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Department of Insurance
Financial Institutions
and Professional Registration
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INSURANCE COMPANY REGULATION DIVISION

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MEMO

To: John Huff, Director
CC: Fred Heese, CFE, CPA, Chief Financial Examiner
Brent Kabler, PhD, Research Supervisor
From: David Cox, FCAS, MAAA, P&C Actuary
Date: August 6, 2010
Subject: **Medical Malpractice Closed Claim Data Actuarial Compilation**

Please see the attached report on Missouri statewide medical malpractice closed claim data actuarial compilation 1996 to 2008 for physicians and surgeons.

This report provides medical malpractice closed claim experience tabulated in a way that is intended to enhance the actuarial use of the data. This report supplements the DIFP's annual Medical Malpractice Insurance Report by providing the information in a manner more suitable for actuarial analysis. Specifically, the report provides the following new information:

- A reconciliation of the closed claim experience to similar experience reported in the annual statements of insurers. This demonstrates the completeness and accuracy of the data.
- Segregation of experience that is clearly inappropriate for actuarial projections. Insolvent insurers, for example, often stop reporting experience or report losses at greatly reduced levels.
- Experience tabulated by segments similar to those used by insurance companies. The claims of insured doctors are linked to the claims also filed against the doctor's corporation.

Missouri Department of Insurance, Financial Institutions and Professional Registration

**Medical Malpractice Closed Claim Data Actuarial Compilation
Physicians and Surgeons Data 1996 to 2008**

August 6, 2010

By David B. Cox, FCAS, MAAA

Background

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) has an extensive compilation of medical malpractice closed claim data. The data is reported by both insurers and self-insured hospitals pursuant to §383.105 RSMo. Each closed claim record contains the amount of paid indemnity and paid Allocated Loss Adjustment Expenses (ALAE, attorney fees and other paid defense expenses attributable to the claim). Open claims are listed but only the initial reserve is provided. A rich array of detailed information is provided on each claim. The relevant actuarial data segments include: entity reporting, type of entity, profession of insured, and type of practice (not applicable to hospitals or facilities). Relevant dates include accident date, report date, reopen date and date closed.

The DIFP began collecting closed claim data before 1995, but data quality prior to 1995 is not as good as after 1995. As of July 2009, the data base has approximately 24,000 claims that closed between 1996 and 2008 totaling \$1.3 billion in paid indemnity and \$0.5 billion in paid loss adjustment expenses.

Each fall the DIFP publishes the Medical Malpractice Report using the closed claim data (see <http://www.insurance.mo.gov/reports/medmal/index.htm>) and this report utilizes the same data. For data reporting instructions see <http://www.insurance.mo.gov/industry/forms/375-0304.pdf>

The following table shows various problems with the closed claim data and how they have been addressed in this report:

<u>Problem:</u>	<u>Solution:</u>
1. The closed claim experience is not segmented in the same way that insurers establish rates or set reserves. For example, insurers include claims against a doctor's corporation in summaries of claims for the physicians and surgeons subline. When the closed claim data is summarized by "profession code", the corporate claims are not included in the physicians and surgeon category.	The types of individual claims filed on an occurrence are used to identify the primary defendant's segment. For example, both claims on an occurrence having a doctor claim and a corporation claim are identified as belonging to the "physicians and surgeons" segment.

Problem:

2. Some claims not normally considered being claims against a doctor are included in summaries of claims for the “physicians and surgeons” profession code. For example, some claims against a physician employed by a hospital are included in summaries of claims for the “physicians and surgeons” profession code instead of being included in the “hospital” segment.

Solution:

The types of individual claims filed on an occurrence are used to identify the primary defendant’s segment. For example, both claims on an occurrence having a hospital claim and a doctor claim are identified as belonging to the “hospital” segment.

Problem:

3. The closed claim data provided by foreign surplus lines insurers (including foreign risk retention groups) and self-insurers may be incomplete.

Solution:

The experience used in this report is licensed insurers, whose data is reasonably consistent with the experience reported in the State Pages of the insurers’ annual statements.

Problem:

4. The closed claim data includes some insolvent insurers under Guaranty Fund control. These claims are atypical in that the Guaranty Fund limits indemnity to \$300,000 per claimant and usually provides no legal defense.

Solution:

The experience used in this report includes only currently solvent insurers. For prospective actuarial analysis of active insurers, insolvent insurers should not be included in historical data because their experience is sometimes incomplete and is not representative of solvent insurers.

Problem:

5. Most, but not all, re-opened claims are double-counted in the closed claim data base. Loss and LAE are not impacted.

Solution:

Multiple claims against the same defendant on a single occurrence are combined.

Problem:

6. Insurers and reinsurers often provide coverage on an “occurrence” basis. If two or more insurers are involved in the same occurrence, each insurer pays losses on its own share of the occurrence. The closed claim data compiles information on occurrences but in doing so it combines all of the loss payments of all of the insurers involved in the occurrence.

Solution:

Occurrences with more than one insurer are treated as a separate occurrence for each insurer.

Purpose and Scope

This report provides a summary of the DIFP closed claim experience data in a way that is intended to enhance the actuarial use of the data. This report focuses on physicians and surgeons medical malpractice insurance. The experience is evaluated as of July, 2009, for payments made during each calendar year 1996 to 2008. The experience provided for 2008 should be considered incomplete because some insurers are tardy in reporting.

Qualifications

My name is David B. Cox. I am the DIFP Property and Casualty Actuary, a Fellow of the Casualty Actuarial Society and a Member of the American Academy of Actuaries. I meet the qualification requirements of the American Academy of Actuaries to practice in the area of medical malpractice insurance reserving and rate making. My professional experience spans twenty-nine years. Mr. Brent Kabler, PhD, DIFP Chief Statistician, participated in the development of this report.

Distribution and Use

This report and the accompanying data is a public document. If the report is furnished to another, it is to be distributed in its entirety and the user is requested to use the report in its entirety. Any questions about the report should be directed to David B. Cox, FCAS, MAAA.

Limitations

This report is based upon data provided by medical malpractice insurers operating in Missouri. These data include open and closed claims that insurance companies are required to report under § 383.105 RSMo. The department makes every possible effort to make sure these data are accurate; however, the accuracy of this report depends largely upon the accuracy of the data filed by the insurers and self-insured hospitals.

This report provides tabulations of medical malpractice loss and ALAE experience. No actuarial analysis or projections are provided nor have there been any adjustments of historical experience to reflect current circumstances. Missouri's tort laws are unique and have changed over time. For many years non-economic damages were subject to an inflation-adjusted cap. The 2002 Scott court case changed the application of the cap so that fewer claims were subject to limitation. The 2005 tort reforms repealed the Scott decision, lowered the limitation on noneconomic damages to \$350,000 and removed the inflation adjustment, and made other major changes. Recently the Missouri Supreme Court ruled in the Klotz case that the 2005 tort reforms could not be applied retroactively.

This report identifies and addresses certain data issues but other data issues remain, including some that may be unknown. Issues not fully addressed include the following:

1. While insurers and self-insurers report experience to the DIFP in a specified and uniform manner, their own internal data compiled for actuarial analysis could be different from the DIFP closed claim data, depending upon the company.
 - a. The closed claim data claim counts could differ materially from the methods used for actuarial analysis by an insurer. For example, certain incidents may or may not represent a “claim” for the closed claim data versus the insurer’s data.
 - b. Closed claim data actuarial compilation loss and ALAE payment patterns could be different from an individual insurer’s payment patterns due to the way the data is reported to the DIFP.
2. Assigning claims to a segment of experience is only approximate.
3. The experience includes all types of coverage such as occurrence, claims made, tail coverage, Death Disability and Retirement, and excess insurance on hospitals. Hospitals are, however, not included in this report.
4. The closed claim experience is “total limits”. Policy limits (including defense costs within policy limits) have been applied by the insurer. The data could include excess policies written over a retention (mostly hospitals) but the closed claim experience is before the application of deductibles.
5. The DIFP closed claim data has reporting delays not typically present in an insurance company’s data. To minimize this problem, the 2008 data includes claim reports submitted to the DIFP through July of 2009. Also, an adjustment should be made to the number of reported claims (see Timing Issues below).
6. Loss and ALAE are reported as of the date the claim is closed and include payments made prior to the date the claim is closed. While lump sum indemnity payments are prevalent, ALAE defense costs are commonly paid out over time and the ALAE payment patterns could be skewed accordingly.
7. ALAE payments on open claims are not included in the DIFP closed claim data.
8. Major tort reform was enacted in Missouri for claims filed on or after August 28, 2005. A large number of claims were filed in the period just prior to the effective of the law change date. Both the surge in reported claims in 2005 as well as the impact of tort reform itself has impacted the data in 2005 and subsequent.

Segmentation

Actuarial analysis usually involves appropriately segmenting the experience by type of policy. Several broad types of policies have different exposures and coverage:

1. Hospital Professional Liability (HPL) policies cover the medical care facilities, the corporation, employed medical professionals and employed physicians. Premises liability may be sold separately or in conjunction with a HPL policy.
2. Other medical facilities such as nursing homes, clinics and laboratories are provided coverage in a way similar to hospitals.
3. Physicians and surgeons group policies cover clinics and/or groups of physicians and surgeons under a common policy with a single limit and/or deductible. Coverage is typically provided for facilities, employed medical professionals and claims against the corporation.

4. Physicians and surgeons individual policies cover individuals, each with a separate limit of liability. Coverage is typically provided for facilities, employed medical professionals and claims against the corporation. This segment includes policies sold on a partnership or group basis but with each individual provided a separate limit of liability.
5. Other medical professionals such as chiropractors, podiatrists, dentists, and nurses are provided policies in a way that parallels physicians and surgeons. Very often, however, these individuals are provided coverage under the policy of the employer in one of the other categories.

This report focuses on the third and fourth categories above combined and will be referred to as the “physicians and surgeons” segment. The closed claim data provides the “Profession Code of the Insured”, which are:

Profession Code of the Insured

1. Physicians & Surgeons
2. Hospitals
3. Nurses
4. Nursing Homes
5. Dentists
6. Pharmacies
7. Optometrists
8. Chiropractors
9. Podiatrists
0. Clinics/Corporations/Other

Premises liability claims are not represented in the DIFP data base unless there is an element of medical malpractice liability.

The DIFP closed claim reporting instructions refer to “insureds”, which is the same as “defendant” but is sometimes different from “policyholder”. The distinction between “insured” and “policyholder” can be important for actuarial analysis. Actuarial analysis typically groups the experience of similar policyholders. For example, one prominent insurer of hospitals codes all claims as profession = 2 (hospital), even though the insured defendant is an employed doctor or a nurse. Others reporting entities (especially self-insured hospitals) code the profession of employed insured doctors as 1 (doctor). Some insurers sell policies to several different types of policyholders - hospitals, other facilities and individuals. When these insurers report a claim coded as profession = 1, it is not always evident that the insured doctor is the policyholder or an employee of the policyholder.

The DIFP coding structure does not always identify and group policyholders in the same way as is done for actuarial analysis. This is because the “profession code of the insured” does not always identify the policyholder and occurrences with multiple claims often have claims coded under different profession codes.

For this analysis, occurrences were segmented in a way that resembles, to the extent possible, the way an insurer would classify the claim. To illustrate the fundamental difference between DIFP closed claim data segments using the “profession code of the insured” and insurance company

data segments, please refer to the chart below. This compares the annual statement Schedule T, Supplement A, distribution of paid losses by segment to the DIFP closed claim data. Note that the DIFP closed claim paid losses by segment are quite different from that of Schedule T, Supplement A. The DIFP closed claim data results in a lower percentage of losses in the Physician and Surgeon segment and more losses in the “corporations and other” segment. The primary difference is that the DIFP closed claim data aggregated by “profession code” separates losses paid for corporate claims from the physician claim even though in most circumstances the physician is the policyholder. When the DFIP data are aggregated on an occurrence basis, the percentage of losses by segment more closely resemble that of Schedule T, Supplement A.

Currently Solvent, Admitted (Licensed) Insurers Reporting Closed Claim Data Excluding Self-Insureds Percent of Paid Losses				
	<u>Annual Statement Schedule T, Supplement A</u>			<u>Total</u>
	<u>CY 2006</u>	<u>CY 2007</u>	<u>CY 2008</u>	
Physician & Surgeons	79%	68%	73%	70%
Hospital	9%	23%	17%	21%
Other Professional	12%	9%	9%	7%
Corporations & Other	0%	0%	1%	2%
Total	100%	100%	100%	100%
<u>DIFP Closed Claim Data By Profession Code of Insured</u>				
	<u>CY 2006</u>	<u>CY 2007</u>	<u>CY 2008</u>	<u>Total</u>
Physician & Surgeons	50%	53%	44%	49%
Hospital	17%	19%	17%	18%
Other Professional	5%	6%	6%	5%
Corporations & Other	29%	22%	34%	28%
Total	100%	100%	100%	100%
<u>DIFP Closed Claim Data Aggregated by Occurrence (Used in this Report)</u>				
	<u>CY 2006</u>	<u>CY 2007</u>	<u>CY 2008</u>	<u>Total</u>
Physician & Surgeons	76%	64%	64%	68%
Hospital	16%	26%	23%	22%
Other Professional	4%	5%	6%	5%
Corporations & Other	4%	4%	7%	5%
Total	100%	100%	100%	100%

The following examples illustrate the differences in segmentation:

Example 1. A self-insured hospital codes all claims on a single occurrence as Profession of Insured=physicians & surgeons:

<u>Claim Code</u>	<u>Profession Code of Insured</u>	<u>Indemnity Paid for</u>	
		<u>This Defendant</u>	<u>ALAE Paid</u>
10000	Physician & Surgeon	20,000	1301
10001	Physician & Surgeon	20,000	1301
10002	Physician & Surgeon	20,000	1301
10003	Physician & Surgeon	20,000	1301

These claims are probably employed physicians, which do not belong in the physicians and surgeons segment. There are a great many claims coded in this fashion and summaries by profession code that include self-insured hospitals could be misleading.

Example 2. A commercial insurer assigns the indemnity to the corporate claim on a single occurrence with claims against both a physician and the related corporation:

<u>Claim Code</u>	<u>Profession Code of Insured</u>	<u>Indemnity Paid for</u>	
		<u>This Defendant</u>	<u>ALAE Paid</u>
20000	Corporation	1,300,000	210,076
20001	Physician & Surgeon	0	210,075

These claims are probably both insured under the policy of the physician and both claims belong in the “physician and surgeon” segment.

Example 3. A commercial insurer has several claims on a single occurrence that could be from different policies:

<u>Claim Code</u>	<u>Profession Code of Insured</u>	<u>Indemnity Paid for</u>	
		<u>This Defendant</u>	<u>ALAE Paid</u>
30000	Physician & Surgeon	1,000,000	186,158
30001	Other Prof - employed	1,000,000	0
30002	Corporation	0	0
30003	Physician & Surgeon	0	0
30004	Physician & Surgeon	700,000	0

These claims were probably insured under a physicians and surgeons type of policy. However, there could be a single policy, more than one policy issued by the same insurer to individuals or this could have been a group policy with a single composite limit. In this case we have assumed that all of the claims belong to the “physicians and surgeons” segment.

Selection of Claims for Aggregation

The DIFP was able to assign a unique identifier to each occurrence based on date of injury, birth date and gender of the injured party. In most instances, this procedure proved highly accurate. However, this method proved less reliable for some types of cases, and some records had missing data elements. In these instances, the data was manually coded based on the names of the injured party, as well as other identifying information in the file. A manual inspection of a random sample of cases supports the reliability the method, and the DIFP is confident that the associated error rate is small, if unknown. Our identification of occurrences is imprecise and may not coincide with the definition of “occurrence” in the policy of insurance.

Occurrences are defined from the insurer’s point of view. If two insurers have claims resulting from a single occurrence, the occurrences are defined separately for the two insurers. For example, an occurrence that results in claims against a hospital, a surgeon and a radiologist each with different insurers would result in 3 occurrences (one for each insurer). Errors can happen. If the surgeon and radiologist each buy separate policies from the same insurer, the occurrence would be treated as one occurrence even though separate policies actually apply. Note that this type of error applies to determining the number of occurrences and not necessarily the number of claims.

This report aggregates the data into segments, which are similar to sublines. The segments consist of (1) hospitals, (2) physicians and surgeons, (3) other professionals, and (4) corporations and other.

The segment code was assigned to each claim on an occurrence based on the characteristics of the insurer and the composition of the claims within the occurrence. The DIFP identified insurers that only write in one segment. For example, all occurrences and associated claims reported for an insurer that only writes malpractice insurance on hospitals were identified as being for the hospital segment. Similarly, self insured hospitals all belong to the hospital segment even though they code some claims as being against a physician or a nurse. Specialty insurers of podiatrists, dentists, nurses, chiropractors, pharmacists and the like all belong to the “other medical professional” segment.

For those insurers that write several sublines, the type of occurrence was determined using a hierarchy of claims. The segment code was assigned to the individual claims based on the logic and priority described below. The priority decreases progressively down the list. “Hospital” claims are assigned the highest priority in this scheme. For example, if an occurrence consists of a “Hospital” claim and a “Physician” claim, all of the claims for the occurrence are assigned a “Hospital” segment code assuming that the physician is an employed physician. The priority of claims is shown below:

<u>Priority</u>	<u>Profession Codes on Occurrence</u>	<u>Segment Code</u>
1	2 = Hospitals and any other prof code below	2 = Hospitals
2	4 = Nursing Homes & any other prof code below	4 = Nursing Homes
3	1 = Physicians and Surg & any other prof code below	1 = Physicians and Surgeons
4	5 = Dentists & any other prof code below	5 = Dentists

5	6 = Pharmacies/Pharmacist & any other prof code below	6 = Pharmacies, Pharmacist
6	9 = Podiatrist/Chiropodist & any other prof code below	9 = Podiatrist/Chiropodist
7	8 = Chiropractors & any other prof code below	8 = Chiropractors
8	7 = Optometrist & any other prof code below	7 = Optometrist
9	3 = Nurses & any other prof code below	3 = Nurses
10	0 = Clinics/Corporations/Other	0=Clinics, Corporations, Other

Consistency of the Experience

Exhibit 1 compares the DIFP closed claim experience to similar Missouri experience reported by insurers in their annual statements. The closed claim experience reported by currently solvent licensed insurers is reasonably complete and accurate.

The reporting of experience by surplus lines insurers (including foreign risk retention groups) is incomplete and the insurers that did not report were 23% of premium in this segment over the last 10 years. Furthermore, the consistency of reporting year after year is questionable.

When an insurer becomes insolvent, the receiver may discontinue reporting closed claim data to the DIFP. When an insurer reports closed claim data for a period of time and then discontinues reporting, the paid loss development stops for that insurer. It is very important to exclude companies that discontinue reporting from any loss development tabulation. Furthermore, payments made in a receivership or by the guarantee fund are often much lower than those that would have been paid by a solvent insurer.

There are other accounting issues that result in differences between loss and ALAE reported in the annual statement and to the DIFP in the closed claim data reports. For example, claims that close near the end of the year could be reported in December in the closed claim data but paid the following January (see timing issues below). Another major accounting difference is the treatment of deductibles. Annual statement reporting is net of deductibles while experience reported the DIFP on closed claims is gross of deductibles. The issue of deductibles can be significant for hospital medical malpractice experience.

Exhibit 2 compares DIFP closed claim losses with amounts reported in the annual statements of insurance companies. In total DIFP closed claim losses exceed amounts reported in the annual statement. The bulk of these differences appear to be due to losses paid under deductibles.

It is presently not possible for the DIFP to monitor the completeness of claims that close without payment. Although we believe it is unlikely, it is possible that some claims that close without indemnity may go totally unreported to the DIFP. This is only relevant to the calculation of certain averages, specifically, the percentage of claims (or occurrences) that close without indemnity and the average ALAE for claims (or occurrences) that close without indemnity.

Timing Issues

The DIFP's tabulation of key dates such as accident date, report date and closed date could be somewhat different from the tabulation done by a particular insurance company. Some insurers may for example tabulate data on an occurrence basis rather than claim-by-claim.

The DIFP closed claim data has reporting delays not typically present in an insurance company's data. This is because insurers are sometimes tardy or inaccurate in forwarding their closed claim data to the DIFP. The data reported to the DIFP also undergoes detailed review by DIFP staff and the data are sometimes corrected at a later time. The table below illustrates the magnitude of the delays and corrections.

Physicians and Surgeons Profession Code
 All Insurers and Self-insurers
 Claims Closed With Indemnity Payment

Year Claim Closed	<u>1st Report</u>	<u>2nd Report</u>	<u>3rd Report</u>	<u>4th Report</u>	<u>5th Report</u>	<u>6th Report</u>
2003	184	192	192	193	194	194
2004	219	224	225	229	229	
2005	196	199	201	200		
2006	161	159	162			
2007	222	240				
2008	151					

Source: DIFP Medical Malpractice Insurance Reports

The development of experience by report year is even more pronounced. This is because part of the development is due to insurance companies' delay in recognizing that an incident is really a claim.

Physicians and Surgeons Profession Code
 All Insurers and Self-insurers
 Reported Claims

Report Year	<u>1st Report</u>	<u>2nd Report</u>	<u>3rd Report</u>	<u>4th Report</u>	<u>5th Report</u>	<u>6th Report</u>
2003	757	836	862	898	905	914
2004	630	707	771	791	823	
2005	1,247	1,446	1,520	1,610		
2006	498	535	579			
2007	543	598				
2008	528					

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Annual Statement Direct Written Premium For Insurers Reporting Closed Claim Data
Excluding Self-Insureds and JUA

	<u>CY 1998</u>	<u>CY 1999</u>	<u>CY 2000</u>	<u>CY 2001</u>	<u>CY 2002</u>	<u>CY 2003</u>	<u>CY 2004</u>	<u>CY 2005</u>	<u>CY 2006</u>	<u>CY 2007</u>	<u>CY 2008</u>	<u>Total</u>
<u>Annual Statement Written Premium - Insurers Reporting Closed Claim Data</u>												
Solvent Admitted	70,720,859	74,586,521	83,694,270	96,687,570	168,384,361	190,333,267	201,818,768	188,981,679	189,076,062	169,220,508	162,701,011	1,596,204,876
Solvent Surplus Lines & RRG	11,435,343	5,666,157	12,259,635	15,809,436	21,064,693	29,509,634	36,640,314	35,592,215	41,087,599	39,363,255	34,455,924	282,884,205
Currently Insolvent Insurers	13,758,744	22,892,054	15,039,629	15,711,498	6,583,854	8,747	-	-	-	-	-	73,994,526
Subtotal	95,914,946	103,144,732	110,993,534	128,208,504	196,032,908	219,851,648	238,459,082	224,573,894	230,163,661	208,583,763	197,156,935	1,953,083,607
<u>Annual Statement Written Premium - Insurers Not Reporting Closed Claim Data</u>												
Solvent Admitted	286,677	396,017	1,320,088	2,580,477	4,034,164	4,024,037	3,762,361	1,051,199	316,702	194,116	1,570,442	19,536,280
Solvent Surplus Lines & RRG	1,533,879	1,301,863	1,264,547	2,894,937	4,952,412	3,974,030	4,434,120	6,879,051	8,033,007	7,821,401	8,079,787	51,169,034
Currently Insolvent Insurers	46,408	76,318	-	-	-	-	-	-	-	-	-	122,726
Total	1,866,964	1,774,198	2,584,635	5,475,414	8,986,576	7,998,067	8,196,481	7,930,250	8,349,709	8,015,517	9,650,229	70,828,040
<u>Percent of Total Premium - Insurers Not Reporting Closed Claim Data</u>												
Solvent Admitted	0%	1%	2%	3%	2%	2%	2%	1%	0%	0%	1%	1%
Solvent Surplus Lines & RRG	12%	19%	9%	15%	19%	12%	11%	16%	16%	17%	19%	18%
Currently Insolvent Insurers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total	2%	2%	2%	4%	4%	4%	3%	3%	4%	4%	5%	4%

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Annual Statement Direct Paid Losses For Insurers Reporting Closed Claim Data
Excluding Self-Insureds and JUA

	<u>CY 1998</u>	<u>CY 1999</u>	<u>CY 2000</u>	<u>CY 2001</u>	<u>CY 2002</u>	<u>CY 2003</u>	<u>CY 2004</u>	<u>CY 2005</u>	<u>CY 2006</u>	<u>CY 2007</u>	<u>CY 2008</u>	<u>Total</u>
<u>Annual Statement Direct Paid Loss - Insurers Reporting Closed Claim Data</u>												
Solvent Admitted	59,053,369	50,970,678	50,176,562	69,417,456	101,493,872	83,218,659	109,244,784	76,668,636	70,781,677	79,051,864	52,754,638	802,832,195
Solvent Surplus Lines & RRG	2,932,129	5,431,041	3,351,289	7,140,267	9,495,342	8,567,169	11,295,076	10,536,492	9,660,237	9,792,992	10,713,259	88,915,293
Currently Insolvent Insurers	1,683,562	6,030,247	10,677,032	2,408,061	3,624,696	466,302	10,000	-	10,048,230	1,333,775	-	36,281,905
Subtotal	63,669,060	62,431,966	64,204,883	78,965,784	114,613,910	92,252,130	120,549,860	87,205,128	90,490,144	90,178,631	63,467,897	928,029,393
<u>Annual Statement Paid Loss - Insurers Not Reporting Closed Claim Data</u>												
Solvent Admitted	8,500	1,460,827	(1,400,000)	11,326	5,000	10,723	235,000	66,258	220,000	11,030	27	628,691
Solvent Surplus Lines & RRG	7,815,000	190,750	410,000	475,295	30,484	137,024	191,714	104,104	1,563,955	175,074	722,603	11,816,003
Currently Insolvent Insurers	-	-	-	-	-	-	-	-	-	-	-	-
Total	7,823,500	1,651,577	(990,000)	486,621	35,484	147,747	426,714	170,362	1,783,955	186,104	722,630	12,444,694
<u>Percent of Total Paid Losses - Insurers Not Reporting Closed Claim Data</u>												
Solvent Admitted	0%	3%	-3%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Solvent Surplus Lines & RRG	73%	3%	11%	6%	0%	2%	2%	1%	14%	2%	6%	13%
Currently Insolvent Insurers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total	11%	3%	-2%	1%	0%	0%	0%	0%	2%	0%	1%	1%

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Comparison of Annual Statement Direct Paid Losses to Closed Claim Data Paid Losses
Excluding Self-Insureds and JUA

	<u>CY 1998</u>	<u>CY 1999</u>	<u>CY 2000</u>	<u>CY 2001</u>	<u>CY 2002</u>	<u>CY 2003</u>	<u>CY 2004</u>	<u>CY 2005</u>	<u>CY 2006</u>	<u>CY 2007</u>	<u>CY 2008</u>	<u>Total</u>
<u>Annual Statement Direct Paid Loss - Insurers Reporting Closed Claim Data</u>												
Solvent Admitted	59,053,369	50,970,678	50,176,562	69,417,456	101,493,872	83,218,659	109,244,784	76,668,636	70,781,677	79,051,864	52,754,638	802,832,195
Solvent Surplus Lines & RRG	2,932,129	5,431,041	3,351,289	7,140,267	9,495,342	8,567,169	11,295,076	10,536,492	9,660,237	9,792,992	10,713,259	88,915,293
Currently Insolvent Insurers	1,683,562	6,030,247	10,677,032	2,408,061	3,624,696	466,302	10,000	-	10,048,230	1,333,775	-	36,281,905
Subtotal	63,669,060	62,431,966	64,204,883	78,965,784	114,613,910	92,252,130	120,549,860	87,205,128	90,490,144	90,178,631	63,467,897	928,029,393
<u>Closed Claim Data Paid Losses</u>												
Solvent Admitted	59,110,970	48,499,722	59,726,671	62,616,778	97,862,917	87,039,996	105,798,976	79,549,330	76,199,056	89,067,151	56,018,495	821,490,062
Solvent Surplus Lines & RRG	3,110,000	1,295,000	4,613,420	5,893,472	8,827,811	7,598,994	11,546,443	10,639,590	4,787,393	8,145,323	12,380,016	78,837,462
Currently Insolvent Insurers	2,862,647	12,757,205	11,199,903	3,620,292	5,545,821	5,084,308	4,329,578	3,075,118	893,103	168,879	2,290,000	51,826,854
Subtotal	65,083,617	62,551,927	75,539,994	72,130,542	112,236,549	99,723,298	121,674,997	93,264,038	81,879,552	97,381,353	70,688,511	952,154,378
<u>Difference in Paid Losses for Insurers Reporting Closed Claim Data *</u>												
Solvent Admitted	(57,601)	2,470,956	(9,550,109)	6,800,678	3,630,955	(3,821,337)	3,445,808	(2,880,694)	(5,417,379)	(10,015,287)	(3,263,857)	(18,657,867)
Solvent Surplus Lines & RRG	(177,871)	4,136,041	(1,262,131)	1,246,795	667,531	968,175	(251,367)	(103,098)	4,872,844	1,647,669	(1,666,757)	10,077,831
Currently Insolvent Insurers	(1,179,085)	(6,726,958)	(522,871)	(1,212,231)	(1,921,125)	(4,618,006)	(4,319,578)	(3,075,118)	9,155,127	1,164,896	(2,290,000)	(15,544,949)
Total	(1,414,557)	(119,961)	(11,335,111)	6,835,242	2,377,361	(7,471,168)	(1,125,137)	(6,058,910)	8,610,592	(7,202,722)	(7,220,614)	(24,124,985)
<u>Percentage Difference in Paid Losses for Insurers Reporting Closed Claim Data *</u>												
Solvent Admitted	0%	5%	-19%	10%	4%	-5%	3%	-4%	-8%	-13%	-6%	-2%
Solvent Surplus Lines & RRG	-6%	76%	-38%	17%	7%	11%	-2%	-1%	50%	17%	-16%	11%
Currently Insolvent Insurers	-70%	-112%	-5%	-50%	-53%	-990%	-5%	-1%	91%	87%	-11%	-43%
Total	-2%	0%	-18%	9%	2%	-8%	-1%	-7%	10%	-8%	-11%	-3%

* Note that losses reported in the closed claim data under a deductible or retention are not reported in the insurer's annual statement.

Missouri Department of Insurance, Financial Institutions and Professional Registration
 Medical Malpractice Closed Claim Data

Exhibit 2
 Sheet 1

Reporting Entities: Currently Solvent Licensed Insurers
 Aggregation: Summation of individual defendants by year closed (without redundant reopened claims)
 Type of Claims: All
 Selection of Claims: All Claims on Occurrences Involving Physicians and Surgeons, All Claims on Occurrences Involving Hospitals, etc. [See "Selection of Claims for Aggregation" section of the report.]
 Limits: Total Limits

	<u>Calendar Year That Claim Closed</u>													<u>Total</u>
	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	
<u>Number Closed Without Indemnity Payment</u>														
Physician & Surgeons	571	529	509	399	438	426	546	620	770	740	940	770	650	7,908
Hospital	99	74	91	109	105	122	73	53	113	151	181	197	140	1,508
Other Professional	106	86	96	92	104	73	75	99	120	88	101	97	80	1,217
Corporations & Other	51	59	55	77	102	75	86	94	76	40	54	44	28	841
Total	827	748	751	677	749	696	780	866	1,079	1,019	1,276	1,108	898	11,474
<u>Number Closed With Indemnity Payment</u>														
Physician & Surgeons	210	169	169	132	142	190	230	202	229	219	178	249	169	2,488
Hospital	54	58	51	76	51	72	46	56	69	82	97	128	62	902
Other Professional	61	70	87	62	50	46	45	38	48	47	50	60	35	699
Corporations & Other	40	50	81	70	56	77	115	89	53	31	26	26	17	731
Total	365	347	388	340	299	385	436	385	399	379	351	463	283	4,820
<u>Paid ALAE on Claims Closed Without Indemnity</u>														
Physician & Surgeons	5,910,174	8,271,050	7,151,922	6,330,243	7,458,927	5,766,642	6,361,738	8,685,409	13,124,536	10,696,620	19,287,304	19,432,491	12,903,549	131,380,605
Hospital	702,320	5,138,510	1,135,331	1,291,488	1,379,517	1,417,003	1,013,064	1,082,278	1,100,465	1,339,399	2,399,689	2,366,532	2,110,153	22,475,749
Other Professional	918,884	475,785	498,455	212,939	420,972	208,563	567,907	329,272	631,888	1,136,321	1,463,760	971,719	858,794	8,695,259
Corporations & Other	145,727	502,078	272,442	347,793	626,587	421,361	636,352	821,216	726,999	390,219	1,316,240	996,840	573,170	7,777,024
Total	7,677,105	14,387,423	9,058,150	8,182,463	9,886,003	7,813,569	8,579,061	10,918,175	15,583,888	13,562,559	24,466,993	23,767,582	16,445,666	170,328,637
<u>Paid Indemnity</u>														
Physician & Surgeons	37,501,259	34,862,492	37,957,636	24,246,827	37,136,542	39,074,682	54,806,371	52,393,694	68,339,190	60,357,493	57,132,192	55,503,655	35,732,471	595,044,504
Hospital	10,628,584	7,439,888	8,146,925	10,482,266	11,480,373	10,454,707	9,133,973	11,675,273	11,812,433	10,716,046	12,109,665	22,337,529	12,545,699	148,963,361
Other Professional	1,632,607	1,914,560	2,826,996	2,327,347	2,632,727	2,271,054	4,009,159	3,386,101	2,746,969	3,802,050	3,448,520	5,192,156	4,015,593	40,205,839
Corporations & Other	4,143,978	5,068,330	10,004,413	10,618,282	9,439,529	10,607,602	29,123,414	20,584,928	22,900,384	4,897,474	3,193,679	3,864,710	3,719,732	138,166,455
Total	53,906,428	49,285,270	58,935,970	47,674,722	60,689,171	62,408,045	97,072,917	88,039,996	105,798,976	79,773,063	75,884,056	86,898,050	56,013,495	922,380,159
<u>Paid ALAE on Claims Closed With Indemnity</u>														
Physician & Surgeons	4,947,740	5,884,283	5,629,462	4,485,117	5,967,489	6,982,521	9,426,017	7,460,032	12,156,698	11,777,279	8,738,771	12,701,311	10,057,896	106,214,616
Hospital	2,380,725	1,980,785	1,270,653	1,526,191	2,497,798	3,072,767	2,347,624	1,543,153	2,553,513	2,431,891	4,360,752	5,935,927	3,564,871	35,466,650
Other Professional	647,089	1,557,316	624,249	425,051	659,775	628,363	578,615	562,941	586,666	990,168	1,303,697	1,459,418	1,013,075	11,036,423
Corporations & Other	352,808	2,466,727	1,804,635	1,604,451	1,412,780	1,514,267	3,155,062	2,980,497	1,774,597	1,090,722	1,477,970	1,035,452	785,285	21,455,253
Total	8,328,362	11,889,111	9,328,999	8,040,810	10,537,842	12,197,918	15,507,318	12,546,623	17,071,474	16,290,060	15,881,190	21,132,108	15,421,127	174,172,942

Missouri Department of Insurance, Financial Institutions and Professional Registration
 Medical Malpractice Closed Claim Data

Exhibit 2
 Sheet 2

Reporting Entities: Currently Solvent Licensed Insurers
 Aggregation: Summation of occurrences by year occurrence closed. (Reopened claims don't matter.)
 Type of Claims: All
 Selection of Claims: All Claims on Occurrences Involving Physicians and Surgeons, All Claims on Occurrences Involving Hospitals, etc.[See "Selection of Claims for Aggregation" section of the report.]
 Limits: Total Limits

	<u>Calendar Year That Last Claim Closed</u>			<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>Total</u>
	<u>1996</u>	<u>1997</u>	<u>1998</u>											
<u>Occurrences Having at Least One Claim Closed With Indemnity Payment</u>														
Physician & Surgeons	192	158	150	127	128	163	208	169	190	203	165	236	155	2,244
Hospital	54	58	51	74	51	71	45	56	67	78	93	118	57	873
Other Professional	59	67	87	60	49	45	45	38	44	47	50	59	35	685
Corporations & Other	39	50	79	70	55	77	114	87	53	31	26	26	17	724
Total	344	333	367	331	283	356	412	350	354	359	334	439	264	4,526
<u>Paid Indemnity</u>														
Physician & Surgeons	37,461,259	34,902,492	37,917,636	24,251,827	37,176,542	39,043,015	53,209,371	52,490,694	68,189,191	62,024,159	57,132,192	55,553,655	35,532,471	594,884,504
Hospital	10,628,584	7,439,888	8,146,925	10,482,266	11,480,373	10,452,207	9,133,973	11,675,273	11,812,433	10,466,046	12,359,665	22,340,029	12,545,699	148,963,361
Other Professional	1,632,607	1,914,560	2,826,996	2,327,347	2,632,727	2,271,054	4,009,159	3,386,101	2,746,969	3,802,050	3,448,520	5,192,156	4,015,593	40,205,839
Corporations & Other	4,108,978	5,068,330	10,039,413	10,618,282	9,439,529	10,607,602	29,023,414	20,684,928	22,900,384	4,897,474	3,193,679	3,864,710	3,719,732	138,166,455
Total	53,831,428	49,325,270	58,930,970	47,679,722	60,729,171	62,373,878	95,375,917	88,236,996	105,648,977	81,189,729	76,134,056	86,950,550	55,813,495	922,220,159
<u>Paid ALAE (Includes some ALAE on claims closed without indemnity)</u>														
Physician & Surgeons	5,817,510	6,857,591	6,728,829	5,203,299	6,498,544	7,470,568	10,373,261	8,889,363	14,374,001	14,368,800	11,176,050	16,347,044	11,958,304	126,063,164
Hospital	2,383,412	1,980,785	1,270,653	1,526,191	2,497,798	3,077,341	2,347,624	1,609,378	2,868,608	2,112,426	5,030,830	6,461,308	3,632,205	36,798,559
Other Professional	671,126	1,557,891	656,431	450,106	659,775	661,250	697,790	619,570	664,335	1,106,665	1,372,584	1,478,647	1,101,219	11,697,389
Corporations & Other	381,674	2,467,076	1,830,031	1,666,875	1,412,780	1,560,247	3,107,011	3,081,177	1,807,466	1,119,328	1,477,970	1,035,452	785,285	21,732,372
Total	9,253,722	12,863,343	10,485,944	8,846,471	11,068,897	12,769,406	16,525,686	14,199,488	19,714,410	18,707,219	19,057,434	25,322,451	17,477,013	196,291,484

**Missouri Department of Insurance, Financial Institutions and Professional Registration
Medical Malpractice Closed Claim Data**

Reporting Entities: Currently Solvent Licensed Insurers
 Aggregation: Summation of individual defendants by report year
 Segment: Physicians & Surgeons and Other Codefendants (Other Health Care Professionals & Corporations)
 Selection of Claims: Occurrences Involving Physicians and Surgeons [See "Selection of Claims for Aggregation" section of the report.]

<u>RY</u>	<u>Closed W/O Indemnity Payment</u>	<u>Closed With Indemnity Payment</u>	<u>Open Claims</u>	<u>Total Reported Claims</u>
prior	1,126	470	4	1,600
1996	486	150	-	636
1997	425	151	-	576
1998	409	148	3	560
1999	420	178	-	598
2000	557	223	4	784
2001	640	261	19	920
2002	880	247	38	1,165
2003	772	181	62	1,015
2004	558	164	95	817
2005	1,073	210	210	1,493
2006	306	52	146	504
2007	157	42	283	482
2008	99	11	362	472
Total	7,908	2,488	1,226	11,622

Claims Closed Without Indemnity Payment

<u>RY</u>	<u>1996 CY 1996</u>	<u>1997 CY 1997</u>	<u>1998 CY 1998</u>	<u>1999 CY 1999</u>	<u>2000 CY 2000</u>	<u>2001 CY 2001</u>	<u>2002 CY 2002</u>	<u>2003 CY 2003</u>	<u>2004 CY 2004</u>	<u>2005 CY 2005</u>	<u>2006 CY 2006</u>	<u>2007 CY 2007</u>	<u>2008 CY 2008</u>	<u>RY Total</u>
Prior	474	314	166	69	60	20	5	5	3	1	3	5	1	1,126
1996	97	145	120	62	34	9	10	7	-	2	-	-	-	486
1997		70	154	80	61	30	12	11	3	1	3	-	-	425
1998			69	97	98	74	44	7	4	6	6	4	-	409
1999				91	119	87	54	21	21	10	11	5	1	420
2000					66	166	128	78	52	34	21	10	2	557
2001						40	200	165	120	31	35	28	21	640
2002							93	247	266	132	74	38	30	880
2003								79	231	199	135	95	33	772
2004									70	167	176	93	52	558
2005										157	389	344	183	1,073
2006											87	108	111	306
2007												40	117	157
2008													99	99
Total	571	529	509	399	438	426	546	620	770	740	940	770	650	7,908

Claims Closed With Indemnity Payment

<u>RY</u>	<u>CY 1996</u>	<u>CY 1997</u>	<u>CY 1998</u>	<u>CY 1999</u>	<u>CY 2000</u>	<u>CY 2001</u>	<u>CY 2002</u>	<u>CY 2003</u>	<u>CY 2004</u>	<u>CY 2005</u>	<u>CY 2006</u>	<u>CY 2007</u>	<u>CY 2008</u>	<u>RY Total</u>
Prior	192	128	77	30	26	9	3	3	1	-	1	-	-	470
1996	18	33	45	25	11	12	3	2	-	1	-	-	-	150
1997		8	35	37	22	27	14	3	-	5	-	-	-	151
1998			12	38	34	30	19	7	6	-	1	-	1	148
1999				2	40	57	45	11	10	3	3	3	4	178
2000					9	43	75	52	18	14	6	3	3	223
2001						12	58	71	61	21	16	9	13	261
2002							13	44	87	56	24	19	4	247
2003								9	39	71	28	24	10	181
2004									7	38	55	47	17	164
2005										10	41	105	54	210
2006											3	27	22	52
2007												12	30	42
2008													11	11
Total	210	169	169	132	142	190	230	202	229	219	178	249	169	2,488

**Missouri Department of Insurance, Financial Institutions and Professional Registration
Medical Malpractice Closed Claim Data**

Reporting Entities: Currently Solvent Licensed Insurers
 Aggregation: Summation of individual defendants by report year
 Segment: Physicians & Surgeons and Other Codefendants (Other Health Care Professionals & Corporations)
 Selection of Claims: Occurrences Involving Physicians and Surgeons [See "Selection of Claims for Aggregation" section of the report.]

Paid ALAE on Claims Closed Without Indemnity Payment

<u>RY</u>	<u>CY 1996</u>	<u>CY 1997</u>	<u>CY 1998</u>	<u>CY 1999</u>	<u>CY 2000</u>	<u>CY 2001</u>	<u>CY 2002</u>	<u>CY 2003</u>	<u>CY 2004</u>	<u>CY 2005</u>	<u>CY 2006</u>	<u>CY 2007</u>	<u>CY 2008</u>	<u>RY Total</u>
Prior	5,811,472	7,596,054	5,035,407	2,494,699	2,391,610	1,163,688	223,812	524,340	493,996	30,140	489,014	267,536	36,748	26,558,516
1996	98,702	590,058	1,172,084	2,137,187	1,129,076	526,886	554,136	226,161	-	54,016	-	-	-	6,488,306
1997		84,938	767,374	1,035,314	1,766,854	625,080	574,315	634,636	285,767	-	301,903	-	-	6,076,181
1998			177,057	394,454	1,499,091	1,579,785	938,691	296,110	268,487	328,077	662,930	297,225	-	6,441,907
1999				268,589	496,246	998,729	1,821,974	511,423	793,960	559,358	1,581,730	379,886	25,684	7,437,579
2000					176,050	760,309	1,364,200	1,735,532	1,641,458	1,930,021	1,889,054	566,282	63,563	10,126,469
2001						112,165	687,580	2,938,150	4,202,623	1,173,734	1,563,174	2,482,464	1,266,646	14,426,536
2002							197,030	1,665,498	3,816,625	2,531,925	3,787,297	1,846,837	934,407	14,779,619
2003								153,559	1,483,867	3,093,039	4,239,340	3,604,115	1,941,813	14,515,733
2004									137,753	655,640	2,805,053	3,085,696	1,558,425	8,242,567
2005										340,670	1,870,046	6,261,970	4,690,071	13,162,757
2006											97,763	536,705	1,419,415	2,053,883
2007												103,775	777,166	880,941
2008													189,611	189,611
Total	5,910,174	8,271,050	7,151,922	6,330,243	7,458,927	5,766,642	6,361,738	8,685,409	13,124,536	10,696,620	19,287,304	19,432,491	12,903,549	131,380,605

Total Limits

Paid Indemnity on Claims Closed With Indemnity Payment

<u>RY</u>	<u>CY 1996</u>	<u>CY 1997</u>	<u>CY 1998</u>	<u>CY 1999</u>	<u>CY 2000</u>	<u>CY 2001</u>	<u>CY 2002</u>	<u>CY 2003</u>	<u>CY 2004</u>	<u>CY 2005</u>	<u>CY 2006</u>	<u>CY 2007</u>	<u>CY 2008</u>	<u>RY Total</u>
Prior	35,596,494	30,203,738	14,821,125	6,062,849	10,459,565	1,102,500	351,752	2,630,891	500,000	-	700,000	-	-	102,428,914
1996	1,904,765	4,203,000	7,670,699	3,715,450	2,956,348	3,331,634	125,000	90,000	-	50,000	-	-	-	24,046,896
1997		455,754	14,438,126	8,697,254	4,350,500	6,982,667	2,764,286	332,500	-	1,851,733	-	-	-	39,872,820
1998			1,027,686	5,546,274	8,636,499	5,861,020	4,692,193	1,612,500	497,500	-	25,000	-	100,000	27,998,672
1999				225,000	9,623,630	11,376,042	13,451,568	2,129,248	3,926,489	700,000	1,375,000	1,534,173	1,025,000	45,366,150
2000					1,110,000	9,577,006	19,671,250	11,509,870	5,082,627	4,925,000	2,423,880	287,500	350,000	54,937,133
2001						843,813	11,259,222	22,304,168	15,539,850	5,867,688	5,202,500	811,446	2,569,540	64,398,227
2002							2,491,100	9,750,762	32,018,320	13,274,521	8,961,800	3,994,131	1,605,000	72,095,634
2003								2,033,755	9,975,404	21,920,769	11,685,401	3,899,133	2,872,235	52,386,697
2004									799,000	10,879,630	15,911,822	12,705,656	3,516,714	43,812,822
2005										888,152	10,323,789	26,474,124	12,807,390	50,493,455
2006											523,000	3,396,660	4,222,000	8,141,660
2007												2,400,832	5,633,500	8,034,332
2008													1,031,092	1,031,092
Total	37,501,259	34,862,492	37,957,636	24,246,827	37,136,542	39,074,682	54,806,371	52,393,694	68,339,190	60,357,493	57,132,192	55,503,655	35,732,471	595,044,504

Total Limits

Paid ALAE on Claims Closed With Indemnity Payment

<u>RY</u>	<u>CY 1996</u>	<u>CY 1997</u>	<u>CY 1998</u>	<u>CY 1999</u>	<u>CY 2000</u>	<u>CY 2001</u>	<u>CY 2002</u>	<u>CY 2003</u>	<u>CY 2004</u>	<u>CY 2005</u>	<u>CY 2006</u>	<u>CY 2007</u>	<u>CY 2008</u>	<u>RY Total</u>
Prior	4,796,936	5,333,301	3,238,773	1,571,421	1,781,666	373,891	252,025	364,384	114,944	-	133,902	-	-	17,961,243
1996	150,804	496,271	1,249,067	1,007,852	656,149	1,087,192	90,136	60,486	-	254,845	-	-	-	5,052,802
1997		54,711	1,031,668	1,330,731	1,179,076	1,702,356	911,074	339,556	-	948,116	-	-	-	7,497,288
1998			109,954	554,460	1,443,110	1,410,288	1,198,133	387,861	489,881	-	48,371	-	67,366	5,709,424
1999				20,653	884,953	1,471,527	2,241,773	616,094	1,627,329	254,145	860,880	782,396	510,318	9,270,068
2000					22,535	898,174	3,453,389	2,203,602	1,633,692	827,055	549,843	210,034	148,935	9,947,259
2001						39,093	1,199,243	2,703,940	3,145,006	1,599,323	1,133,835	786,881	1,462,311	12,069,632
2002							80,244	747,519	4,322,438	3,232,856	2,165,373	1,550,717	494,800	12,593,947
2003								36,590	817,225	3,889,476	1,654,962	1,817,450	1,181,953	9,397,656
2004									6,183	749,970	1,620,863	2,193,448	1,189,308	5,759,772
2005										21,493	561,490	4,800,276	3,305,480	8,688,739
2006											9,252	406,095	1,129,781	1,545,128
2007												154,014	525,195	679,209
2008													42,449	42,449
Total	4,947,740	5,884,283	5,629,462	4,485,117	5,967,489	6,982,521	9,426,017	7,460,032	12,156,698	11,777,279	8,738,771	12,701,311	10,057,896	106,214,616

**Missouri Department of Insurance, Financial Institutions and Professional Registration
Medical Malpractice Closed Claim Data**

Reporting Entities: Currently Solvent Licensed Insurers
 Aggregation: Summation of occurrences by report year of first claim reported. The CY is the year the most recent claim closed. (Reopened claims don't matter.)
 Segment: Physicians & Surgeons and Other Codefendants (Other Health Care Professionals & Corporations)
 Selection of Claims: Occurrences Involving Physicians and Surgeons
 Note: The dollars of indemnity and expense could be paid out over several years but this report aggregates the dollars to the year the latest claim closed.
 For occurrences having a claim paid with indemnity, "the year the latest claim closed" means the year the latest claim closed with indemnity.

RY	Occurrences w/ At Least One Claim Closed With Indemnity Payment	Occurrences w/ All Claims Closed Without Indemnity Payment	Open Occurrences	Total Reported Occurrences
	prior	699	440	4
1996	306	140	-	446
1997	278	129	-	407
1998	283	138	2	423
1999	293	156	-	449
2000	367	189	3	559
2001	370	233	9	612
2002	496	217	27	740
2003	460	163	36	659
2004	337	150	61	548
2005	627	190	129	946
2006	189	51	80	320
2007	100	38	176	314
2008	65	10	245	320
Total	4,870	2,244	772	7,886

Occurrences Having at All Claim Closed Without Indemnity Payment

RY	1996 CY 1996	1997 CY 1997	1998 CY 1998	1999 CY 1999	2000 CY 2000	2001 CY 2001	2002 CY 2002	2003 CY 2003	2004 CY 2004	2005 CY 2005	2006 CY 2006	2007 CY 2007	2008 CY 2008	RY Total
Prior	290	197	103	47	37	12	4	4	1	1	2	-	1	699
1996	63	93	70	37	25	6	7	4	-	1	-	-	-	306
1997		42	104	56	41	18	8	7	2	-	-	-	-	278
1998			47	66	78	50	24	5	3	4	3	3	-	283
1999				66	84	64	33	17	12	7	7	3	-	293
2000					51	129	71	40	34	20	13	7	2	367
2001						27	119	92	65	18	21	19	9	370
2002							68	139	135	72	44	22	16	496
2003								52	146	118	73	51	20	460
2004									60	109	92	49	27	337
2005										103	238	193	93	627
2006											54	71	64	189
2007												27	73	100
2008													65	65
Total	353	332	324	272	316	306	334	360	458	453	547	445	370	4,870

Occurrences Having at Least One Claim Closed With Indemnity Payment

RY	1996 CY 1996	1997 CY 1997	1998 CY 1998	1999 CY 1999	2000 CY 2000	2001 CY 2001	2002 CY 2002	2003 CY 2003	2004 CY 2004	2005 CY 2005	2006 CY 2006	2007 CY 2007	2008 CY 2008	RY Total
Prior	179	123	70	30	23	7	3	3	1	-	1	-	-	440
1996	13	30	43	26	11	11	3	2	-	1	-	-	-	140
1997		5	29	33	20	21	13	4	-	4	-	-	-	129
1998			8	36	31	29	19	6	6	-	1	1	1	138
1999				2	36	47	40	10	10	3	3	2	3	156
2000					7	36	66	40	16	13	6	2	3	189
2001						12	53	59	49	22	15	10	13	233
2002							11	37	70	55	22	19	3	217
2003								8	31	61	28	25	10	163
2004									7	35	49	43	16	150
2005										9	37	98	46	190
2006											3	26	22	51
2007												10	28	38
2008													10	10
Total	192	158	150	127	128	163	208	169	190	203	165	236	155	2,244

**Missouri Department of Insurance, Financial Institutions and Professional Registration
Medical Malpractice Closed Claim Data**

Reporting Entities: Currently Solvent Licensed Insurers
 Aggregation: Summation of occurrences by report year of first claim reported. The CY is the year the most recent claim closed. (Reopened claims don't matter.)
 Segment: Physicians & Surgeons and Other Codefendants (Other Health Care Professionals & Corporations)
 Selection of Claims: Occurrences Involving Physicians and Surgeons
 Note: The dollars of indemnity and expense could be paid out over several years but this report aggregates the dollars to the year the latest claim closed.
 For occurrences having a claim paid with indemnity, "the year the latest claim closed" means the year the latest claim closed with indemnity.

Paid ALAE on Occurrences Closed Without Indemnity Payment														
RY	CY 1996	CY 1997	CY 1998	CY 1999	CY 2000	CY 2001	CY 2002	CY 2003	CY 2004	CY 2005	CY 2006	CY 2007	CY 2008	RY Total
Prior	5,071,509	6,893,898	4,368,063	2,372,134	2,274,146	1,108,610	223,812	602,486	177,293	30,140	649,048	-	36,748	23,807,887
1996	94,637	444,402	759,628	2,044,392	1,008,294	484,596	635,699	214,686	-	54,016	-	-	-	5,740,350
1997	-	61,117	660,918	864,250	1,695,596	497,027	352,297	743,516	319,119	-	-	-	-	5,193,840
1998	-	-	151,566	256,551	1,357,948	1,489,284	778,244	289,396	240,555	275,387	517,817	297,225	-	5,653,973
1999	-	-	-	229,948	379,760	740,335	1,527,659	637,238	415,112	559,358	967,428	263,424	-	5,720,262
2000	-	-	-	-	151,744	572,622	1,038,794	1,471,654	1,557,777	1,638,826	1,840,692	566,282	157,452	8,995,843
2001	-	-	-	-	-	96,582	481,529	1,665,622	3,660,519	1,037,294	1,581,655	2,096,433	1,093,820	11,713,454
2002	-	-	-	-	-	-	161,282	1,305,972	2,699,409	2,030,033	3,524,383	1,732,777	1,006,509	12,460,365
2003	-	-	-	-	-	-	-	91,914	1,150,984	2,331,798	3,858,022	3,101,762	1,739,624	12,274,104
2004	-	-	-	-	-	-	-	-	118,794	486,453	2,211,159	2,231,947	1,569,242	6,617,595
2005	-	-	-	-	-	-	-	-	-	230,171	1,610,749	4,757,693	3,681,920	10,280,533
2006	-	-	-	-	-	-	-	-	-	-	82,083	358,355	985,284	1,425,722
2007	-	-	-	-	-	-	-	-	-	-	-	63,404	590,772	654,176
2008	-	-	-	-	-	-	-	-	-	-	-	-	177,672	177,672
Total	5,166,146	7,399,417	5,940,175	5,767,275	6,867,488	4,989,056	5,199,316	7,022,484	10,339,562	8,673,476	16,843,036	15,469,302	11,039,043	110,715,776

Total Limits Paid Indemnity on Occurrences Closed With Indemnity Payment														
RY	CY 1996	CY 1997	CY 1998	CY 1999	CY 2000	CY 2001	CY 2002	CY 2003	CY 2004	CY 2005	CY 2006	CY 2007	CY 2008	RY Total
Prior	35,780,494	30,489,238	14,821,125	7,122,849	10,674,565	1,352,500	351,752	2,630,891	500,000	-	700,000	-	-	104,423,414
1996	1,680,765	4,178,000	7,835,699	3,795,450	3,156,348	3,116,634	125,000	90,000	-	50,000	-	-	-	24,027,896
1997	-	235,254	14,638,126	7,562,254	4,175,500	7,516,000	2,764,286	445,000	-	1,918,400	-	-	-	39,254,820
1998	-	-	622,686	5,546,274	8,561,499	5,361,020	4,842,193	1,500,000	497,500	-	25,000	200,000	100,000	27,256,172
1999	-	-	-	225,000	9,498,630	11,326,542	14,426,568	2,429,248	4,026,489	700,000	1,375,000	1,334,173	1,025,000	46,366,650
2000	-	-	-	-	1,110,000	9,526,506	17,299,250	14,056,870	5,432,627	4,925,000	2,423,880	287,500	350,000	55,411,633
2001	-	-	-	-	-	843,813	21,004,168	16,809,850	7,836,187	6,802,500	886,446	2,569,540	67,986,726	143,350,864
2002	-	-	-	-	-	-	2,166,100	8,300,762	31,323,321	15,183,521	8,636,800	3,994,131	1,605,000	71,209,635
2003	-	-	-	-	-	-	-	2,033,755	8,800,404	20,375,769	11,400,401	4,404,876	2,922,235	49,937,440
2004	-	-	-	-	-	-	-	799,000	10,197,130	14,994,322	12,784,913	3,516,714	42,292,079	143,350,864
2005	-	-	-	-	-	-	-	-	838,152	10,251,289	26,036,624	12,557,390	49,683,455	143,350,864
2006	-	-	-	-	-	-	-	-	-	523,000	3,359,160	4,222,000	8,104,160	143,350,864
2007	-	-	-	-	-	-	-	-	-	-	2,265,832	5,718,500	7,984,332	143,350,864
2008	-	-	-	-	-	-	-	-	-	-	-	946,092	946,092	143,350,864
Total	37,461,259	34,902,492	37,917,636	24,251,827	37,176,542	39,043,015	53,209,371	52,490,694	68,189,191	62,024,159	57,132,192	55,553,655	35,532,471	594,884,504

Total Limits Paid ALAE on Occurrences Closed With Indemnity Payment														
RY	CY 1996	CY 1997	CY 1998	CY 1999	CY 2000	CY 2001	CY 2002	CY 2003	CY 2004	CY 2005	CY 2006	CY 2007	RY Total	
Prior	5,715,470	6,300,463	4,012,786	2,256,573	1,957,586	587,105	252,025	368,717	229,062	-	133,902	-	-	21,813,689
1996	102,040	534,356	1,516,773	1,192,662	813,000	979,063	90,136	98,669	-	254,845	-	-	-	5,581,544
1997	-	22,772	1,167,057	1,101,290	1,213,999	1,666,796	980,204	411,977	-	1,241,903	-	-	-	7,805,998
1998	-	-	32,213	628,527	1,556,871	1,496,647	1,411,924	424,727	517,813	-	193,484	268,462	67,366	6,598,034
1999	-	-	-	24,247	923,144	1,779,357	2,669,547	802,339	2,200,453	254,145	1,475,182	701,021	536,002	11,365,437
2000	-	-	-	-	33,944	922,507	3,549,090	2,532,484	1,826,926	1,111,171	598,205	210,034	148,935	10,933,296
2001	-	-	-	-	-	39,093	1,333,017	3,566,491	4,180,520	2,471,137	1,679,262	1,220,076	1,667,187	16,156,783
2002	-	-	-	-	-	-	87,318	647,369	4,572,303	4,283,716	2,494,999	1,770,359	494,800	14,350,864
2003	-	-	-	-	-	-	-	36,590	840,741	3,915,172	1,945,120	2,348,252	1,454,234	10,540,109
2004	-	-	-	-	-	-	-	-	6,183	808,539	1,921,784	3,158,989	1,379,202	7,274,697
2005	-	-	-	-	-	-	-	-	-	28,172	724,860	6,070,927	4,048,288	10,540,109
2006	-	-	-	-	-	-	-	-	-	-	9,252	457,908	1,480,490	10,540,109
2007	-	-	-	-	-	-	-	-	-	-	-	141,016	630,070	10,540,109
2008	-	-	-	-	-	-	-	-	-	-	-	-	51,730	10,540,109
Total	5,817,510	6,857,591	6,728,829	5,203,299	6,498,544	7,470,568	10,373,261	8,889,363	14,374,001	14,368,800	11,176,050	16,347,044	11,958,304	126,063,164

**Missouri Department of Insurance, Financial Institutions and Professional Registration
Medical Malpractice Closed Claim Data**

**Exhibit 5
Sheet 1**

Reporting Entities: Currently Solvent Licensed Insurers
 Aggregation: Summation of individual claims by year closed, plus reopened claims in year closed
 Segment: Physicians & Surgeons and Other Codefendants (Other Health Care Professionals & Corporations)
 Selection of Claims: Occurrences Involving Physicians and Surgeons [See "Selection of Claims for Aggregation" section of the report.]
 Limits: Total Limits with Various Types of Excess of Loss Reinsurance

Calendar Year Claim Closed	Number of Claims With Indemnity at or Below Retention (excludes claims closed without indemnity payment)										Total Limits
	Indemnity Retention										
	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k	
1996	116	157	173	180	197	201	201	202	203	210	210
1997	85	110	132	144	154	158	159	163	164	168	169
1998	86	118	131	141	153	155	156	157	160	166	169
1999	76	102	107	120	123	124	124	126	126	131	132
2000	53	81	96	106	123	128	135	137	137	141	142
2001	87	129	149	168	178	179	181	182	184	187	190
2002	96	150	186	192	201	205	208	214	217	228	230
2003	74	118	147	160	176	180	184	188	191	201	202
2004	64	112	148	172	192	200	206	211	215	227	229
2005	82	131	151	166	185	191	196	201	203	217	219
2006	60	93	110	121	144	149	154	162	165	174	178
2007	105	160	197	210	227	230	234	238	238	247	249
2008	85	116	133	139	154	156	160	161	162	168	169

Calendar Year Claim Closed	Paid Indemnity Retained										Total Limits Mean Loss	Total Limits Coefficient of Var	
	Indemnity Retention												
	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k			
1996	14,475,536	22,455,469	27,180,469	30,726,469	33,101,336	34,251,259	35,151,259	36,001,259	36,801,259	37,501,259	37,501,259	178,577	1.236
1997	12,313,242	19,664,468	24,699,800	28,149,800	30,456,800	31,831,800	32,931,800	33,827,889	34,354,489	34,854,489	34,862,492	206,287	1.129
1998	11,544,814	18,730,274	23,308,088	26,732,726	29,392,726	30,972,726	32,365,636	33,665,636	34,805,636	35,605,636	37,957,636	224,601	1.429
1999	9,218,957	13,717,461	16,456,211	18,371,827	19,571,827	20,396,827	21,196,827	21,946,827	22,546,827	23,096,827	24,246,827	183,688	1.513
2000	16,112,822	18,921,682	24,262,918	28,485,266	31,795,766	33,568,542	34,846,542	35,436,542	35,936,542	36,361,542	37,136,542	261,525	1.038
2001	14,143,063	22,632,279	27,820,549	31,088,049	33,110,548	34,215,548	35,215,548	36,045,548	36,775,548	37,375,548	39,074,682	205,656	1.282
2002	18,080,822	29,491,824	36,206,610	40,256,610	43,803,627	46,628,627	49,083,627	50,973,728	52,418,728	53,506,404	54,806,371	238,289	1.204
2003	16,112,733	27,355,047	34,517,555	39,703,555	43,509,457	46,019,457	48,070,382	49,791,957	51,004,457	51,917,803	52,393,694	259,375	1.042
2004	19,145,330	34,140,976	44,550,988	51,677,006	56,781,834	60,051,537	62,722,324	64,797,116	66,533,416	67,873,416	68,339,190	298,424	0.922
2005	17,408,583	29,247,612	37,068,062	43,054,562	48,094,562	51,331,562	53,974,062	56,004,062	57,804,062	59,289,062	60,357,493	275,605	1.086
2006	14,575,727	25,039,402	32,659,402	39,029,284	43,943,069	47,083,069	49,833,069	51,969,850	53,558,171	54,633,170	57,132,192	320,967	1.106
2007	19,193,172	31,811,779	39,349,575	43,955,610	47,586,983	49,736,983	51,531,983	52,753,656	53,853,656	54,703,655	55,503,655	222,906	1.109
2008	12,529,326	20,095,617	24,668,172	28,102,907	30,725,907	32,200,907	33,365,907	34,240,907	34,965,907	35,482,471	35,732,471	211,435	1.151

Calendar Year Claim Closed	Paid ALAE on Claims With Indemnity at or Below Retention (excludes ALAE on claims closed without indemnity payment)										Total Limits Mean ALAE	Total Limits Coefficient of Var	
	Indemnity Retention												
	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k			
1996	1,912,399	2,920,111	3,371,113	3,661,957	4,300,259	4,446,745	4,446,745	4,506,008	4,554,322	4,947,740	4,947,740	23,561	1.248
1997	1,882,210	2,698,154	3,585,342	4,053,057	4,486,998	5,076,579	5,162,472	5,533,663	5,674,682	5,856,034	5,884,283	34,818	1.208
1998	2,340,787	3,511,955	4,046,515	4,459,548	4,795,846	4,850,056	5,004,230	5,004,230	5,122,210	5,404,207	5,629,462	33,310	1.061
1999	2,114,529	2,889,134	3,281,555	3,700,612	3,786,224	3,816,644	3,816,644	3,915,091	3,915,091	4,418,886	4,485,117	33,978	1.191
2000	1,246,702	2,375,433	3,130,066	3,891,308	4,726,762	4,971,033	5,248,597	5,379,319	5,379,319	5,914,793	5,967,489	42,025	1.071
2001	2,470,276	3,829,063	4,833,045	5,622,532	6,214,076	6,237,209	6,384,968	6,449,280	6,498,994	6,645,762	6,982,521	36,750	1.143
2002	2,812,968	5,267,982	7,012,666	7,433,108	7,853,441	8,053,007	8,395,770	8,714,247	8,893,166	9,377,054	9,426,017	40,983	1.098
2003	1,813,953	3,096,387	4,407,950	5,088,052	5,809,253	6,049,338	6,189,867	6,537,398	6,615,190	7,443,151	7,460,032	36,931	1.093
2004	2,323,711	4,268,371	5,853,970	6,937,653	7,860,227	8,816,290	9,064,403	9,942,407	10,303,209	11,676,481	12,156,698	53,086	1.184
2005	2,517,354	5,488,902	6,557,744	7,628,924	8,837,757	9,382,030	9,745,801	10,102,269	10,182,136	11,399,507	11,777,279	53,778	1.015
2006	2,064,698	3,346,759	3,952,028	4,512,664	5,483,698	5,720,713	6,061,408	6,714,971	7,076,275	7,547,635	8,738,771	49,094	1.490
2007	3,656,931	6,861,274	8,835,221	9,492,010	10,848,016	10,928,193	11,167,464	11,702,058	11,702,058	12,328,562	12,701,311	51,009	1.202
2008	3,493,296	5,066,791	6,397,976	6,784,392	8,185,403	8,575,380	8,746,191	8,811,574	8,839,463	9,860,088	10,057,896	59,514	1.208

Calendar Year Claim Closed	Paid Indemnity+ALAE Retained with ALAE Ceded In Proportion to Ceded Loss										Total Limits Mean L&ALAE	Total Limits Coefficient of Var	
	Indemnity Retention												
	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k			
1996	17,507,137	26,311,279	31,435,778	35,253,275	37,794,440	39,013,675	39,966,286	40,864,947	41,709,657	42,448,999	42,448,999	202,138	1.150
1997	15,455,043	23,878,489	29,542,152	33,381,984	35,962,696	37,497,203	38,695,340	39,665,534	40,217,610	40,738,548	40,746,775	241,105	1.048
1998	15,074,571	23,194,484	28,174,977	31,816,952	34,625,713	36,293,141	37,762,866	39,119,009	40,312,269	41,152,033	43,587,098	257,912	1.279
1999	12,181,663	17,306,451	20,352,818	22,430,450	23,719,953	24,612,988	25,479,574	26,292,432	26,946,246	27,546,518	28,731,944	217,666	1.346
2000	13,892,487	22,980,078	29,007,684	33,694,071	37,311,445	39,232,134	40,614,747	41,269,656	41,826,380	42,306,023	43,104,031	303,550	0.957
2001	18,301,889	28,145,785	33,938,748	37,522,952	39,735,661	40,918,516	41,989,259	42,868,627	43,642,820	44,283,740	46,057,203	242,406	1.144
2002	23,536,188	36,904,023	44,466,714	48,867,606	52,674,671	55,694,411	58,308,250	60,290,580	61,798,087	62,921,903	64,232,388	279,271	1.062
2003	19,823,423	32,593,417	40,536,067	46,222,842	50,334,218	53,035,736	55,235,131	57,084,285	58,385,692	59,372,392	59,853,726	296,306	0.964
2004	24,332,560	41,743,744	53,576,524	61,595,177	67,401,672	71,129,176	74,164,791	76,499,667	78,452,274	79,968,088	80,495,888	351,510	0.872
2005	23,159,167	37,418,133	46,366,832	53,105,822	58,708,431	62,262,970	65,148,025	67,357,173	69,313,528	70,933,828	72,134,772	329,383	0.981
2006	18,397,797	30,345,097	38,815,778	45,857,506	51,269,400	54,751,602	57,814,140	60,203,581	61,979,101	63,187,732	65,870,963	370,062	1.038
2007	26,263,837	41,560,601	50,231,811	55,450,678	59,526,468	61,892,622	63,872,561	65,195,791	66,388,300	67,317,411	68,204,966	273,916	0.986
2008	18,150,622	27,441,562	32,921,390	36,955,904	40,029,741	41,727,295	43,043,044	44,048,928	44,895,948	45,500,805	45,790,367	270,949	1.028

Missouri Department of Insurance, Financial Institutions and Professional Registration
 Medical Malpractice Closed Claim Data

Exhibit 5
 Sheet 2

Reporting Entities: Currently Solvent Licensed Insurers
 Aggregation: Summation of individual claims by year closed, plus reopened claims in year closed
 Segment: Physicians & Surgeons and Other Codefendants (Other Health Care Professionals & Corporations)
 Selection of Claims: Occurrences Involving Physicians and Surgeons [See "Selection of Claims for Aggregation" section of the report.]
 Limits: Total Limits with Various Types of Excess of Loss Reinsurance

Calendar Year Claim Closed	<u>Retained Paid Indemnity percent of \$1,000k</u>										Total Limits	\$1,000k Limits Mean of Var	\$1,000k Limits Coefficient
	<u>Indemnity Retention</u>												
	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k			
1996	39%	60%	72%	82%	88%	91%	94%	96%	98%	100%	100%	178,577	1.236
1997	35%	56%	71%	81%	87%	91%	94%	97%	99%	100%	100%	206,240	1.129
1998	32%	53%	65%	75%	83%	87%	91%	95%	98%	100%	107%	210,684	1.244
1999	40%	59%	71%	80%	85%	88%	92%	95%	98%	100%	105%	174,976	1.314
2000	30%	52%	67%	78%	87%	92%	96%	97%	99%	100%	102%	256,067	0.967
2001	38%	61%	74%	83%	89%	92%	94%	96%	98%	100%	105%	196,713	1.118
2002	34%	55%	68%	75%	82%	87%	92%	95%	98%	100%	102%	232,637	1.116
2003	31%	53%	66%	76%	84%	89%	93%	96%	98%	100%	101%	257,019	1.018
2004	28%	50%	66%	76%	84%	88%	92%	95%	98%	100%	101%	296,390	0.905
2005	29%	49%	63%	73%	81%	87%	91%	94%	97%	100%	102%	270,726	1.044
2006	27%	46%	60%	71%	80%	86%	91%	95%	98%	100%	105%	306,928	0.953
2007	35%	58%	72%	80%	87%	91%	94%	96%	98%	100%	101%	219,693	1.065
2008	35%	57%	70%	79%	87%	91%	94%	97%	99%	100%	101%	209,955	1.132

Calendar Year Claim Closed	<u>ALAE ratio to Loss on Claims With Loss at or Below Retention (excludes ALAE on claims closed without indemnity payment)</u> =ALAE/(Indem limited to retention - (total number of claims - claims at or below retention) * retention)										Total Limits L&ALAE	Total Correlation of Indemnity	\$1,000k Limits Correlation of Indemnity
	<u>Indemnity Retention</u>												
	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k			
1996	38%	25%	21%	20%	16%	15%	15%	15%	13%	13%	13%	34.2%	34.2%
1997	48%	34%	26%	22%	20%	20%	20%	19%	19%	17%	17%	39.7%	39.7%
1998	72%	41%	34%	29%	22%	21%	22%	21%	19%	17%	15%	20.0%	14.9%
1999	58%	37%	37%	27%	25%	24%	24%	23%	23%	20%	18%	30.8%	31.4%
2000	57%	35%	30%	28%	21%	20%	18%	17%	17%	17%	16%	35.5%	36.9%
2001	64%	37%	31%	25%	23%	23%	22%	22%	21%	19%	18%	25.5%	24.1%
2002	60%	39%	30%	30%	27%	25%	25%	23%	22%	18%	17%	13.8%	16.2%
2003	55%	29%	24%	22%	19%	18%	17%	17%	16%	15%	14%	31.8%	33.0%
2004	88%	40%	29%	24%	21%	21%	19%	20%	19%	18%	18%	41.7%	39.5%
2005	68%	47%	39%	35%	28%	27%	26%	24%	23%	20%	20%	36.2%	30.1%
2006	74%	42%	32%	28%	20%	19%	18%	17%	17%	15%	15%	31.3%	29.3%
2007	76%	49%	37%	33%	30%	29%	27%	27%	27%	23%	23%	26.7%	23.7%
2008	85%	53%	46%	42%	35%	35%	32%	32%	31%	29%	28%	38.0%	36.3%

Calendar Year Claim Closed	<u>Retained Paid Indemnity+ALAE with ALAE Ceded in Proportion to Ceded Loss - percent of \$1,000k Indemnity Retention</u>										Total Limits L&ALAE	\$1,000k Limits Mean of Var	\$1,000k Limits Coefficient
	<u>Indemnity Retention</u>												
	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k			
1996	41%	62%	74%	83%	89%	92%	94%	96%	98%	100%	100%	202,138	1.150
1997	38%	59%	73%	82%	88%	92%	95%	97%	99%	100%	100%	241,056	1.047
1998	37%	56%	68%	77%	84%	88%	92%	95%	98%	100%	106%	243,503	1.115
1999	44%	63%	74%	81%	86%	89%	92%	95%	98%	100%	104%	208,686	1.183
2000	33%	54%	69%	80%	88%	93%	96%	98%	99%	100%	102%	297,930	0.900
2001	41%	64%	77%	85%	90%	92%	95%	97%	99%	100%	104%	233,072	1.010
2002	37%	59%	71%	78%	84%	89%	93%	96%	98%	100%	102%	273,573	0.990
2003	33%	55%	68%	78%	85%	89%	93%	96%	98%	100%	101%	293,923	0.945
2004	30%	52%	67%	77%	84%	89%	93%	96%	98%	100%	101%	349,206	0.858
2005	33%	53%	65%	75%	83%	88%	92%	95%	98%	100%	102%	323,899	0.944
2006	29%	48%	61%	73%	81%	87%	91%	95%	98%	100%	104%	354,987	0.915
2007	39%	62%	75%	82%	88%	92%	95%	97%	99%	100%	101%	270,351	0.950
2008	40%	60%	72%	81%	88%	92%	95%	97%	99%	100%	101%	269,236	1.014

Missouri Department of Insurance, Financial Institutions and Professional Registration
 Medical Malpractice Closed Claim Data

Exhibit 5
 Sheet 3

Reporting Entities: Currently Solvent Licensed Insurers
 Aggregation: Summation of individual claims by year closed, plus reopened claims in year closed
 Segment: Physicians & Surgeons and Other Codefendants (Other Health Care Professionals & Corporations)
 Selection of Claims: Occurrences Involving Physicians and Surgeons [See "Selection of Claims for Aggregation" section of the report.]
 Limits: Total Limits with Various Types of Excess of Loss Reinsurance

Calendar Year Claim Closed	Number of Claims By Size of Indemnity+ALAE Payment (includes claims with ALAE payment but no indemnity payment)										Total Limits
	Retention										
	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k	
1996	532	580	605	615	631	640	642	642	643	644	651
1997	474	515	537	551	562	569	573	576	579	581	586
1998	473	517	539	552	561	569	571	572	574	578	585
1999	356	402	419	427	433	438	438	438	440	440	446
2000	373	411	435	446	456	471	476	483	484	485	489
2001	389	441	473	495	507	512	514	516	518	520	525
2002	421	481	532	551	560	567	571	576	580	586	596
2003	502	559	596	613	627	641	646	649	655	658	667
2004	597	654	704	734	758	770	778	785	787	792	807
2005	570	635	672	698	706	719	728	737	740	745	758
2006	781	843	878	891	912	925	930	938	942	947	960
2007	706	790	839	874	884	899	904	912	912	915	924
2008	592	645	675	692	700	706	714	718	720	721	728

Calendar Year Claim Closed	Paid Indemnity+ALAE Retained (with Retention Applied to Indemnity+ALAE) - (includes ALAE on claims closed with ALAE payment but no indemnity payment)										Total Limits	Coefficient of Var	
	Indemnity+ALAE Retention												
	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k	Mean		
1996	21,644,684	30,787,975	36,142,558	40,078,282	43,023,508	44,551,599	45,508,178	46,408,178	47,217,441	47,965,755	48,359,173	74,284	2.151
1997	20,897,911	29,632,726	35,650,166	39,814,350	42,664,109	44,601,950	46,061,112	47,325,921	48,149,787	48,800,221	49,017,825	83,648	2.063
1998	19,980,823	28,678,427	34,198,326	38,232,023	41,086,401	42,910,923	44,374,704	45,774,704	47,009,244	47,917,811	50,739,020	86,733	2.416
1999	16,307,987	22,497,113	25,811,340	28,072,302	29,565,787	30,543,714	31,343,714	32,143,714	32,792,161	33,392,161	35,062,187	78,615	2.355
2000	18,759,305	28,104,913	34,561,593	39,341,051	43,291,576	45,832,475	47,334,621	48,236,146	48,774,788	49,225,457	50,562,958	103,401	1.975
2001	20,799,547	31,350,614	37,921,087	42,146,904	44,606,133	46,068,854	47,215,555	48,255,720	49,039,970	49,641,184	51,823,845	98,712	2.030
2002	25,334,190	39,572,632	48,429,897	53,741,512	57,730,429	60,909,751	63,543,372	65,785,505	67,592,501	68,960,947	70,594,126	118,447	1.902
2003	24,896,978	38,116,762	46,797,088	52,873,753	57,601,311	60,604,119	62,892,581	64,745,658	66,258,468	67,332,670	68,539,135	102,757	1.995
2004	32,181,610	50,149,500	62,596,751	71,311,348	77,103,551	81,328,052	84,593,888	87,165,435	89,213,093	90,978,032	93,620,424	116,010	1.921
2005	28,534,472	43,245,504	53,663,487	60,838,044	66,420,548	70,827,273	74,060,842	76,659,036	78,602,951	80,282,767	82,831,392	109,276	2.060
2006	30,675,992	44,498,243	54,330,917	61,775,418	67,657,657	71,606,723	74,787,045	77,440,391	79,457,596	81,032,420	85,158,267	88,707	2.473
2007	38,108,776	55,038,277	65,922,317	72,296,331	76,738,361	79,831,974	81,950,264	83,523,631	84,723,631	85,868,779	87,637,457	94,846	1.912
2008	26,176,716	36,521,550	42,896,139	47,227,764	50,435,426	52,992,613	54,637,135	55,751,699	56,644,971	57,408,919	58,693,916	80,624	2.150

Calendar Year Claim Closed	Paid Indemnity+ALAE (with Retention Applied to Indemnity+ALAE) percent of \$1,000k										Total L&ALAE Limits	Coefficient of Var	
	Indemnity+ALAE Retention												
	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k	Mean		
1996	45%	64%	75%	84%	90%	93%	95%	97%	98%	100%	101%	73,680	2.118
1997	43%	61%	73%	82%	87%	91%	94%	97%	99%	100%	100%	83,277	2.048
1998	42%	60%	71%	80%	86%	90%	93%	96%	98%	100%	106%	81,911	2.144
1999	49%	67%	77%	84%	89%	91%	94%	96%	98%	100%	105%	74,870	2.063
2000	38%	57%	70%	80%	88%	93%	96%	98%	99%	100%	103%	100,666	1.861
2001	42%	63%	76%	85%	90%	93%	95%	97%	99%	100%	104%	94,555	1.821
2002	37%	57%	70%	78%	84%	88%	92%	95%	98%	100%	102%	115,706	1.800
2003	37%	57%	70%	79%	86%	90%	93%	96%	98%	100%	102%	100,949	1.936
2004	35%	55%	69%	78%	85%	89%	93%	96%	98%	100%	103%	112,736	1.836
2005	36%	54%	67%	76%	83%	88%	92%	95%	98%	100%	103%	105,914	1.960
2006	38%	55%	67%	76%	83%	88%	92%	96%	98%	100%	105%	84,409	2.221
2007	44%	64%	77%	84%	89%	93%	95%	97%	99%	100%	102%	92,932	1.819
2008	46%	64%	75%	82%	88%	92%	95%	97%	99%	100%	102%	78,858	2.053

Missouri Department of Insurance, Financial Institutions and Professional Registration
 Medical Malpractice Closed Claim Data

Exhibit 6
 Sheet 1

Reporting Entities: Currently Solvent Licensed Insurers
 Aggregation: Summation of occurrences by year closed
 Segment: Physicians & Surgeons and Other Codefendants (Other Health Care Professionals & Corporations)
 Selection of Claims: Occurrences Involving Physicians and Surgeons [See "Selection of Claims for Aggregation" section of the report.]
 Limits: Total Limits with Various Types of Excess of Loss Reinsurance

Calendar Year Occurrence	Number of Occurrences With Indemnity at or Below Retention (excludes occurrences closed without indemnity payment)										Total Limits
	Indemnity Retention										
	Closed	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	
1996	102	141	155	164	177	182	182	184	185	189	192
1997	79	101	123	131	142	146	147	152	153	155	158
1998	73	107	120	129	134	136	138	138	141	144	150
1999	71	97	103	114	117	118	118	120	121	125	127
2000	48	66	83	95	106	111	118	121	121	125	128
2001	68	106	122	141	148	151	154	155	158	158	163
2002	84	129	163	174	182	186	188	192	194	200	208
2003	62	99	120	132	143	145	148	153	155	159	169
2004	52	93	118	134	156	163	168	170	173	175	190
2005	78	120	139	153	171	174	178	182	183	193	203
2006	55	87	100	112	136	137	142	150	152	155	165
2007	96	147	181	195	214	218	222	226	226	233	236
2008	77	106	119	126	139	141	146	148	149	152	155

Calendar Year Occurrence	Paid Indemnity Retained										Total Limits	Total Mean Loss	Total Limits Coefficient of Var
	Indemnity Retention												
	Closed	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k			
1996	13,196,470	20,615,897	25,220,897	28,658,969	30,991,336	32,281,259	33,281,259	34,221,259	35,021,259	35,711,259	37,461,259	195,111	1.409
1997	11,603,242	18,589,468	23,489,800	26,764,800	29,221,800	30,696,800	31,896,800	32,917,889	33,444,489	33,944,489	34,902,492	220,902	1.214
1998	10,462,314	16,927,774	20,705,588	23,330,226	25,340,226	26,877,726	28,175,636	29,375,636	30,515,636	31,265,636	37,917,636	252,784	1.841
1999	8,938,957	13,352,461	16,001,211	17,891,835	19,191,835	20,116,835	21,016,835	21,866,835	22,491,827	23,041,827	24,251,827	190,959	1.509
2000	9,926,182	17,263,682	22,562,918	26,677,766	29,735,266	31,808,042	33,386,042	34,276,042	34,976,042	35,601,042	37,176,542	290,442	1.081
2001	12,242,063	20,308,737	25,282,007	28,641,382	30,676,382	31,961,382	33,021,382	33,851,382	34,468,881	34,968,881	39,043,015	239,528	1.434
2002	16,369,822	27,254,324	33,844,110	37,856,610	41,003,627	43,528,627	45,703,627	47,493,728	48,991,728	50,179,404	53,209,371	255,814	1.249
2003	13,447,733	22,918,733	29,017,741	33,653,555	36,944,457	39,494,457	41,844,457	43,869,457	45,334,457	46,734,457	52,490,694	310,596	1.286
2004	15,722,830	28,160,976	36,870,988	43,467,007	48,471,835	51,541,538	54,066,138	56,256,138	58,242,438	59,942,438	68,189,191	358,890	1.200
2005	16,103,583	26,892,612	34,268,062	39,905,829	44,526,229	47,676,229	50,481,229	52,761,229	54,861,229	56,638,229	62,024,159	305,538	1.236
2006	13,453,227	23,166,902	30,396,902	36,379,284	40,808,069	43,658,069	46,283,069	48,319,850	49,808,171	51,058,171	57,132,192	346,256	1.212
2007	18,432,976	30,751,583	38,289,379	43,195,414	47,036,983	49,186,983	50,881,983	52,003,656	53,003,656	53,886,989	55,553,655	235,397	1.135
2008	11,804,326	18,695,617	23,093,172	26,527,907	29,075,907	30,650,907	31,915,907	32,740,907	33,365,907	33,865,907	35,532,471	229,242	1.258

Calendar Year Occurrence	Paid ALAE on Occurrences With Indemnity at or Below Retention (excludes ALAE on occurrences closed without indemnity payment)										Total Limits	Total Mean ALAE	Total Limits Coefficient of Var
	Indemnity Retention												
	Closed	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k			
1996	1,957,065	3,354,279	3,827,081	4,158,943	4,841,007	5,072,812	5,072,812	5,207,239	5,255,553	5,627,650	5,817,510	30,300	1.340
1997	2,309,430	3,076,867	4,197,679	4,465,090	5,091,095	5,683,588	5,769,481	6,439,821	6,580,840	6,633,819	6,857,591	43,402	1.246
1998	2,020,649	3,593,094	4,185,446	4,692,648	4,901,325	4,964,381	5,814,875	5,814,875	5,941,245	6,128,327	6,728,829	44,859	1.469
1999	2,193,282	3,062,664	3,486,014	3,832,142	3,995,805	4,056,646	4,056,646	4,211,021	4,293,128	4,631,397	5,203,299	40,971	1.492
2000	1,345,289	2,355,675	3,223,255	4,216,129	4,741,221	5,158,921	5,436,485	5,688,963	5,688,963	6,237,703	6,498,544	50,770	0.995
2001	2,145,410	3,750,620	4,503,453	5,360,106	6,013,769	6,312,084	6,668,952	6,733,264	6,846,440	6,846,440	7,470,568	45,832	1.076
2002	2,480,096	4,880,697	6,581,895	8,002,990	8,494,564	8,706,046	8,772,089	8,961,849	9,065,635	9,330,607	10,373,261	49,871	1.207
2003	1,792,200	2,940,529	3,806,131	4,627,515	5,937,782	6,092,422	6,571,824	7,125,335	7,185,882	7,843,198	8,889,363	52,600	1.325
2004	2,237,361	4,555,693	5,956,313	6,827,697	8,471,008	9,172,859	9,525,215	9,590,392	9,734,773	9,836,843	14,374,001	75,653	1.649
2005	2,716,352	6,026,666	7,241,572	8,203,435	9,775,784	9,877,007	10,237,230	10,677,460	10,735,838	12,187,909	14,368,800	70,782	1.174
2006	2,244,510	3,914,440	4,513,616	5,230,836	6,468,613	6,562,149	7,204,299	7,955,934	8,422,120	8,597,119	11,176,050	67,734	1.779
2007	4,755,283	8,446,940	11,111,895	12,167,804	14,126,771	14,271,464	14,643,184	15,202,081	15,202,081	15,877,529	16,347,044	69,267	1.047
2008	4,162,198	6,125,865	7,336,795	7,788,125	9,110,154	9,552,189	10,099,458	10,456,186	10,511,964	10,869,219	11,958,304	77,150	1.135

Calendar Year Occurrence	Paid Indemnity Retained plus ALAE Ceded in Proportion to Ceded Loss										Total Limits	Total Mean L&ALAE	Total Limits Coefficient of Var
	Indemnity Retention												
	Closed	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k			
1996	16,644,095	25,036,076	30,106,840	33,854,564	36,402,080	37,787,790	38,860,076	39,864,259	40,718,730	41,456,755	43,278,769	225,410	1.291
1997	15,254,178	23,408,744	29,022,578	32,717,945	35,524,428	37,197,198	38,533,333	39,663,688	40,216,014	40,737,201	41,760,083	264,304	1.109
1998	14,063,028	21,773,027	26,090,782	29,055,593	31,317,901	33,069,642	34,461,225	35,728,469	36,932,831	37,726,375	44,646,465	297,643	1.634
1999	12,114,411	17,245,893	20,254,460	22,361,918	23,821,403	24,864,464	25,879,628	26,837,335	27,549,796	28,181,077	29,455,126	231,930	1.360
2000	12,888,856	21,518,051	27,575,424	32,203,942	35,569,554	37,849,164	39,563,384	40,549,900	41,323,012	42,019,042	43,675,086	341,212	0.984
2001	16,259,099	25,761,771	31,416,572	35,226,601	37,554,488	38,977,228	40,134,965	41,022,317	41,685,569	42,226,708	46,513,583	285,359	1.275
2002	21,651,660	34,801,899	42,500,108	47,072,361	50,475,485	53,187,163	55,519,093	57,440,361	59,053,341	60,333,800	63,582,632	305,686	1.116
2003	17,133,976	28,193,554	35,302,986	40,711,276	44,455,116	47,311,176	49,922,510	52,151,174	53,756,399	55,293,739	61,380,057	363,196	1.186
2004	20,982,243	35,955,495	46,067,867	53,612,041	59,358,713	62,866,654	65,734,914	68,230,505	70,514,529	72,496,453	82,563,192	434,543	1.193
2005	22,501,968	36,001,975	44,663,571	51,189,788	56,463,065	60,041,146	63,251,038	65,862,376	68,265,337	70,303,756	76,392,959	376,320	1.126
2006	17,864,407	29,472,449	37,776,179	44,617,482	49,691,322	53,015,747	56,082,127	58,461,472	60,218,685	61,688,516	68,308,242	413,989	1.138
2007	27,482,353	43,176,524	52,282,307	58,053,380	62,478,581	64,889,407	66,789,289	68,023,899	69,126,170	70,101,551	71,900,699	304,664	0.963
2008	18,416,365	27,173,932	32,554,577	36,676,739	39,744,473	41,627,761	43,114,360	44,074,827	44,804,473	45,400,656	47,490,775	306,392	1.117

- Notes:
 1. An occurrence in this report is closed if one or more of the claims on the occurrence is closed, even if some claims remain open.
 2. For occurrences closed with payment, the occurrence year closed is the year that the last claim on the occurrence closed with indemnity payment.
 3. ALAE on an occurrence closed with indemnity includes all ALAE on all closed claims on the occurrence (including ALAE on claims close without indemnity).

Missouri Department of Insurance, Financial Institutions and Professional Registration
 Medical Malpractice Closed Claim Data

Exhibit 6
 Sheet 2

Reporting Entities: Currently Solvent Licensed Insurers
 Aggregation: Summation of occurrences by year closed
 Segment: Physicians & Surgeons and Other Codefendants (Other Health Care Professionals & Corporations)
 Selection of Claims: Occurrences Involving Physicians and Surgeons [See "Selection of Claims for Aggregation" section of the report.]
 Limits: Total Limits with Various Types of Excess of Loss Reinsurance

Calendar Year	Retained Paid Indemnity percent of \$1,000k										Total Limits	\$1,000k Limits	\$1,000k Limits
Occurrence	Indemnity Retention										Total Limits	Limits Mean	Coefficient of Var
Closed	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k	Limits	Limits	Coefficient of Var
1996	37%	58%	71%	80%	87%	90%	93%	96%	98%	100%	105%	185,996	1.241
1997	34%	55%	69%	79%	86%	90%	94%	97%	99%	100%	103%	214,839	1.127
1998	33%	54%	66%	75%	81%	86%	90%	94%	98%	100%	121%	208,438	1.259
1999	39%	58%	69%	78%	83%	87%	91%	95%	98%	100%	105%	181,432	1.317
2000	28%	48%	63%	75%	84%	89%	94%	96%	98%	100%	104%	278,133	0.976
2001	35%	58%	72%	82%	88%	91%	94%	97%	99%	100%	112%	214,533	1.072
2002	33%	54%	67%	75%	82%	87%	91%	95%	98%	100%	106%	241,247	1.096
2003	29%	49%	62%	72%	79%	85%	90%	94%	97%	100%	112%	276,535	1.054
2004	26%	47%	62%	73%	81%	86%	90%	94%	97%	100%	114%	315,487	0.925
2005	28%	47%	61%	70%	79%	84%	89%	93%	97%	100%	110%	279,006	1.069
2006	26%	45%	60%	71%	80%	86%	91%	95%	98%	100%	112%	309,443	0.959
2007	34%	57%	71%	80%	87%	91%	94%	97%	98%	100%	103%	228,335	1.036
2008	35%	55%	68%	78%	86%	91%	94%	97%	99%	100%	105%	218,490	1.112

Calendar Year	ALAE ratio to Loss on Claims With Loss at or Below Retention (excludes ALAE on claims closed without indemnity payment)										Total Limits	\$1,000k Limits	\$1,000k Limits
Occurrence	=ALAE/[Indem limited to retention - (total number of claims - claims at or below retention) * retention]										Total Limits	Correlation	Correlation
Closed	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k	Limits of Indemnity	Limits of Indemnity	Limits of Indemnity
											L & ALAE	& ALAE	& ALAE
1996	47%	32%	27%	24%	21%	19%	19%	19%	18%	17%	16%	33.4%	31.0%
1997	62%	43%	32%	28%	24%	24%	24%	23%	23%	21%	20%	38.2%	36.0%
1998	73%	43%	36%	31%	28%	27%	29%	29%	27%	24%	18%	25.8%	22.5%
1999	66%	42%	40%	30%	28%	28%	28%	26%	25%	22%	21%	36.2%	37.1%
2000	70%	48%	36%	31%	25%	24%	21%	20%	20%	19%	17%	36.6%	35.4%
2001	78%	42%	35%	27%	26%	25%	25%	25%	23%	23%	19%	35.6%	30.2%
2002	62%	43%	32%	33%	30%	29%	28%	26%	25%	22%	19%	27.7%	22.1%
2003	65%	33%	27%	25%	25%	24%	24%	23%	22%	21%	17%	38.0%	35.1%
2004	116%	52%	39%	32%	27%	26%	25%	24%	23%	22%	21%	63.1%	15.4%
2005	75%	59%	48%	41%	34%	33%	31%	30%	29%	26%	23%	48.0%	32.7%
2006	91%	52%	41%	34%	25%	24%	24%	22%	22%	21%	20%	31.0%	27.5%
2007	107%	65%	51%	45%	39%	37%	36%	35%	35%	31%	29%	24.1%	22.0%
2008	104%	69%	60%	52%	43%	43%	39%	39%	38%	35%	34%	52.3%	30.5%

Calendar Year	Retained Paid Indemnity plus ALAE Ceded in Proportion to Ceded Loss - percent of \$1,000k Indemnity Retention										Total Limits	\$1,000k Limits	\$1,000k Limits
Occurrence	Indemnity Retention										Total Limits	L & ALAE	Coefficient of Var
Closed	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k	Limits	Mean	of Var
1996	40%	60%	73%	82%	88%	91%	94%	96%	98%	100%	104%	215,921	1.143
1997	37%	57%	71%	80%	87%	91%	95%	97%	99%	100%	103%	257,830	1.034
1998	37%	58%	69%	77%	83%	88%	91%	95%	98%	100%	118%	251,509	1.135
1999	43%	61%	72%	79%	85%	88%	92%	95%	98%	100%	105%	221,898	1.206
2000	31%	51%	66%	77%	85%	90%	94%	97%	98%	100%	104%	328,274	0.895
2001	39%	61%	74%	83%	89%	92%	95%	97%	99%	100%	110%	259,060	0.965
2002	36%	58%	70%	78%	84%	88%	92%	95%	98%	100%	105%	290,066	0.979
2003	31%	51%	64%	74%	80%	86%	90%	94%	97%	100%	111%	327,182	0.990
2004	29%	50%	64%	74%	82%	87%	91%	94%	97%	100%	114%	381,560	0.861
2005	32%	51%	64%	73%	80%	85%	90%	94%	97%	100%	109%	346,324	0.969
2006	29%	48%	61%	72%	81%	86%	91%	95%	98%	100%	111%	373,870	0.931
2007	39%	62%	75%	83%	89%	93%	95%	97%	99%	100%	103%	297,040	0.883
2008	41%	60%	72%	81%	88%	92%	95%	97%	99%	100%	105%	292,907	0.961

Missouri Department of Insurance, Financial Institutions and Professional Registration
 Medical Malpractice Closed Claim Data

Exhibit 6
 Sheet 3

Reporting Entities: Currently Solvent Licensed Insurers
 Aggregation: Summation of occurrences by year closed
 Segment: Physicians & Surgeons and Other Codefendants (Other Health Care Professionals & Corporations)
 Selection of Claims: Occurrences Involving Physicians and Surgeons [See "Selection of Claims for Aggregation" section of the report.]
 Limits: Total Limits with Various Types of Excess of Loss Reinsurance

Calendar Year Occurrence	Number of Occurrences By Size of Indemnity+ALAE Payment (includes occurrences with ALAE payment but no indemnity payment) (Excludes occurrences closed with no ALAE payment and no indemnity payment)										Total Limits
	Retention										
Closed	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k	
1996	379	426	452	461	475	484	487	487	489	490	497
1997	333	379	398	411	423	429	432	435	439	441	447
1998	323	368	391	403	412	414	416	416	418	421	430
1999	264	309	325	334	339	343	344	344	346	347	353
2000	285	315	339	350	360	372	375	382	384	386	392
2001	306	341	373	393	406	408	413	415	419	420	425
2002	286	333	380	400	411	418	423	427	431	434	446
2003	329	371	409	421	430	440	442	444	450	454	468
2004	389	432	473	496	516	529	537	543	546	549	566
2005	396	455	484	512	522	534	540	544	548	552	570
2006	489	552	580	592	616	630	633	638	643	647	662
2007	423	504	553	586	598	616	624	632	633	634	644
2008	352	415	444	455	466	474	479	484	486	488	495

Calendar Year Occurrence	Paid Indemnity+ALAE Retained - with Retention Applied to Indemnity+ALAE (includes ALAE on occurrences closed with ALAE payment but no indemnity paym)										Total Limits	Coefficient of Var	
	Retention												
Closed	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k	Mean		
1996	19,382,220	28,368,494	33,749,534	37,705,497	40,598,535	42,408,928	43,520,217	44,520,217	45,394,644	46,142,958	48,444,915	97,475	2.142
1997	19,218,532	27,934,243	33,895,585	38,125,573	41,009,811	43,032,902	44,672,264	46,145,688	47,183,879	47,866,158	49,159,500	109,977	1.933
1998	17,569,242	25,482,462	30,499,708	33,771,075	36,043,013	37,718,501	39,182,282	40,582,282	41,916,822	42,972,911	50,586,640	117,643	2.696
1999	15,179,486	21,440,994	24,954,593	27,213,275	28,754,357	29,905,285	30,840,756	31,740,756	32,545,131	33,152,230	35,222,401	99,780	2.169
2000	16,877,304	25,829,879	32,363,343	37,081,447	40,913,353	43,504,279	45,359,788	46,661,313	47,510,737	48,183,162	50,542,574	128,935	1.895
2001	17,644,296	27,838,452	34,295,240	38,548,662	41,127,496	42,882,908	44,358,678	45,498,843	46,303,163	46,804,377	51,502,639	121,183	2.160
2002	21,912,017	35,521,930	44,475,865	49,885,819	53,938,891	57,047,647	59,508,385	61,569,249	63,254,401	64,643,994	68,781,948	154,220	1.779
2003	20,368,508	31,909,992	39,374,718	44,652,342	48,902,234	52,034,385	54,739,025	57,196,373	59,310,800	60,942,823	68,402,541	146,159	2.108
2004	25,541,456	41,072,094	52,140,638	60,155,357	66,033,608	70,300,131	73,495,036	76,113,720	78,186,092	80,016,773	92,902,754	164,139	2.184
2005	25,152,463	39,183,967	49,210,108	56,306,441	61,613,829	65,721,636	68,952,159	71,792,579	74,144,136	76,270,492	85,066,435	149,239	2.048
2006	26,179,087	39,786,082	49,242,354	56,790,374	62,601,239	66,354,768	69,380,763	72,103,977	74,277,787	76,016,335	85,151,278	128,627	2.297
2007	33,411,898	51,041,099	62,467,720	69,660,112	74,751,204	78,336,192	80,622,646	82,239,845	83,410,465	84,492,181	87,370,001	135,668	1.647
2008	23,174,236	33,972,492	40,209,121	44,597,482	47,977,470	50,459,926	52,240,799	53,629,782	54,650,943	55,475,569	58,529,818	118,242	1.974

Calendar Year Occurrence	Paid Indemnity+ALAE (with Retention Applied to Indemnity+ALAE) percent of \$1,000k										Total Limits	\$1,000k L&ALAE Mean	\$1,000k Limits	Coefficient of Var
	Retention													
Closed	<\$100k	<\$200k	<\$300k	<\$400k	<\$500k	<\$600k	<\$700k	<\$800k	<\$900k	<\$1,000k				
1996	42%	61%	73%	82%	88%	92%	94%	96%	98%	100%	105%	92,843	1.914	
1997	40%	58%	71%	80%	86%	90%	93%	96%	99%	100%	103%	107,083	1.824	
1998	41%	59%	71%	79%	84%	88%	91%	94%	98%	100%	118%	99,937	1.948	
1999	46%	65%	75%	82%	87%	90%	93%	96%	98%	100%	106%	93,916	1.875	
2000	35%	54%	67%	77%	85%	90%	94%	97%	99%	100%	105%	122,916	1.740	
2001	38%	59%	73%	82%	88%	92%	95%	97%	99%	100%	110%	110,128	1.739	
2002	34%	55%	69%	77%	83%	88%	92%	95%	98%	100%	106%	144,942	1.584	
2003	33%	52%	65%	73%	80%	85%	90%	94%	97%	100%	112%	130,220	1.798	
2004	32%	51%	65%	75%	83%	88%	92%	95%	98%	100%	116%	141,372	1.667	
2005	33%	51%	65%	74%	81%	86%	90%	94%	97%	100%	112%	133,808	1.761	
2006	34%	52%	65%	75%	82%	87%	91%	95%	98%	100%	112%	114,828	1.904	
2007	40%	60%	74%	82%	88%	93%	95%	97%	99%	100%	103%	131,199	1.514	
2008	42%	61%	72%	80%	86%	91%	94%	97%	99%	100%	106%	112,072	1.720	