or compounded by the companies writing the business.

Other factors internal to a company writing the business that affect the results of the study include, but are not limited to, the type of policies written, the limits of insurance requested by policyholders, the size of deductibles, company underwriting considerations and claim practices. Factors external to the company may also affect the report. These may include, but are not limited to, regulation, the legal environment, the general economy, and medical inflation. The report makes no adjustments for and does not attempt to analyze changes in economic conditions, exposures, medical practices, legal climate, rate levels, or medical inflation.

The companies writing medical malpractice insurance in Iowa and the premium volume that each company wrote have changed from year to year. This can have a significant effect on any analysis. No adjustments to the data have been made to reflect shifting business.

The report provides a snapshot of Iowa's medical malpractice insurance market. It includes claims from 2008 and earlier which either were closed in 2008 or remained open at the end of the year for those companies that responded to the data request. Since medical malpractice claims can take years to be reported and closed, the claims closed in a year and open at the end of the year do not correspond to premiums for that year.

Large losses are not individually identified in the report. They are included in the totals and averages.

Aggregate Claim Reports by Specialty of Provider

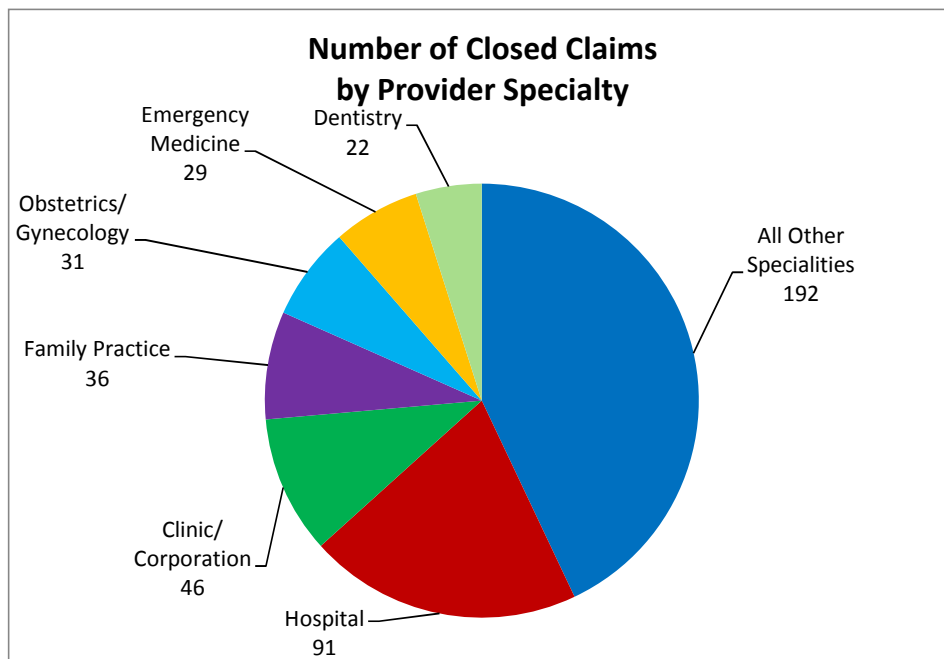
Companies were asked to classify each claim reported by a number of typical provider specialties. All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

Average payments of benefits plus allocated loss adjustment expenses for all closed claims were about \$78,000. The average incurred amounts for all open claims were about \$383,000. The claims underlying these amounts are not comparable since the open claims represent all those open during calendar year 2008, without regard to when the injury occurred or the claim was reported. The closed claims include all claims closed in 2008, regardless of the date of injury or the date reported. The mix of claims, by type, severity, size, will not be the same for the open and closed reports.

Hospitals and Clinics or Corporations had the most number of claims reported in both the open and closed claim reports. Of closed claims provider specialty categories with 20 or more claims, Family Practice had the highest average paid. Of open claims categories with 20 or more claims, Emergency Medicine and Hospital had the highest average incurred losses and allocated loss adjustment expenses.

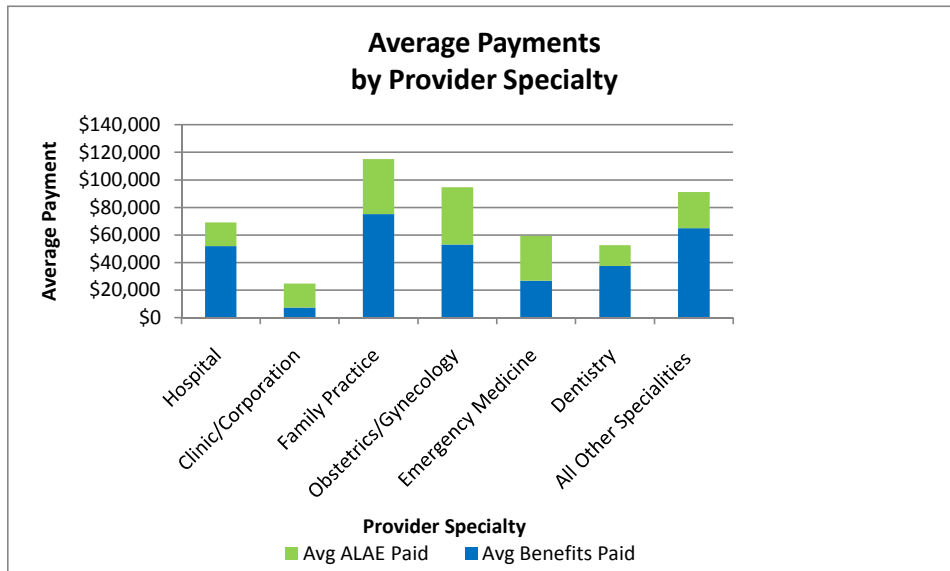
**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Total Benefits and Expenses
 Calendar Year 2008 - By Specialty**

| Provider Specialty | Number of Claims | Total Benefits Paid | Total Allocated Loss Adjustment Expenses Paid | Additional Payments Within 6 Months After Disposition |
|---------------------------|-------------------------|----------------------------|--|--|
| Hospital | 91 | \$ 4,723,538 | \$ 1,571,258 | \$ 184,514 |
| Clinic/Corporation | 46 | 331,700 | 806,419 | 233,408 |
| Family Practice | 36 | 2,705,800 | 1,441,268 | 19,961 |
| Obstetrics/Gynecology | 31 | 1,645,000 | 1,286,465 | 112,036 |
| Emergency Medicine | 29 | 779,167 | 939,933 | 189,156 |
| Dentistry | 22 | 824,013 | 331,119 | 840 |
| Orthopedics | 18 | 937,000 | 378,174 | 143,317 |
| General Surgery | 18 | 1,300,000 | 339,899 | 9,293 |
| Radiology | 16 | 724,596 | 304,042 | 140 |
| Anesthesiology | 14 | 5,000 | 181,466 | 623 |
| Cardiology | 12 | 100,000 | 365,139 | 21,076 |
| Podiatry | 9 | 1,032,500 | 473,260 | - |
| Healthcare Facility | 9 | 889,000 | 237,333 | - |
| Plastic Surgery | 8 | - | 128,813 | 13,507 |
| Pathology | 8 | 1,066,000 | 92,834 | - |
| Psychiatry | 7 | 35,000 | 157,718 | 9,338 |
| Chiropractic | 7 | 625,000 | 42,241 | 75 |
| Neurology | 6 | 400,000 | 539,815 | 134,150 |
| Gastroenterology | 5 | 106,250 | 56,272 | 1,465 |
| Other/Unknown | 55 | 5,223,250 | 1,779,880 | 315,863 |
| Total | 447 | \$ 23,452,813 | \$ 11,453,347 | \$ 1,388,760 |



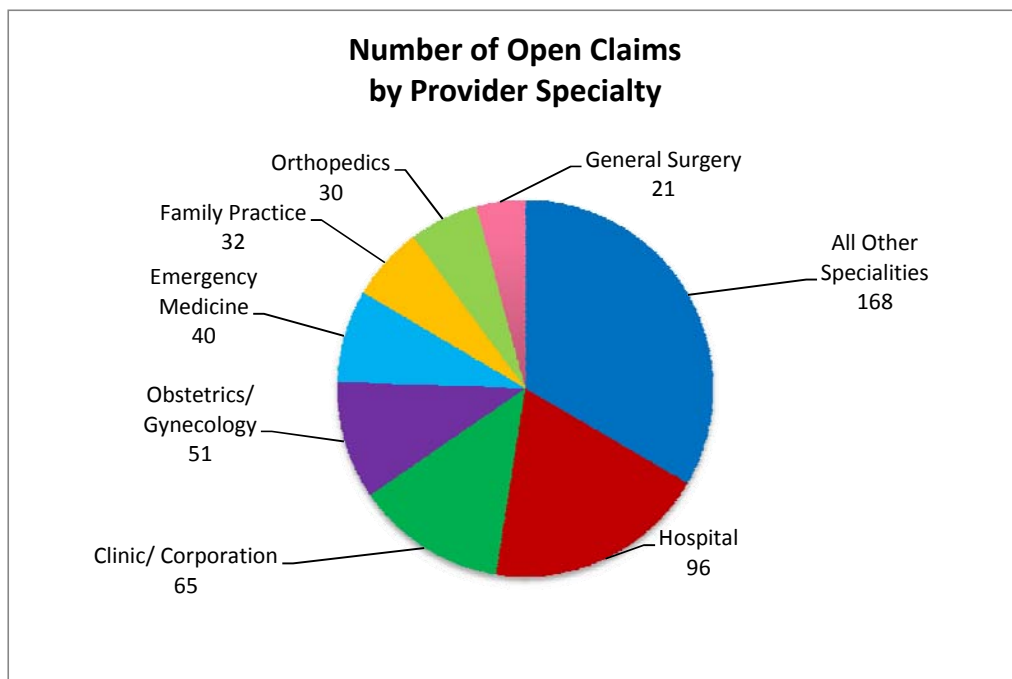
**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Average Benefits and Expenses
 Calendar Year 2008 - By Specialty**

| Provider Specialty | Number of Claims | Average Benefits Paid | Average Allocated Loss Adjustment Expenses Paid | Average Additional Payments Within 6 Months After Disposition |
|-----------------------|------------------|-----------------------|---|---|
| Hospital | 91 | \$ 51,907 | \$ 17,267 | \$ 2,028 |
| Clinic/Corporation | 46 | 7,211 | 17,531 | 5,074 |
| Family Practice | 36 | 75,161 | 40,035 | 554 |
| Obstetrics/Gynecology | 31 | 53,065 | 41,499 | 3,614 |
| Emergency Medicine | 29 | 26,868 | 32,411 | 6,523 |
| Dentistry | 22 | 37,455 | 15,051 | 38 |
| Orthopedics | 18 | 52,056 | 21,010 | 7,962 |
| General Surgery | 18 | 72,222 | 18,883 | 516 |
| Radiology | 16 | 45,287 | 19,003 | 9 |
| Anesthesiology | 14 | 357 | 12,962 | 44 |
| Cardiology | 12 | 8,333 | 30,428 | 1,756 |
| Podiatry | 9 | 114,722 | 52,584 | - |
| Healthcare Facility | 9 | 98,778 | 26,370 | - |
| Plastic Surgery | 8 | - | 16,102 | 1,688 |
| Pathology | 8 | 133,250 | 11,604 | - |
| Psychiatry | 7 | 5,000 | 22,531 | 1,334 |
| Chiropractic | 7 | 89,286 | 6,034 | 11 |
| Neurology | 6 | 66,667 | 89,969 | 22,358 |
| Gastroenterology | 5 | 21,250 | 11,254 | 293 |
| Other/Unknown | 55 | 94,968 | 32,361 | 5,743 |
| Total | 447 | \$ 52,467 | \$ 25,623 | \$ 3,107 |



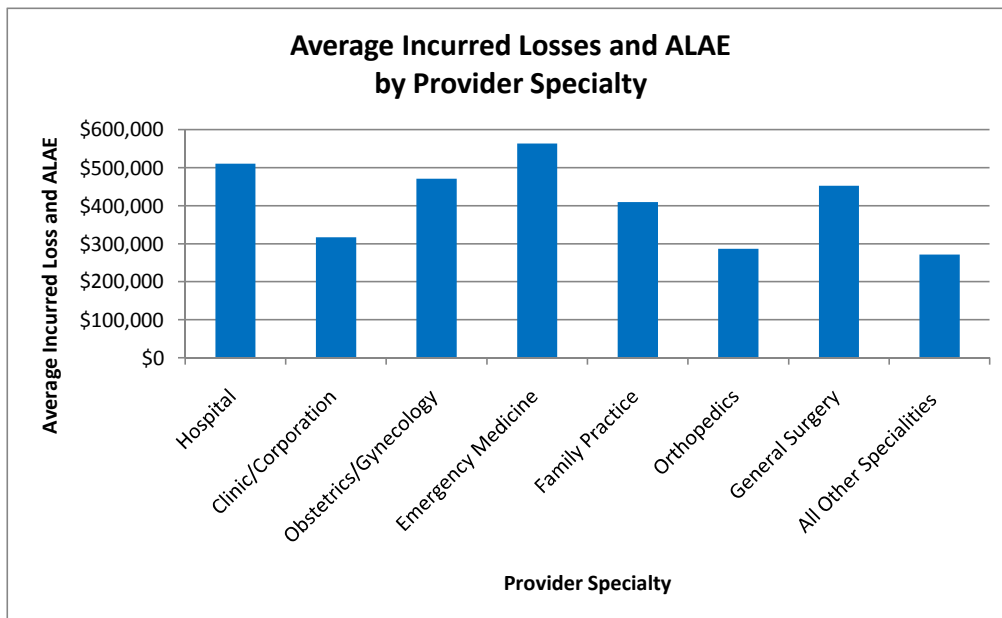
**Iowa Insurance Division
 Medical Malpractice Open Claim Report
 Total Benefits and Expenses
 Calendar Year 2008 - By Specialty**

| Provider Specialty | Number of Claims | Total Benefits Paid | Total Allocated Loss Adjustment Expenses Paid | Reserve for Incurred and Reported but not Disposed |
|---------------------------|-------------------------|----------------------------|--|---|
| Hospital | 96 | \$ 7,298 | \$ 3,394,087 | \$ 45,659,312 |
| Clinic/Corporation | 65 | - | 2,425,775 | 18,153,526 |
| Obstetrics/Gynecology | 51 | - | 2,388,364 | 21,623,254 |
| Emergency Medicine | 40 | 2,025,000 | 4,293,473 | 16,218,658 |
| Family Practice | 32 | - | 1,309,239 | 11,794,720 |
| Orthopedics | 30 | - | 1,305,898 | 7,293,707 |
| General Surgery | 21 | 2,000,000 | 1,093,123 | 6,405,777 |
| Dentistry | 19 | - | 114,782 | 793,439 |
| Cardiology | 18 | - | 1,242,986 | 5,889,966 |
| Internal Medicine | 13 | - | 1,089,251 | 5,723,369 |
| Anesthesiology | 13 | - | 264,765 | 1,364,761 |
| Radiology | 11 | - | 210,166 | 2,412,500 |
| Plastic Surgery | 11 | - | 92,728 | 1,320,000 |
| Pediatrics | 11 | - | 702,014 | 4,694,953 |
| Chiropractic | 9 | - | 171,819 | 900,001 |
| Healthcare Facility | 8 | 251,000 | 54,369 | 890,672 |
| Podiatry | 6 | - | 227,230 | 832,256 |
| Neurology | 6 | - | 100,032 | 1,084,694 |
| Other/Unknown | 43 | 265,000 | 1,535,705 | 13,456,384 |
| Total | 503 | \$ 4,548,298 | \$ 22,015,807 | \$ 166,511,950 |



**Iowa Insurance Division
 Medical Malpractice Open Claim Report
 Average Benefits and Expenses
 Calendar Year 2008 - By Specialty**

| Provider Specialty | Number of Claims | Average Benefits Paid | Average Allocated Loss Adjustment Expenses Paid | Average Reserve for Incurred and Reported but not Disposed |
|-----------------------|------------------|-----------------------|---|--|
| Hospital | 96 | \$ 76 | \$ 35,355 | \$ 475,618 |
| Clinic/Corporation | 65 | - | 37,320 | 279,285 |
| Obstetrics/Gynecology | 51 | - | 46,831 | 423,985 |
| Emergency Medicine | 40 | 50,625 | 107,337 | 405,466 |
| Family Practice | 32 | - | 40,914 | 368,585 |
| Orthopedics | 30 | - | 43,530 | 243,124 |
| General Surgery | 21 | 95,238 | 52,053 | 305,037 |
| Dentistry | 19 | - | 6,041 | 41,760 |
| Cardiology | 18 | - | 69,055 | 327,220 |
| Internal Medicine | 13 | - | 83,789 | 440,259 |
| Anesthesiology | 13 | - | 20,367 | 104,982 |
| Radiology | 11 | - | 19,106 | 219,318 |
| Plastic Surgery | 11 | - | 8,430 | 120,000 |
| Pediatrics | 11 | - | 63,819 | 426,814 |
| Chiropractic | 9 | - | 19,091 | 100,000 |
| Healthcare Facility | 8 | 31,375 | 6,796 | 111,334 |
| Podiatry | 6 | - | 37,872 | 138,709 |
| Neurology | 6 | - | 16,672 | 180,782 |
| Other/Unknown | 43 | 6,163 | 35,714 | 312,939 |
| Total | 503 | \$ 9,042 | \$ 43,769 | \$ 331,038 |



Aggregate Claim Reports by Nature of Claim

Companies were asked to classify each claim reported by a number of alleged cause of loss descriptions. Most companies used the provided descriptions to categorize the claims. For those claims that were not assigned to one of the listed cause of loss descriptions, one was assigned if it reasonably fit the description provided by the company. Otherwise the claim was listed in the Other/Unknown category.

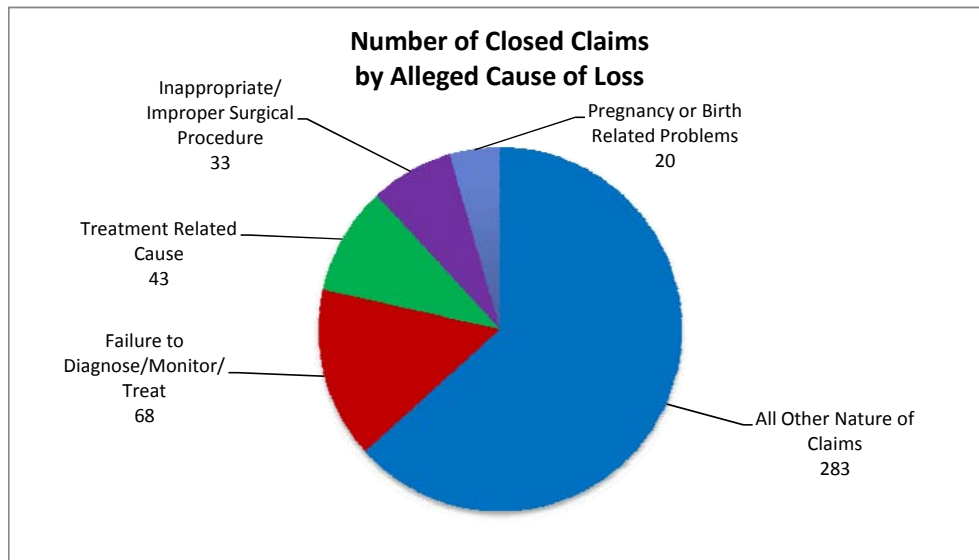
All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

For closed claims, Failure to Diagnose/Monitor/Treat and Treatment Related Cause produced the most claims, with the costliest claims on average being for Pregnancy or Birth Related Problems claims.

Most open claims were also from Failure to Diagnose/Monitor/Treat and Treatment Related Cause. The claims with the highest average incurred losses were from the Pregnancy or Birth Related Problems and the Wrong Diagnosis categories.

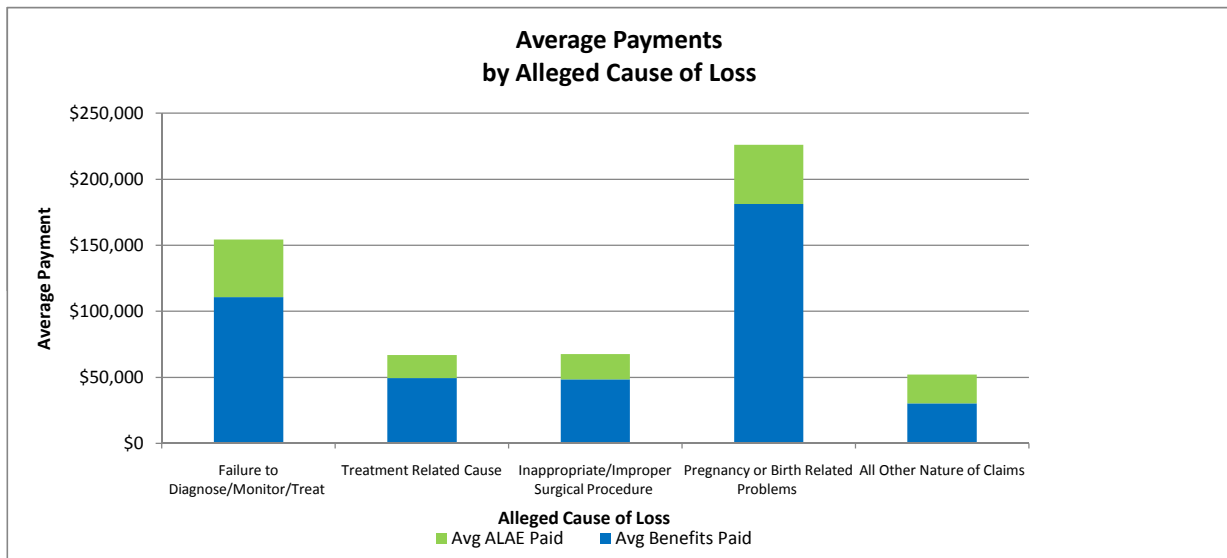
**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Total Benefits and Expenses
 Calendar Year 2008 - By Nature of Claim**

| Alleged Cause of Loss | Number of Claims | Total Benefits Paid | Total Allocated Loss Adjustment Expenses Paid | Additional Payments Within 6 Months After Disposition |
|---|------------------|----------------------|---|---|
| Failure to Diagnose/Monitor/Treat | 68 | \$ 7,525,480 | \$ 2,975,524 | \$ 232,183 |
| Treatment Related Cause | 43 | 2,129,096 | 748,918 | 14,208 |
| Inappropriate/Improper Surgical Procedure | 33 | 1,598,250 | 631,546 | 30,432 |
| Pregnancy or Birth Related Problems | 20 | 3,623,200 | 900,653 | - |
| Wrong Diagnosis | 17 | 243,000 | 481,464 | 233,653 |
| Delay in Diagnosis | 17 | 1,560,000 | 439,639 | 365 |
| Fracture/Fall | 12 | 130,885 | 221,740 | - |
| Lack of Supervision or Control | 7 | 608,750 | 34,130 | - |
| Misdiagnosis | 6 | 12,000 | 38,459 | - |
| Incorrect Medication | 5 | - | 77,078 | 12,867 |
| Other/Unknown | 219 | 6,022,153 | 4,904,195 | 865,051 |
| Total | 447 | \$ 23,452,813 | \$ 11,453,347 | \$ 1,388,760 |



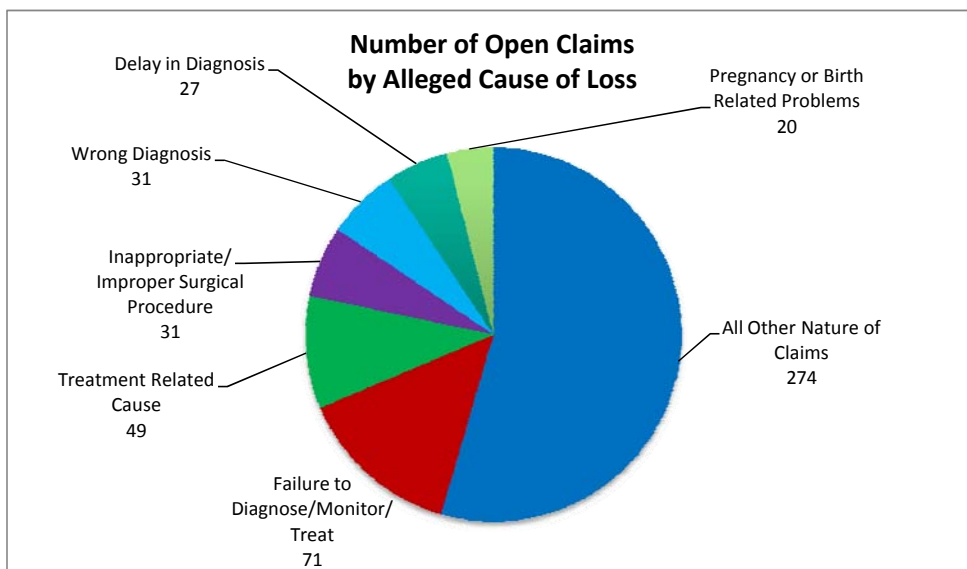
**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Average Benefits and Expenses
 Calendar Year 2008 - By Nature of Claim**

| Alleged Cause of Loss | Number of Claims | Average Benefits Paid | Average Allocated Loss Adjustment Expenses Paid | Average Additional Payments Within 6 Months After Disposition |
|---|------------------|-----------------------|---|---|
| Failure to Diagnose/Monitor/Treat | 68 | \$ 110,669 | \$ 43,758 | \$ 3,414 |
| Treatment Related Cause | 43 | 49,514 | 17,417 | 330 |
| Inappropriate/Improper Surgical Procedure | 33 | 48,432 | 19,138 | 922 |
| Pregnancy or Birth Related Problems | 20 | 181,160 | 45,033 | - |
| Wrong Diagnosis | 17 | 14,294 | 28,321 | 13,744 |
| Delay in Diagnosis | 17 | 91,765 | 25,861 | 21 |
| Fracture/Fall | 12 | 10,907 | 18,478 | - |
| Lack of Supervision or Control | 7 | 86,964 | 4,876 | - |
| Misdiagnosis | 6 | 2,000 | 6,410 | - |
| Incorrect Medication | 5 | - | 15,416 | 2,573 |
| Other/Unknown | 219 | 27,498 | 22,394 | 3,950 |
| Total | 447 | \$ 52,467 | \$ 25,623 | \$ 3,107 |



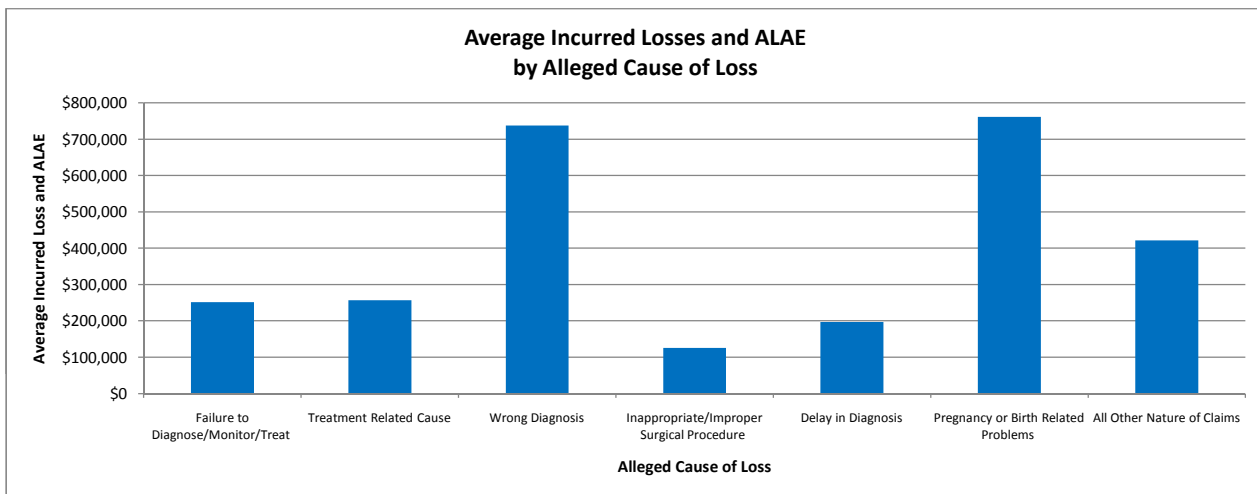
**Iowa Insurance Division
 Medical Malpractice Open Claim Report
 Total Benefits and Expenses
 Calendar Year 2008 - By Nature of Claim**

| Alleged Cause of Loss | Number of Claims | Total Benefits Paid | Total Allocated Loss Adjustment Expenses Paid | Reserve for Incurred and Reported but not Disposed |
|---|------------------|---------------------|---|--|
| Failure to Diagnose/Monitor/Treat | 71 | \$ 2,275,000 | \$ 1,922,184 | \$ 13,667,284 |
| Treatment Related Cause | 49 | - | 1,432,225 | 11,144,125 |
| Wrong Diagnosis | 31 | - | 3,137,023 | 19,724,590 |
| Inappropriate/Improper Surgical Procedure | 31 | - | 345,071 | 3,539,756 |
| Delay in Diagnosis | 27 | - | 489,744 | 4,817,811 |
| Pregnancy or Birth Related Problems | 20 | - | 1,359,055 | 13,875,000 |
| Incorrect Medication | 19 | 85,000 | 234,217 | 2,303,159 |
| Fracture/Fall | 15 | 3,143 | 144,658 | 1,000,671 |
| Lack of Supervision or Control | 8 | - | 267,113 | 1,072,737 |
| Instrument/Sponge Left after Surgery | 7 | - | 159,832 | 533,680 |
| Diseases/Medical Condition | 5 | - | 310,366 | 750,000 |
| Other/Unknown | 220 | 2,185,155 | 12,214,317 | 94,083,137 |
| Total | 503 | \$ 4,548,298 | \$ 22,015,807 | \$ 166,511,950 |



**Iowa Insurance Division
 Medical Malpractice Open Claim Report
 Average Benefits and Expenses
 Calendar Year 2008 - By Nature of Claim**

| Alleged Cause of Loss | Number of Claims | Average Benefits Paid | Average Allocated Loss Adjustment Expenses Paid | Average Reserve for Incurred and Reported but not Disposed |
|---|------------------|-----------------------|---|--|
| Failure to Diagnose/Monitor/Treat | 71 | \$ 32,042 | \$ 27,073 | \$ 192,497 |
| Treatment Related Cause | 49 | - | 29,229 | 227,431 |
| Wrong Diagnosis | 31 | - | 101,194 | 636,277 |
| Inappropriate/Improper Surgical Procedure | 31 | - | 11,131 | 114,186 |
| Delay in Diagnosis | 27 | - | 18,139 | 178,437 |
| Pregnancy or Birth Related Problems | 20 | - | 67,953 | 693,750 |
| Incorrect Medication | 19 | 4,474 | 12,327 | 121,219 |
| Fracture/Fall | 15 | 210 | 9,644 | 66,711 |
| Lack of Supervision or Control | 8 | - | 33,389 | 134,092 |
| Instrument/Sponge Left after Surgery | 7 | - | 22,833 | 76,240 |
| Diseases/Medical Condition | 5 | - | 62,073 | 150,000 |
| Other/Unknown | 220 | 9,933 | 55,520 | 427,651 |
| Total | 503 | \$ 9,042 | \$ 43,769 | \$ 331,038 |



Aggregate Claim Reports by Substance of Claim

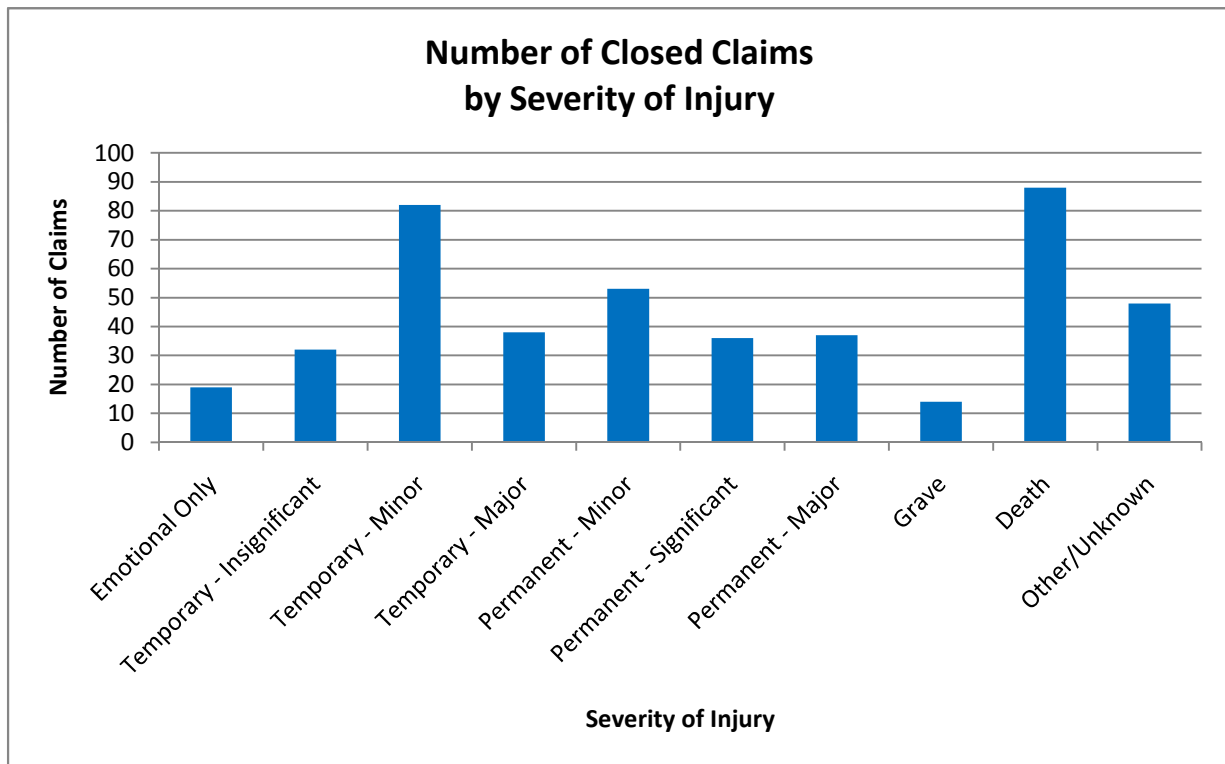
Companies were asked to classify each claim by the following severity of injury types.

- Emotional Only (e.g. fright, no physical damage)
- Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)
- Temporary - Minor (e.g. infections, misset fracture, fall in hospital; recovery delayed)
- Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed)
- Permanent - Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries)
- Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung)
- Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage)
- Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis)
- Death

Most claims for closed were Temporary - Minor and Death claims. Most claims for open were Permanent - Major and Death claims. On average the costliest claims, paid or reserved, were those considered Grave. Average paid losses and expenses for closed claims by category ranged from less than \$12,000 to more than \$315,000. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$80,000 to more than \$2,400,000.

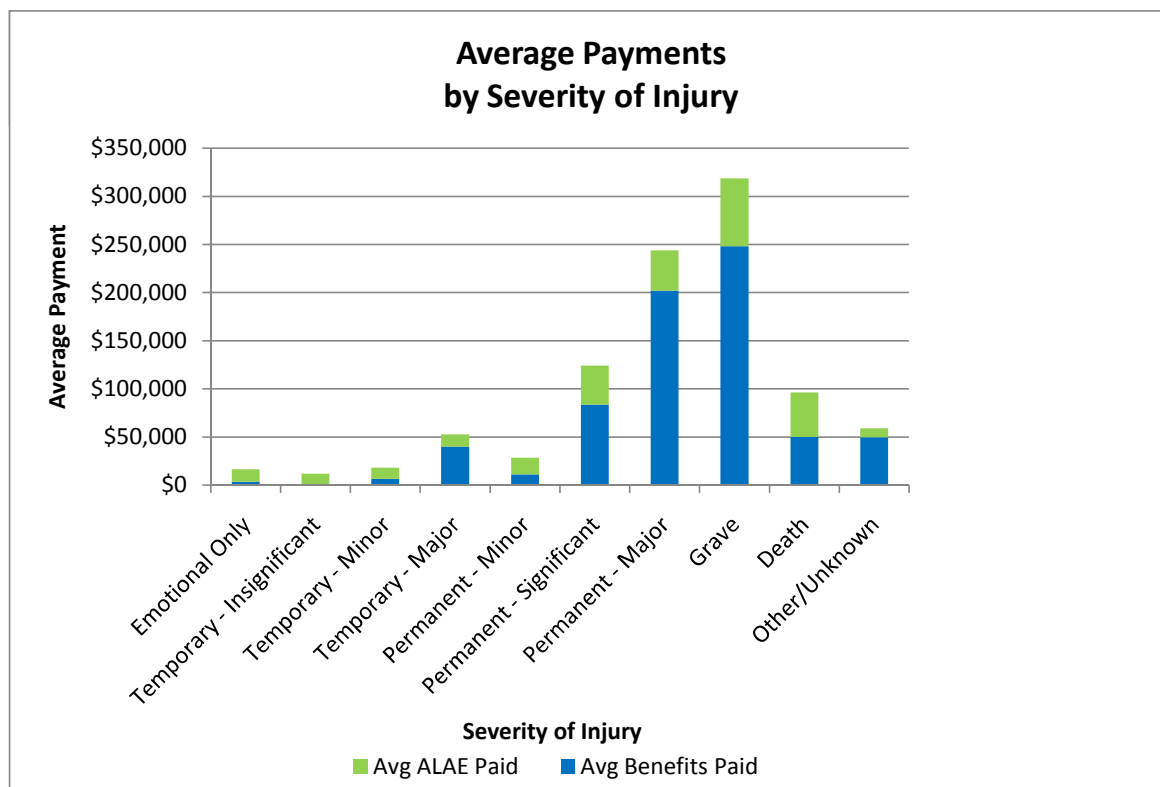
**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Total Benefits and Expenses
 Calendar Year 2008 - By Substance of Claim**

| Severity | Number of Claims | Total Benefits Paid | Total Allocated Loss Adjustment Expenses Paid | Additional Payments Within 6 Months After Disposition |
|---------------------------|---------------------|------------------------|---|--|
| Emotional Only | 19 | \$ 66,000 | \$ 243,968 | \$ 37,578 |
| Temporary - Insignificant | 32 | 12,957 | 359,180 | 62,541 |
| Temporary - Minor | 82 | 516,365 | 962,801 | 168,292 |
| Temporary - Major | 38 | 1,518,000 | 485,274 | 259,043 |
| Permanent - Minor | 53 | 592,000 | 915,439 | 35,564 |
| Permanent - Significant | 36 | 3,007,500 | 1,465,107 | 65,448 |
| Permanent - Major | 37 | 7,470,000 | 1,546,777 | 212,438 |
| Grave | 14 | 3,475,000 | 987,668 | (3,353) |
| Death | 88 | 4,403,000 | 4,052,181 | 463,416 |
| Other/Unknown | 48 | 2,391,992 | 434,952 | 87,794 |
| Total | 447 | \$ 23,452,813 | \$ 11,453,347 | \$ 1,388,760 |



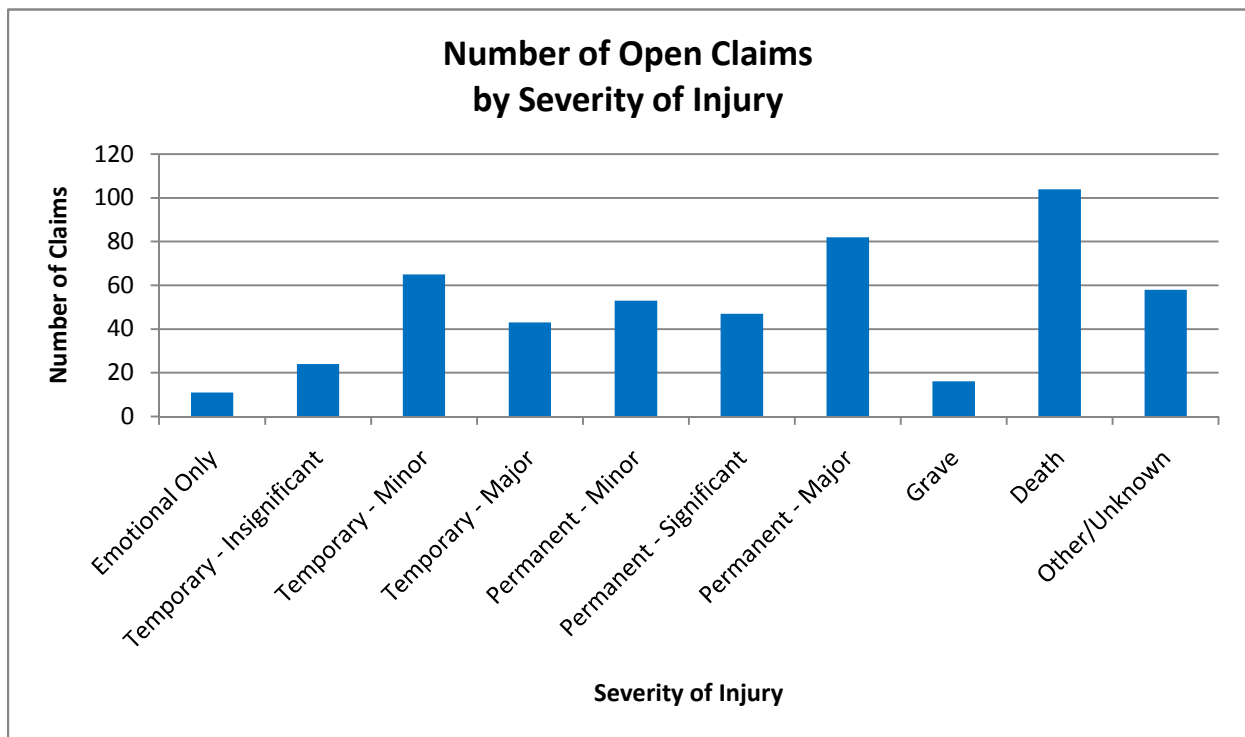
**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Average Benefits and Expenses
 Calendar Year 2008 - By Substance of Claim**

| Severity | Number of Claims | Average Benefits Paid | Average Allocated Loss Adjustment Expenses Paid | Average Additional Payments Within 6 Months After Disposition |
|---------------------------|------------------|-----------------------|---|---|
| Emotional Only | 19 | \$ 3,474 | \$ 12,840 | \$ 1,978 |
| Temporary - Insignificant | 32 | 405 | 11,224 | 1,954 |
| Temporary - Minor | 82 | 6,297 | 11,741 | 2,052 |
| Temporary - Major | 38 | 39,947 | 12,770 | 6,817 |
| Permanent - Minor | 53 | 11,170 | 17,272 | 671 |
| Permanent - Significant | 36 | 83,542 | 40,697 | 1,818 |
| Permanent - Major | 37 | 201,892 | 41,805 | 5,742 |
| Grave | 14 | 248,214 | 70,548 | (240) |
| Death | 88 | 50,034 | 46,048 | 5,266 |
| Other/Unknown | 48 | 49,833 | 9,061 | 1,829 |
| Total | 447 | \$ 52,467 | \$ 25,623 | \$ 3,107 |



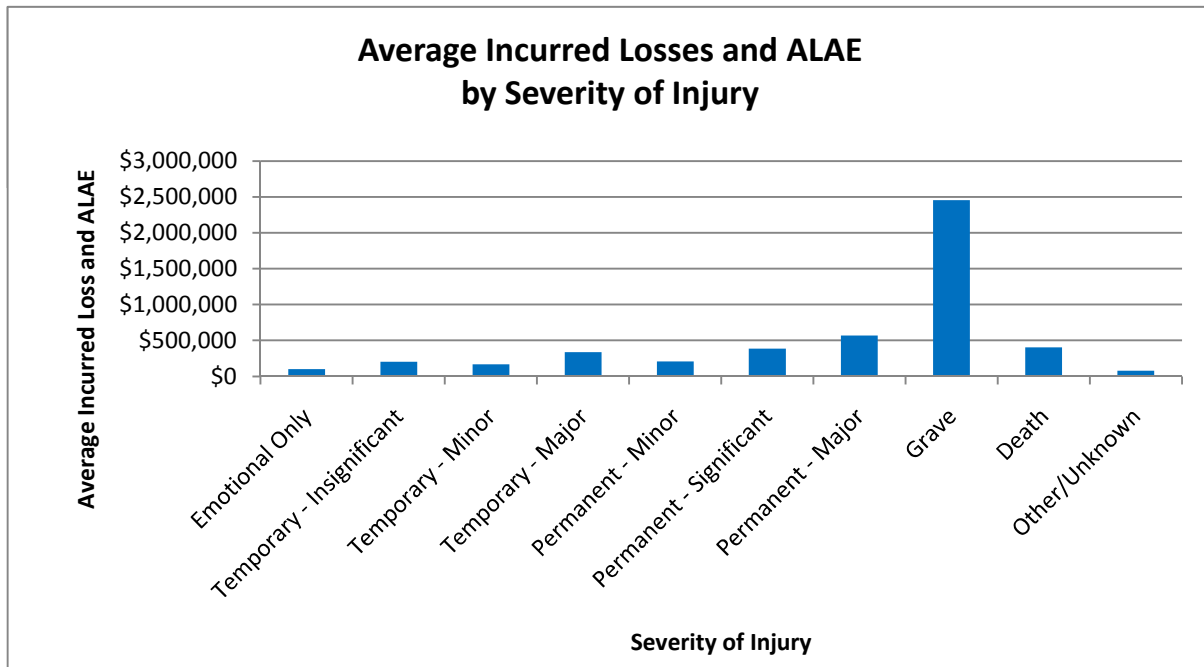
**Iowa Insurance Division
 Medical Malpractice Open Claim Report
 Total Benefits and Expenses
 Calendar Year 2008 - By Substance of Claim**

| Severity | Number of Claims | Total Benefits Paid | Total Allocated Loss Adjustment Expenses Paid | Reserve for Incurred and Reported but not Disposed |
|---------------------------|------------------|---------------------|---|--|
| Emotional Only | 11 | \$ - | \$ 253,204 | \$ 873,640 |
| Temporary - Insignificant | 24 | 85,000 | 1,084,308 | 3,740,159 |
| Temporary - Minor | 65 | 3,143 | 2,066,094 | 8,735,991 |
| Temporary - Major | 43 | - | 1,800,598 | 12,658,423 |
| Permanent - Minor | 53 | - | 1,839,145 | 9,095,730 |
| Permanent - Significant | 47 | 2,000,000 | 1,695,892 | 14,345,002 |
| Permanent - Major | 82 | - | 5,282,609 | 41,387,512 |
| Grave | 16 | - | 1,173,472 | 38,125,560 |
| Death | 104 | 2,455,000 | 6,475,167 | 33,254,332 |
| Other/Unknown | 58 | 5,155 | 345,318 | 4,295,600 |
| Total | 503 | \$ 4,548,298 | \$ 22,015,807 | \$ 166,511,950 |



**Medical Malpractice Open Claim Report
Average Benefits and Expenses
Calendar Year 2008 - By Substance of Claim**

| Severity | Number of Claims | Average Benefits Paid | Average Allocated Loss Adjustment Expenses Paid | Average Reserve for Incurred and Reported but not Disposed |
|---------------------------|------------------|-----------------------|---|--|
| Emotional Only | 11 | \$ - | \$ 23,019 | \$ 79,422 |
| Temporary - Insignificant | 24 | 3,542 | 45,180 | 155,840 |
| Temporary - Minor | 65 | 48 | 31,786 | 134,400 |
| Temporary - Major | 43 | - | 41,874 | 294,382 |
| Permanent - Minor | 53 | - | 34,701 | 171,618 |
| Permanent - Significant | 47 | 42,553 | 36,083 | 305,213 |
| Permanent - Major | 82 | - | 64,422 | 504,726 |
| Grave | 16 | - | 73,342 | 2,382,847 |
| Death | 104 | 23,606 | 62,261 | 319,753 |
| Other/Unknown | 58 | 89 | 5,954 | 74,062 |
| Total | 503 | \$ 9,042 | \$ 43,769 | \$ 331,038 |



Closed and Open Claim Reports by Company

The following summaries provide data by company for closed and open claims.

As described earlier in the report, in cases where a company did not use the categories provided in the data call to identify claims, if a category could be reasonably assigned, that was done. Otherwise, the claim was listed in the Other/Unknown category. Midwest Medical Insurance Company provided additional specialties that were included within this section, but not in the Aggregate Claim Reports by Specialty of Provider section. Any categories with less than five claims were combined and reported in total for the company.

Companies with fewer than five claims in total were reported as a group. Below are the grouped companies for the closed claim exhibits and for the open claim exhibits.

Companies Grouped for Closed Claim Report

ACE American Insurance Company
AMCO Insurance Company
Church Mutual Insurance Company
Cincinnati Insurance Company, The
COPIC Insurance Company
ISMIE Mutual Insurance Company
Pharmacists Mutual Insurance Company
Preferred Professional Insurance Company

Companies Grouped for Open Claim Report

Cincinnati Insurance Company, The
COPIC Insurance Company
Fireman's Fund Insurance Company
ISMIE Mutual Insurance Company
Pharmacists Mutual Insurance Company
Preferred Professional Insurance Company

**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Total Benefits and Expenses by Company
 Calendar Year 2008 - By Specialty**

| Company | Provider Specialty | Number of Claims | Total Benefits Paid | Total Allocated LAE + Attorney + All Other ALAE Paid | Additional Payments Within 6 Months After Disposition |
|--|---------------------------|-------------------------|----------------------------|---|--|
| C N A Insurance Companies | | | | | |
| | Psychiatry | 5 | \$ - | \$ 41,655 | \$ - |
| | Dentistry | 11 | 754,500 | 186,419 | 840 |
| | All/Unknown | 9 | 45,250 | 12,615 | 75 |
| Doctors Company, The | | | | | |
| | All/Unknown | 5 | - | 111,849 | 9,971 |
| Medical Protective Company, The | | | | | |
| | Dentistry | 9 | 55,513 | 136,016 | - |
| | All/Unknown | 6 | 40,000 | 150,356 | - |
| MHA Insurance Company | | | | | |
| | Emergency Medicine | 5 | - | 28,644 | - |
| | Hospital | 9 | 3,003 | 7,535 | - |
| | All/Unknown | 8 | 96 | 33,380 | - |
| Midwest Medical Insurance Company | | | | | |
| | Anesthesiology | 9 | 5,000 | 173,874 | - |
| | Family Practice | 27 | 2,705,800 | 1,067,850 | - |
| | General Surgery | 10 | 865,000 | 285,030 | - |
| | Obstetrics/Gynecology | 25 | 1,645,000 | 1,077,637 | - |
| | Orthopedics | 6 | 327,000 | 44,092 | - |
| | Pathology | 6 | 1,066,000 | 92,834 | - |
| | Radiology | 12 | 724,500 | 269,176 | - |
| | Hospital | 31 | 2,771,750 | 853,130 | - |
| | Clinic/Corporation | 20 | 331,700 | 159,019 | - |
| | Ear, Nose & Throat | 7 | 95,000 | 201,286 | - |
| | Urology | 5 | 135,000 | 113,822 | - |
| | All/Unknown | 27 | 3,832,750 | 1,042,178 | - |
| National Union Fire Insurance Company of Pittsburg, PA | | | | | |
| | All/Unknown | 5 | - | 4,836 | - |
| NCMIC Insurance Company | | | | | |
| | Chiropractic | 6 | 625,000 | 40,783 | - |
| Physicians Insurance Company of Wisconsin, Inc. | | | | | |
| | Cardiology | 7 | - | 162,463 | 21,031 |
| | Emergency Medicine | 15 | 741,667 | 642,773 | 189,156 |
| | General Surgery | 7 | 435,000 | 54,869 | 9,293 |
| | Orthopedics | 10 | 350,000 | 301,040 | 144,462 |
| | Hospital | 49 | 1,948,785 | 688,903 | 183,660 |
| | Clinic/Corporation | 24 | - | 609,398 | 233,408 |
| | All/Unknown | 37 | 1,778,000 | 1,592,358 | 595,574 |
| Podiatry Insurance Company of America, A Mutual Company | | | | | |
| | Podiatry | 9 | 1,032,500 | 473,260 | - |
| ProNational Insurance Company | | | | | |
| | All/Unknown | 5 | 260,000 | 35,432 | 1,291 |
| Group Companies | | | | | |
| | Healthcare Facility | 7 | 840,000 | 83,036 | - |
| | All/Unknown | 14 | 39,000 | 675,801 | - |
| Total | | 447 | \$ 23,452,813 | \$ 11,453,347 | \$ 1,388,760 |

**Iowa Insurance Division
Medical Malpractice Open Claim Report
Total Benefits and Expenses by Company
Calendar Year 2008 - By Specialty**

| Company | Provider Specialty | Number of Claims | Total Benefits Paid | Total Allocated LAE Paid | Reserve for Incurred and Reported but not Disposed |
|--|-----------------------|------------------|---------------------|--------------------------|--|
| ACE American Insurance Company | | | | | |
| | All/Unknown | 10 | - | 132,672 | 152,750 |
| AMCO Insurance Company | | | | | |
| | Healthcare Facility | 5 | 251,000 | 20,040 | 475,001 |
| C N A Insurance Companies | | | | | |
| | Dentistry | 8 | - | 45,448 | 630,002 |
| | All/Unknown | 8 | - | 69,618 | 827,854 |
| Doctors Company, The | | | | | |
| | All/Unknown | 11 | - | 129,306 | 965,000 |
| Medical Protective Company, The | | | | | |
| | Dentistry | 6 | - | 19,269 | 20,000 |
| | Clinic/Corporation | 6 | - | 54,661 | 408,000 |
| | All/Unknown | 10 | - | 143,685 | 1,199,000 |
| MHA Insurance Company | | | | | |
| | Hospital | 5 | 2,143 | 9,713 | 35,000 |
| | All/Unknown | 7 | - | 67,204 | 2,265,000 |
| Midwest Medical Insurance Company | | | | | |
| | Cardiology | 10 | - | 420,451 | 590,000 |
| | Family Practice | 15 | - | 247,056 | 850,000 |
| | General Surgery | 9 | - | 68,491 | 955,000 |
| | Internal Medicine | 5 | - | 47,716 | 725,000 |
| | Obstetrics/Gynecology | 34 | - | 1,345,745 | 11,637,500 |
| | Orthopedics | 13 | - | 204,811 | 1,360,000 |
| | Pediatrics | 9 | - | 286,968 | 1,090,000 |
| | Radiology | 11 | - | 210,166 | 2,412,500 |
| | Hospital | 26 | - | 899,297 | 4,007,500 |
| | Clinic/Corporation | 21 | - | 120,826 | 3,865,000 |
| | All/Unknown | 32 | - | 555,086 | 5,650,000 |
| National Union Fire Insurance Company of Pittsburg, PA | | | | | |
| | All/Unknown | 12 | - | 62,470 | 290,000 |
| NCMIC Insurance Company | | | | | |
| | Chiropractic | 7 | - | 161,510 | 450,000 |
| Physicians Insurance Company of Wisconsin, Inc. | | | | | |
| | Cardiology | 8 | - | 822,534 | 5,299,966 |
| | Emergency Medicine | 23 | 2,025,000 | 4,200,417 | 14,681,658 |
| | Family Practice | 11 | - | 962,943 | 10,420,967 |
| | General Surgery | 12 | 2,000,000 | 1,024,632 | 5,450,777 |
| | Internal Medicine | 6 | - | 1,013,031 | 3,996,369 |
| | Obstetrics/Gynecology | 12 | - | 879,645 | 7,435,215 |
| | Orthopedics | 6 | - | 953,200 | 5,376,672 |
| | Hospital | 60 | 5,155 | 2,385,318 | 41,269,071 |
| | Clinic/Corporation | 35 | - | 2,218,524 | 13,655,943 |
| | All/Unknown | 21 | - | 1,662,295 | 13,476,855 |
| Podiatry Insurance Company of America, A Mutual Company | | | | | |
| | Podiatry | 5 | - | 143,776 | 657,256 |
| ProNational Insurance Company | | | | | |
| | Hospital | 5 | - | 99,759 | 347,741 |
| | All/Unknown | 10 | - | 182,684 | 2,978,816 |
| Group Companies | | | | | |
| | All/Unknown | 9 | 265,000 | 144,839 | 604,536 |
| Total | | 503 | \$ 4,548,298 | \$ 22,015,807 | \$ 166,511,950 |

**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Total Benefits and Expenses by Company
 Calendar Year 2008 - By Nature of Claim**

| Company | Alleged Cause of Loss | Number of Claims | Total Benefits Paid | Total Allocated LAE + Attorney + All Other ALAE Paid | Additional Payments Within 6 Months After Disposition |
|--|---|-------------------------|----------------------------|---|--|
| C N A Insurance Companies | | | | | |
| | Treatment Related Cause | 6 | \$ 761,500 | \$ 102,631 | \$ 915 |
| | All/Unknown | 19 | 38,250 | 138,058 | - |
| Doctors Company, The | | | | | |
| | Treatment Related Cause | 5 | - | 111,849 | 9,971 |
| Medical Protective Company, The | | | | | |
| | Treatment Related Cause | 8 | 52,500 | 139,656 | - |
| | All/Unknown | 7 | 43,013 | 146,716 | - |
| MHA Insurance Company | | | | | |
| | Fracture/Fall | 5 | 885 | - | - |
| | All/Unknown | 17 | 2,213 | 69,558 | - |
| Midwest Medical Insurance Company | | | | | |
| | Failure to Diagnose/Monitor/Treat | 34 | 4,605,800 | 1,171,724 | - |
| | Delay in Diagnosis | 15 | 1,560,000 | 420,531 | - |
| | Inappropriate/Improper Surgical Procedure | 16 | 1,528,750 | 465,956 | - |
| | Treatment Related Cause | 12 | 575,000 | 313,235 | - |
| | Pregnancy or Birth Related Problems | 20 | 3,623,200 | 900,653 | - |
| | Fracture/Fall | 5 | 115,000 | 185,625 | - |
| | All/Unknown | 83 | 2,496,750 | 1,922,205 | - |
| National Union Fire Insurance Company of Pittsburg, PA | | | | | |
| | All/Unknown | 5 | - | 4,836 | - |
| NCMIC Insurance Company | | | | | |
| | Treatment Related Cause | 6 | 625,000 | 40,783 | - |
| Physicians Insurance Company of Wisconsin, Inc. | | | | | |
| | Failure to Diagnose/Monitor/Treat | 7 | 1,766,667 | 598,051 | 232,183 |
| | Wrong Diagnosis | 16 | 243,000 | 481,464 | 233,653 |
| | All/Unknown | 126 | 3,243,785 | 2,972,288 | 910,747 |
| Podiatry Insurance Company of America, A Mutual Company | | | | | |
| | All/Unknown | 9 | 1,032,500 | 473,260 | - |
| ProNational Insurance Company | | | | | |
| | All/Unknown | 5 | 260,000 | 35,432 | 1,291 |
| Grouped Companies | | | | | |
| | Failure to Diagnose/Monitor/Treat | 11 | 150,000 | 640,877 | - |
| | All/Unknown | 10 | 729,000 | 117,961 | - |
| Total | | 447 | \$ 23,452,813 | \$ 11,453,347 | \$ 1,388,760 |

**Iowa Insurance Division
 Medical Malpractice Open Claim Report
 Total Benefits and Expenses by Company
 Calendar Year 2008 - By Nature of Claim**

| Company | Alleged Cause of Loss | Number of Claims | Total Benefits Paid | Total Allocated LAE Paid | Reserve for Incurred and Reported but not Disposed |
|--|---|-------------------------|----------------------------|---------------------------------|---|
| ACE American Insurance Company | All/Unknown | 10 | \$ - | \$ 132,672 | \$ 152,750 |
| AMCO Insurance Company | All/Unknown | 5 | 251,000 | 20,040 | 475,001 |
| C N A Insurance Companies | Treatment Related Cause | 9 | - | 47,521 | 1,057,853 |
| | All/Unknown | 7 | - | 67,545 | 400,003 |
| Doctors Company, The | All/Unknown | 11 | - | 129,306 | 965,000 |
| Medical Protective Company, The | Failure to Diagnose/Monitor/Treat | 5 | - | 75,244 | 1,229,000 |
| | Incorrect Medication | 5 | - | 39,349 | 18,000 |
| | All/Unknown | 12 | - | 103,022 | 380,000 |
| MHA Insurance Company | All/Unknown | 12 | 2,143 | 76,917 | 2,300,000 |
| Midwest Medical Insurance Company | Failure to Diagnose/Monitor/Treat | 34 | - | 1,087,016 | 5,802,500 |
| | Delay in Diagnosis | 15 | - | 113,243 | 2,580,000 |
| | Inappropriate/Improper Surgical Procedure | 19 | - | 207,894 | 2,875,000 |
| | Treatment Related Cause | 11 | - | 264,913 | 950,000 |
| | Pregnancy or Birth Related Problems | 18 | - | 1,330,541 | 12,825,000 |
| | Fracture/Fall | 7 | - | 135,329 | 520,000 |
| | All/Unknown | 81 | - | 1,267,677 | 7,590,000 |
| National Union Fire Insurance Company of Pittsburg, PA | All/Unknown | 12 | - | 62,470 | 290,000 |
| NCMIC Insurance Company | All/Unknown | 7 | - | 161,510 | 450,000 |
| Physicians Insurance Company of Wisconsin, Inc. | Failure to Diagnose/Monitor/Treat | 16 | 2,025,000 | 547,624 | 4,689,523 |
| | Incorrect Medication | 10 | - | 166,890 | 2,234,159 |
| | Lack of Supervision or Control | 5 | - | 251,517 | 689,984 |
| | Treatment Related Cause | 7 | - | 739,263 | 7,980,337 |
| | Wrong Diagnosis | 31 | - | 3,137,023 | 19,724,590 |
| | All/Unknown | 125 | 2,005,155 | 11,280,223 | 85,744,900 |
| Podiatry Insurance Company of America, A Mutual Company | All/Unknown | 5 | - | 143,776 | 657,256 |
| ProNational Insurance Company | All/Unknown | 15 | - | 282,443 | 3,326,557 |
| Group Companies | All/Unknown | 9 | 265,000 | 144,839 | 604,536 |
| Total | | 503 | \$ 4,548,298 | \$ 22,015,807 | \$ 166,511,950 |

**Iowa Insurance Division
Medical Malpractice Closed Claim Report
Total Benefits and Expenses by Company
Calendar Year 2008 - By Substance of Claim**

| Company | Severity | Number of Claims | Total Benefits Paid | Total Allocated LAE + Attorney + All Other ALAE Paid | Additional Payments Within 6 Months After Disposition |
|--|---------------------------|-------------------------|----------------------------|---|--|
| C N A Insurance Companies | | | | | |
| | Temporary - Minor | 10 | \$ 70,250 | \$ 112,099 | \$ 75 |
| | All/Unknown | 15 | 729,500 | 128,590 | 840 |
| Doctors Company, The | | | | | |
| | All/Unknown | 5 | - | 111,849 | 9,971 |
| Medical Protective Company, The | | | | | |
| | Temporary - Minor | 10 | 3,013 | 111,924 | - |
| | All/Unknown | 5 | 92,500 | 174,447 | - |
| MHA Insurance Company | | | | | |
| | Temporary - Insignificant | 7 | 1,957 | - | - |
| | Temporary - Minor | 6 | 1,141 | 58,282 | - |
| | All/Unknown | 9 | - | 11,276 | - |
| Midwest Medical Insurance Company | | | | | |
| | Emotional Only | 11 | 6,000 | 63,006 | - |
| | Temporary - Minor | 22 | 266,000 | 190,286 | - |
| | Temporary - Major | 8 | 225,000 | 30,500 | - |
| | Permanent - Minor | 27 | 486,000 | 607,298 | - |
| | Permanent - Significant | 22 | 2,172,500 | 834,641 | - |
| | Permanent - Major | 25 | 4,845,000 | 798,686 | - |
| | Grave | 11 | 3,475,000 | 729,336 | - |
| | Death | 49 | 2,998,000 | 1,920,640 | - |
| | All/Unknown | 10 | 31,000 | 205,537 | - |
| National Union Fire Insurance Company of Pittsburg, PA | | | | | |
| | All/Unknown | 5 | - | 4,836 | - |
| NCMIC Insurance Company | | | | | |
| | All/Unknown | 6 | 625,000 | 40,783 | - |
| Physicians Insurance Company of Wisconsin, Inc. | | | | | |
| | Temporary - Insignificant | 9 | - | 120,552 | 54,267 |
| | Temporary - Minor | 20 | 3,460 | 385,653 | 166,521 |
| | Temporary - Major | 22 | 593,000 | 389,865 | 258,203 |
| | Permanent - Minor | 16 | - | 135,068 | 35,564 |
| | Permanent - Significant | 8 | 835,000 | 287,695 | 65,448 |
| | Permanent - Major | 8 | 1,000,000 | 587,450 | 212,438 |
| | Death | 26 | 975,000 | 1,367,791 | 463,416 |
| | All/Unknown | 40 | 1,846,992 | 777,729 | 120,728 |
| Podiatry Insurance Company of America, A Mutual Company | | | | | |
| | All/Unknown | 9 | 1,032,500 | 473,260 | - |
| ProNational Insurance Company | | | | | |
| | All/Unknown | 5 | 260,000 | 35,432 | 1,291 |
| Grouped Companies | | | | | |
| | Death | 7 | 400,000 | 643,358 | - |
| | All/Unknown | 14 | 479,000 | 115,479 | - |
| Total | | 447 | \$ 23,452,813 | \$ 11,453,347 | \$ 1,388,760 |

**Iowa Insurance Division
Medical Malpractice Open Claim Report
Total Benefits and Expenses by Company
Calendar Year 2008 - By Substance of Claim**

| Company | Severity | Number of Claims | Total Benefits Paid | Total Allocated LAE Paid | Reserve for Incurred and Reported but not Disposed |
|--|---------------------------|-------------------------|----------------------------|---------------------------------|---|
| ACE American Insurance Company | All/Unknown | 10 | \$ - | \$ 132,672 | \$ 152,750 |
| AMCO Insurance Company | All/Unknown | 5 | 251,000 | 20,040 | 475,001 |
| C N A Insurance Companies | Temporary - Minor | 5 | - | 9,205 | 32,852 |
| | All/Unknown | 11 | - | 105,862 | 1,425,004 |
| Doctors Company, The | All/Unknown | 11 | - | 129,306 | 965,000 |
| Medical Protective Company, The | Temporary - Minor | 14 | - | 89,245 | 344,000 |
| | All/Unknown | 8 | - | 128,370 | 1,283,000 |
| MHA Insurance Company | All/Unknown | 12 | 2,143 | 76,917 | 2,300,000 |
| Midwest Medical Insurance Company | Emotional Only | 6 | - | 43,187 | 127,500 |
| | Temporary - Insignificant | 10 | - | 130,591 | 905,000 |
| | Temporary - Minor | 13 | - | 216,568 | 1,010,000 |
| | Temporary - Major | 7 | - | 27,126 | 590,000 |
| | Permanent - Minor | 26 | - | 456,393 | 1,347,500 |
| | Permanent - Significant | 26 | - | 483,307 | 3,907,500 |
| | Permanent - Major | 46 | - | 1,387,330 | 13,040,000 |
| | Grave | 12 | - | 542,031 | 7,395,000 |
| | Death | 39 | - | 1,120,080 | 4,820,000 |
| National Union Fire Insurance Company of Pittsburg, PA | All/Unknown | 12 | - | 62,470 | 290,000 |
| NCMIC Insurance Company | All/Unknown | 7 | - | 161,510 | 450,000 |
| Physicians Insurance Company of Wisconsin, Inc. | Temporary - Insignificant | 6 | - | 932,842 | 2,754,158 |
| | Temporary - Minor | 21 | - | 1,714,934 | 7,067,158 |
| | Temporary - Major | 15 | - | 1,518,054 | 10,537,866 |
| | Permanent - Minor | 15 | - | 1,219,197 | 7,171,294 |
| | Permanent - Significant | 9 | 2,000,000 | 897,746 | 7,427,502 |
| | Permanent - Major | 30 | - | 3,679,313 | 26,287,281 |
| | Death | 41 | 2,025,000 | 5,062,883 | 24,870,617 |
| | All/Unknown | 57 | 5,155 | 1,097,570 | 34,947,618 |
| Podiatry Insurance Company of America, A Mutual Company | All/Unknown | 5 | - | 143,776 | 657,256 |
| ProNational Insurance Company | Temporary - Major | 5 | - | 129,946 | 710,054 |
| | All/Unknown | 10 | - | 152,497 | 2,616,503 |
| Group Companies | All/Unknown | 9 | 265,000 | 144,839 | 604,536 |
| Total | | 503 | \$ 4,548,298 | \$ 22,015,807 | \$ 166,511,950 |



CHESTER J. CULVER
GOVERNOR

SUSAN E. VOSS
COMMISSIONER OF INSURANCE

PATTY JUDGE
LT. GOVERNOR

DATE: April 28, 2009
FROM: Iowa Insurance Division
TO: All Admitted Insurance Companies Writing Medical Malpractice Insurance in Iowa

ANNUAL REPORT

LINE(S) OF BUSINESS: Medical Malpractice Insurance per **Line #11** of the Annual Statement.

REPORTING COMPANIES: All companies licensed by the Iowa Insurance Division to write the line(s) of business noted above, with direct written premiums on or after January 1, 2008 through December 31, 2008.

DATA REQUESTED: Regarding **closed claims** and **open claims**.

DUE DATE: **June 1, 2009**

IID CONTACT PERSON: Brad Henderson brad.henderson@iid.iowa.gov

GENERAL INSTRUCTIONS

The following pages provide detailed directions for completing the report. The report must be submitted in the format provided. Record layout and formatting instructions will be found on subsequent pages. The report should consist of two EXCEL spreadsheets, one for closed claims and one for open claims, and the contact information sheet. The report should be submitted via e-mail to Brad Henderson at medmal@iid.iowa.gov by June 1, 2009.

MEDICAL MALPRACTICE INSURANCE CLOSED AND OPEN CLAIM REPORT REPORT INSTRUCTIONS/SPECIFICATIONS

1. Please provide data for all medical malpractice insurance claims and lawsuits closed or disposed of on or after January 1, 2008 through December 31, 2008. Also provide data for all medical malpractice insurance claims and lawsuits open as of December 31, 2008.
 2. A claim for the purpose of this report is a formal or written demand for compensation under a medical malpractice insurance policy relating to allegations of liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.
 3. A lawsuit for the purpose of this report is a complaint filed in any court in this state alleging liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.
 4. If more than one insured is associated with an incident, report separately for each insured.
 5. If more than one injured party is associated with an incident, report separately for each injured party.
 6. If a claimant filed claims for the same injury under more than one policy, report separately for each policy.
 7. Include direct business only.
 8. If a claim has been reopened, but had not yet closed as of December 31, 2008, report this within the open claims report only.
 9. If a claim was reopened and then closed within the period from January 1, 2008 through December 31, 2008, please include in the closed claims report only.
 10. Submit information for each closed claim, whether closed with or without payment.
 11. Submit information for each open claim, whether a reserve amount has been established or not.
-

MEDICAL MALPRACTICE INSURANCE CLOSED AND OPEN CLAIM REPORT ELECTRONIC REPORTING INSTRUCTIONS

1. Please provide data in an EXCEL spreadsheet in accordance with the attached open and closed record layouts.
2. Please provide a separate spreadsheet for the closed claims report and a separate spreadsheet for the open claims report.
3. Companies within a group may report as a group rather than submitting separate reports for each company.
4. Each claim should be reported on one row within the appropriate spreadsheet, either the open claims spreadsheet or the closed claims spreadsheet.
5. Provide a separate document with the additional codes to explain the specified column when the date provided includes more codes than the closed and open layouts.
6. Data must be entered in the spreadsheets according to the definitions and report layout provided. To be accepted data must be entered in date format as MM/DD/YYYY for dates; numeric format for dollar amounts, numbers, and any designated codes; and alpha-numeric format for other entries. For any columns where "Other" is chosen, enter in alpha-numeric format. Do Not use formulas in the cells.
7. Please submit your completed EXCEL spreadsheets and a copy of the Contact Information sheet via e-mail to Brad Henderson at medmal@iid.iowa.gov. The EXCEL spreadsheets may be zipped via WinZip program if too large for e-mail.
8. The report is due June 1, 2009.
9. If you have any questions, feel free to e-mail or call Brad Henderson at brad.henderson@iid.iowa.gov, 515-242-5300.

DEFINITIONS

Admitted Insurance Company – An insurer who has been licensed by the insurance department within the state to write specific lines of business.

Allocated Loss Adjustment Expenses – Expenses attributable to a particular claim (direct defense and cost containment expenses).

Calendar Year – January 1 through December 31.

Claim – A formal or written demand for compensation under a medical malpractice insurance policy relating to allegations of liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.

Closed Claim – A claim for which no further action is expected; final payment if any has been made. Report all claims closed within the reporting period regardless the date they were reported to the company.

Deductible – An amount of money set within a policy that must be paid by an insured before the insurer is liable for any payments.

Direct Business – Policies written by an insurer without consideration of reinsurance.

Loss Reserve – The liability established to pay for a claim.

Paid Losses (Indemnity Payment) – Losses, but not expenses, paid to a claimant to close a claim.

Lawsuit – A complaint filed in any court in Iowa alleging liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.

Limit of Insurance – The maximum amount an insurer will pay as set forth in a contract of insurance.

Open Claim – A claim for which further action is expected; the final payment has not been completed. Report all claims opened at the end of the calendar year regardless the date they were filed.

Reinsurance – Insurance coverage for the risks covered by other insurance companies.

Reopened Claim – A claim that had been closed, but for some reason, needs further action or payment.

Reserves – The liability set up to pay for a claim when the claim is ultimately closed. Reserves may be established for potential loss payments and allocated loss adjustment expenses separately or combined.

Reserves for Payment of Claims Incurred and Reported but not Disposed – The liability set up to pay for a claim when the claim is ultimately closed. Report reserves on all open claims during the calendar year that continue to be open at year-end.

Self Insurance – Covering the risk of loss of one's self or company.

Subrogation – Reimbursement by a party responsible for a payment to another party that had paid the amount.

ALLEGED INJURY

Please classify each claim by the following severity of injury types.

- Emotional Only (e.g. fright, no physical damage)
- Temporary – Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)
- Temporary – Minor (e.g. infections, fracture, fall in hospital; recovery delayed)
- Temporary – Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed)
- Permanent – Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries)
- Permanent – Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung)
- Permanent – Major (e.g. paraplegia, blindness, loss of two limbs, brain damage)
- Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis)
- Death
- Other / Unknown (e.g. injury was not apart of the list above, data was not captured or maintained)

**MEDICAL MALPRACTICE INSURANCE
CLOSED AND OPEN CLAIM REPORT
CONTACT INFORMATION**

Please complete the following and submit with your spreadsheets.

Contact Person: _____
Title: _____
E-mail: _____
Telephone Number: _____

Company: _____
Address: _____
City, State, ZIP: _____

I have provided all relevant and accurate closed claim data for the medical malpractice line of business for this data call. To the best of my knowledge, the information provided for this company is true and accurate as of December 31, 2008.

Person Responsible for Data Call: _____
Title: _____
Date: _____

We thank you for your prompt attention to this matter!

The Iowa Insurance Division

Medical Malpractice Insurance Closed Claim Report

Policy

- (col. A) 1. Policy Limits: _____
- (col. B) 2. Deductible: _____
- (col. C) 3. Self-Insured Retention: _____

Defendant

- (col. D) 4. Profession or Institution (select one most applicable):
- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Physician | <input type="checkbox"/> 6 Dentist | <input type="checkbox"/> 11 Clinic/Corporation |
| <input type="checkbox"/> 2 Surgeon | <input type="checkbox"/> 7 Family/General Practitioner | <input type="checkbox"/> 12 Home Health |
| <input type="checkbox"/> 3 Nurse | <input type="checkbox"/> 8 Pharmacist | <input type="checkbox"/> Other/Unknown: _____ |
| <input type="checkbox"/> 4 Technician | <input type="checkbox"/> 9 Hospital | |
| <input type="checkbox"/> 5 Chiropractor | <input type="checkbox"/> 10 Nursing Home | |

- (col. E) 5. Medical Provider Specialty (select one most applicable):
- | | | |
|---|---|---|
| <input type="checkbox"/> 1 Allergy/Immunology | <input type="checkbox"/> 10 Neurology | <input type="checkbox"/> 19 Radiology |
| <input type="checkbox"/> 2 Anesthesiology | <input type="checkbox"/> 11 Obstetrics/Gynecology | <input type="checkbox"/> 20 Chiropractic |
| <input type="checkbox"/> 3 Cardiology | <input type="checkbox"/> 12 Ophthalmology | <input type="checkbox"/> 21 Dentistry |
| <input type="checkbox"/> 4 Dermatology | <input type="checkbox"/> 13 Orthopedics | <input type="checkbox"/> 22 Pharmacy |
| <input type="checkbox"/> 5 Emergency Medicine | <input type="checkbox"/> 14 Pathology | <input type="checkbox"/> 23 Hospital |
| <input type="checkbox"/> 6 Family Practice | <input type="checkbox"/> 15 Pediatrics | <input type="checkbox"/> 24 Healthcare Facility |
| <input type="checkbox"/> 7 Gastroenterology | <input type="checkbox"/> 16 Plastic Surgery | <input type="checkbox"/> 25 Clinic/Corporation |
| <input type="checkbox"/> 8 General Surgery | <input type="checkbox"/> 17 Podiatry | <input type="checkbox"/> 26 Physician Assistant |
| <input type="checkbox"/> 9 Internal Medicine | <input type="checkbox"/> 18 Psychiatry | <input type="checkbox"/> 27 Physical Therapy |
| | | <input type="checkbox"/> Other/Unknown: _____ |

- (col. F) 6. Total number of defendants involved in claim including defendant for which report made: _____

Claim

- (col. G) 7. Date injury occurred (MM/DD/YYYY): _____
- (col. H) 8. Date injury was reported to insurer (MM/DD/YYYY): _____
- (col. I) 9. Date claim was opened (MM/DD/YYYY): _____
- (col. J) 10. Date claim was reopened, if applicable (MM/DD/YYYY): _____
- (col. K) 11. Date claim was closed (MM/DD/YYYY): _____

Injured Person

- (col. L) 12. Sex of Injured Person: 1 Male 2 Female
- (col. M) 13. Injured Person's Date of Birth (MM/DD/YYYY): _____

Alleged Injury

- (col. N) 14. Alleged Cause of Loss:
- | | |
|--|---|
| <input type="checkbox"/> 1 Failure to Diagnose/Monitor/Treat | <input type="checkbox"/> 11 Post-Operative Complications |
| <input type="checkbox"/> 2 Misdiagnosis | <input type="checkbox"/> 12 Treatment Related Cause |
| <input type="checkbox"/> 3 Delay in Diagnosis | <input type="checkbox"/> 13 Pregnancy or Birth Related Problems |
| <input type="checkbox"/> 4 Incorrect Medication | <input type="checkbox"/> 14 Lack of Informed Consent or Failure to Obtain Consent |
| <input type="checkbox"/> 5 Lack of Monitoring Medication | <input type="checkbox"/> 15 Diseases/Medical Condition |
| <input type="checkbox"/> 6 Side Effect of Medication | <input type="checkbox"/> 16 Wrong Diagnosis |
| <input type="checkbox"/> 7 Lack of Supervision or Control | <input type="checkbox"/> 17 Fracture/Fall |
| <input type="checkbox"/> 8 Inappropriate/Improper Surgical Procedure | <input type="checkbox"/> 18 Inappropriate Procedure |
| <input type="checkbox"/> 9 Unnecessary Surgical Procedure | |
| <input type="checkbox"/> 10 Instrument/Sponge Left after Surgery | <input type="checkbox"/> Other/Unknown: _____ |

- (col. O) 15. Severity of Injury:
- | |
|--|
| <input type="checkbox"/> 1 Emotional Only (e.g. fright, no physical damage) |
| <input type="checkbox"/> 2 Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay) |
| <input type="checkbox"/> 3 Temporary - Minor (e.g. infections, misset fracture, fall in hospital; recovery delayed) |
| <input type="checkbox"/> 4 Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed) |
| <input type="checkbox"/> 5 Permanent - Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries) |
| <input type="checkbox"/> 6 Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung) |

- 7 Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage)
- 8 Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis)
- 9 Death
- Other/Unknown

Claim Disposition

(col. P)

16. Final Method of Claim Disposition:

- 1 Settled
- 4 Denied

- 2 Disposed of by a Court
- 5 Closed Without Payment

- 3 Arbitration
- 6 Notice Only
- Other (specify): _____

Claim Payments

*Amounts should include only those paid by you on behalf of this insured/defendant under this policy.
All payments should be reported net of subrogation.*

(col. Q)

17. Total Losses (Indemnity Benefits) Paid: \$ _____

Report lines a-c only if the data is captured.

(col. R)

a Total Compensatory Payments (if declared): \$ _____

(col. S)

b Punitive Damages (if declared): _____

(col. T)

c Plaintiff Attorney Fees (if declared): _____

(col. U)

18. Total Allocated Loss Adjustment Expenses Paid: \$ _____

(Direct Defense and Cost Containment Expenses)

(col. V)

a Loss Adjustment Expense paid to defense counsel: \$ _____

(col. W)

b All other Allocated Loss Adjustment Expenses Paid: _____

(col. X)

19. Additional payments made within six (6) months after disposition: \$ _____

Medical Malpractice Insurance Open Claim Report

Policy

- (col. A) 1. Policy Limits: _____
- (col. B) 2. Deductible: _____
- (col. C) 3. Self-Insured Retention: _____

Defendant

- (col. D) 4. Profession or Institution (select one most applicable):

| | | |
|---|--|--|
| <input type="checkbox"/> 1 Physician | <input type="checkbox"/> 6 Dentist | <input type="checkbox"/> 11 Clinic/Corporation |
| <input type="checkbox"/> 2 Surgeon | <input type="checkbox"/> 7 Family/General Practitioner | <input type="checkbox"/> 12 Home Health |
| <input type="checkbox"/> 3 Nurse | <input type="checkbox"/> 8 Pharmacist | <input type="checkbox"/> Other/Unknown: _____ |
| <input type="checkbox"/> 4 Technician | <input type="checkbox"/> 9 Hospital | |
| <input type="checkbox"/> 5 Chiropractor | <input type="checkbox"/> 10 Nursing Home | |

- (col. E) 5. Medical Provider Specialty (select one most applicable):

| | | |
|---|---|---|
| <input type="checkbox"/> 1 Allergy/Immunology | <input type="checkbox"/> 10 Neurology | <input type="checkbox"/> 19 Radiology |
| <input type="checkbox"/> 2 Anesthesiology | <input type="checkbox"/> 11 Obstetrics/Gynecology | <input type="checkbox"/> 20 Chiropractic |
| <input type="checkbox"/> 3 Cardiology | <input type="checkbox"/> 12 Ophthalmology | <input type="checkbox"/> 21 Dentistry |
| <input type="checkbox"/> 4 Dermatology | <input type="checkbox"/> 13 Orthopedics | <input type="checkbox"/> 22 Pharmacy |
| <input type="checkbox"/> 5 Emergency Medicine | <input type="checkbox"/> 14 Pathology | <input type="checkbox"/> 23 Hospital |
| <input type="checkbox"/> 6 Family Practice | <input type="checkbox"/> 15 Pediatrics | <input type="checkbox"/> 24 Healthcare Facility |
| <input type="checkbox"/> 7 Gastroenterology | <input type="checkbox"/> 16 Plastic Surgery | <input type="checkbox"/> 25 Clinic/Corporation |
| <input type="checkbox"/> 8 General Surgery | <input type="checkbox"/> 17 Podiatry | <input type="checkbox"/> 26 Physician Assistant |
| <input type="checkbox"/> 9 Internal Medicine | <input type="checkbox"/> 18 Psychiatry | <input type="checkbox"/> 27 Physical Therapy |
| | | <input type="checkbox"/> Other/Unknown: _____ |

- (col. F) 6. Total number of defendants involved in claim including defendant for which report made: _____

Claim

- (col. G) 7. Date injury occurred (MM/DD/YYYY): _____
- (col. H) 8. Date injury was reported to insurer (MM/DD/YYYY): _____
- (col. I) 9. Date claim was opened (MM/DD/YYYY): _____
- (col. J) 10. Date claim was reopened, if applicable (MM/DD/YYYY): _____

Injured Person

- (col. K) 11. Sex of Injured Person: 1 Male 2 Female
- (col. L) 12. Injured Person's Date of Birth (MM/DD/YYYY): _____

Alleged Injury

- (col. M) 13. Alleged Cause of Loss:

| | |
|--|---|
| <input type="checkbox"/> 1 Failure to Diagnose/Monitor/Treat | <input type="checkbox"/> 11 Post-Operative Complications |
| <input type="checkbox"/> 2 Misdiagnosis | <input type="checkbox"/> 12 Treatment Related Cause |
| <input type="checkbox"/> 3 Delay in Diagnosis | <input type="checkbox"/> 13 Pregnancy or Birth Related Problems |
| <input type="checkbox"/> 4 Incorrect Medication | <input type="checkbox"/> 14 Lack of Informed Consent or Failure to Obtain Consent |
| <input type="checkbox"/> 5 Lack of Monitoring Medication | <input type="checkbox"/> 15 Diseases/Medical Condition |
| <input type="checkbox"/> 6 Side Effect of Medication | <input type="checkbox"/> 16 Wrong Diagnosis |
| <input type="checkbox"/> 7 Lack of Supervision or Control | <input type="checkbox"/> 17 Fracture/Fall |
| <input type="checkbox"/> 8 Inappropriate/Improper Surgical Procedure | <input type="checkbox"/> 18 Inappropriate Procedure |
| <input type="checkbox"/> 9 Unnecessary Surgical Procedure | |
| <input type="checkbox"/> 10 Instrument/Sponge Left after Surgery | <input type="checkbox"/> Other/Unknown: _____ |

- (col. N) 14. Severity of Injury:

| |
|--|
| <input type="checkbox"/> 1 Emotional Only (e.g. fright, no physical damage) |
| <input type="checkbox"/> 2 Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay) |
| <input type="checkbox"/> 3 Temporary - Minor (e.g. infections, misset fracture, fall in hospital; recovery delayed) |
| <input type="checkbox"/> 4 Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed) |
| <input type="checkbox"/> 5 Permanent - Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries) |

- 6 Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung)
- 7 Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage)
- 8 Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis)
- 9 Death
- Other/Unknown

(col. O) 15. Total Losses (Indemnity Benefits) Paid: \$ _____

(col. P) 16. Total Allocated Loss Adjustment Expenses Paid: \$ _____
 (Direct Defense and Cost Containment Expenses)

(col. Q) 17. Amount Reserved for Payment of Claims Incurred and Reported but not Disposed: _____
*Loss reserve amounts should exclude any amounts for deductibles or self-insured retentions.
 Reserve amount should be that in excess of any payments made; not a total incurred amount.*