

Iowa
Medical Malpractice Annual Report
For Calendar Year 2006

December 2007
Iowa Insurance Division

Table of Contents

Introduction.....	Page 3
Companies.....	Page 4
Data.....	Page 6
Limitations.....	Page 8
Aggregate Claim Reports by Specialty.....	Page 9
Closed Claims	
Total Benefits and Expenses.....	Page 10
Average Benefits and Expenses.....	Page 11
Open Claims	
Total Benefits and Expenses.....	Page 12
Average Benefits and Expenses.....	Page 13
Aggregate Claim Reports by Nature of Claim.....	Page 14
Closed Claims	
Total Benefits and Expenses.....	Page 15
Average Benefits and Expenses.....	Page 16
Open Claims	
Total Benefits and Expenses.....	Page 17
Average Benefits and Expenses.....	Page 18
Aggregate Claim Reports by Severity of Claim.....	Page 19
Closed Claims	
Total Benefits and Expenses.....	Page 20
Average Benefits and Expenses.....	Page 21
Open Claims	
Total Benefits and Expenses.....	Page 22
Average Benefits and Expenses.....	Page 23
Closed and Open Claim Reports by Company.....	Page 24
Claims Closed by Specialty.....	Page 25
Open Claims by Specialty.....	Page 26
Claims Closed by Nature of Claim.....	Page 27
Open Claims by Nature of Claim.....	Page 28
Claims Closed by Severity of Claim.....	Page 29
Open Claims by Severity of Claim.....	Page 30
Summary.....	Page 31
Copy of Data Call.....	Page 32

Introduction

Pursuant to Iowa Code Section 505.27, the Iowa Insurance Division requested insurance companies report medical malpractice claim data for calendar year 2006.

Licensed insurers who wrote medical malpractice insurance in Iowa during 2006, 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 2006, were asked to provide data for claims that closed during the year or that were open at the end of the year. Premiums reported by the companies for calendar year 2006 do not correspond to those claims. The injuries leading to the open and closed claims reported in this data call may have happened many years earlier.

Some companies who wrote medical malpractice insurance in 2006 had no claims to report based on the requirements of the data call. Others that had no premium in 2006 reported claims, even though not required. As was allowed, some companies reported as a group rather than by individual company.

The companies writing medical malpractice insurance in Iowa have changed from year to year. New companies start writing, others cease writing the business. 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 they write has shifted.

The following page shows a history of the market shares of those companies reporting data in accordance with the open and closed data calls.

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

Company Name	Calendar Year 2002	Calendar Year 2003	Calendar Year 2004	Calendar Year 2005	Calendar Year 2006
Midwest Medical Insurance Company	32.8%	33.4%	35.5%	35.9%	36.5%
Physicians Insurance Company of Wisconsin, Inc.	14.6%	20.9%	19.6%	15.0%	15.6%
AMCO Insurance Company	2.9%	3.5%	3.2%	3.0%	2.8%
Medical Protective Company, The	4.7%	5.9%	3.8%	2.5%	2.3%
Preferred Professional Insurance Company	5.6%	2.8%	2.2%	2.4%	2.1%
C N A Insurance Companies	1.9%	1.8%	1.9%	1.9%	2.1%
Health Care Industry Liability Reciprocal Insurance	0.0%	0.0%	0.0%	1.2%	1.7%
NCMIC Insurance Company	1.4%	1.3%	1.2%	1.3%	1.4%
ProNational Insurance Company	0.2%	0.3%	0.4%	1.2%	1.4%
Cincinnati Insurance Company, The	1.0%	1.0%	1.5%	1.2%	1.1%
ISMIE Mutual Insurance Company	0.0%	0.0%	3.5%	3.3%	1.0%
MHA Insurance Company	0.0%	0.0%	0.0%	0.3%	1.0%
Podiatry Insurance Company of America, A Mutual Company	0.7%	0.7%	0.8%	0.9%	1.0%
Steadfast Insurance Company	0.3%	0.8%	0.6%	1.1%	0.8%
Doctors Company, The	2.8%	1.6%	0.6%	0.4%	0.6%
National Union Fire Insurance Company of Pittsburg, PA	0.4%	0.4%	0.5%	0.3%	0.5%
Fireman's Fund Insurance Company	0.6%	0.5%	0.5%	0.4%	0.5%
Emergency Medicine Risk Retention Group, Inc	0.0%	0.0%	0.5%	0.4%	0.3%
COPIC Insurance Company	0.0%	0.0%	0.0%	0.5%	0.3%
ACE American Insurance Company	0.1%	0.2%	0.2%	0.3%	0.3%
Pharmacists Mutual Insurance Company	0.3%	0.3%	0.3%	0.3%	0.3%
American Alternative Insurance Corporation	0.0%	0.0%	0.3%	0.3%	0.2%
General Star Indemnity Company	0.5%	0.9%	0.2%	0.4%	0.2%
Fortress Insurance Company	0.0%	3.2%	0.0%	0.0%	0.0%
Darwin National Assurance Company	0.0%	0.0%	0.0%	0.0%	0.0%
Executive Risk Indemnity Inc.	0.5%	0.6%	0.5%	0.0%	0.0%
TIG Insurance Company	0.6%	0.2%	0.1%	0.0%	0.0%
Travelers Property Casualty Company of America	0.0%	0.0%	0.0%	0.0%	0.0%
Catlin Insurance Company	0.0%	0.0%	0.0%	0.0%	0.0%
Total	71.9%	80.3%	77.9%	74.5%	74.0%

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.

To maintain confidentiality of individual claim information, in compiling the reports by company, companies with fewer than five claims were grouped and reported together. Listings of the companies in the groups for the open claim reports and the closed claim reports follow. Where fewer than 20 claims were reported for a company, all were grouped into one category. For all other companies, categories which had less than 5 claims were included with the Other/Unknown or All category.

For the reports of total and average benefits and expenses, any category with less than 5 claims was included in the Other/Unknown category.

There were 9 claims that closed with total loss and allocated loss adjustment expenses above one million dollars and 10 open claims with incurred amounts above one million dollars. One claim closed with nearly nine million dollars in payments.

Companies Grouped for Closed Claim Report

AMCO Insurance Company
American Alternative Insurance Corporation
Catlin Insurance Company
COPIC Insurance Company
Darwin National Assurance Company
Doctors Company, The
Executive Risk Indemnity Inc.
General Star Indemnity Company
Health Care Industry Liability Reciprocal Insurance
Steadfast Insurance Company

Companies Grouped for Open Claim Report

ACE American Insurance Company
Catlin Insurance Company
Cincinnati Insurance Company, The
COPIC Insurance Company
Darwin National Assurance Company
Fireman's Fund Insurance Company
Fortress Insurance Company
MHA Insurance Company
National Union Fire Insurance Company of Pittsburg, PA
Pharmacists Mutual Insurance Company
Preferred Professional Insurance Company
Steadfast Insurance Company
TIG Insurance Company

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.

Shifts in the individual carriers and in the percentage of licensed companies writing medical malpractice insurance 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 portrayal of Iowa's medical malpractice insurance market. It includes claims from 2006 and earlier which either were closed in 2006 or remained open at the end of the year. It does not include all claims closed in Iowa during the calendar year or open at the end of the year. Since many medical malpractice claims take years to close, premiums charged in 2006 do not match the losses contained in the report. No adjustment was made for this mismatch.

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

Aggregate Claim Reports by Specialty of Provider

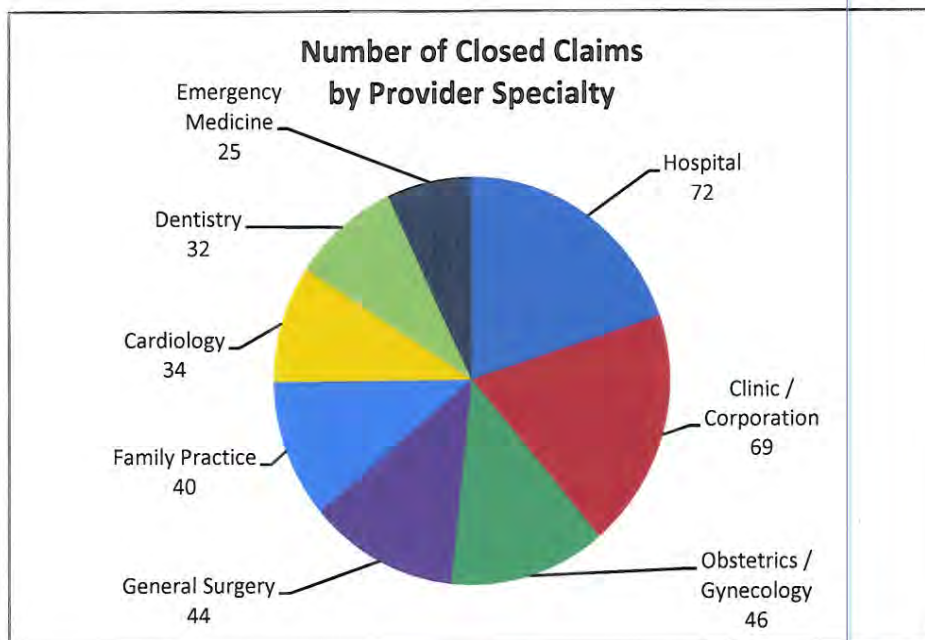
Companies were asked to classify each claim reported by a number of typical provider specialties. All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual 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 just under \$100,000. The average incurred amounts for all open claims were also just under \$100,000. The claims underlying these amounts are not comparable since the open claims represent all those open during calendar year 2006, without regard to when the injury occurred or the claim was reported. The closed claims include all claims closed in 2006, 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 provider specialty categories with 25 or more claims, general surgery had both the highest average paid and incurred losses and allocated loss adjustment expenses.

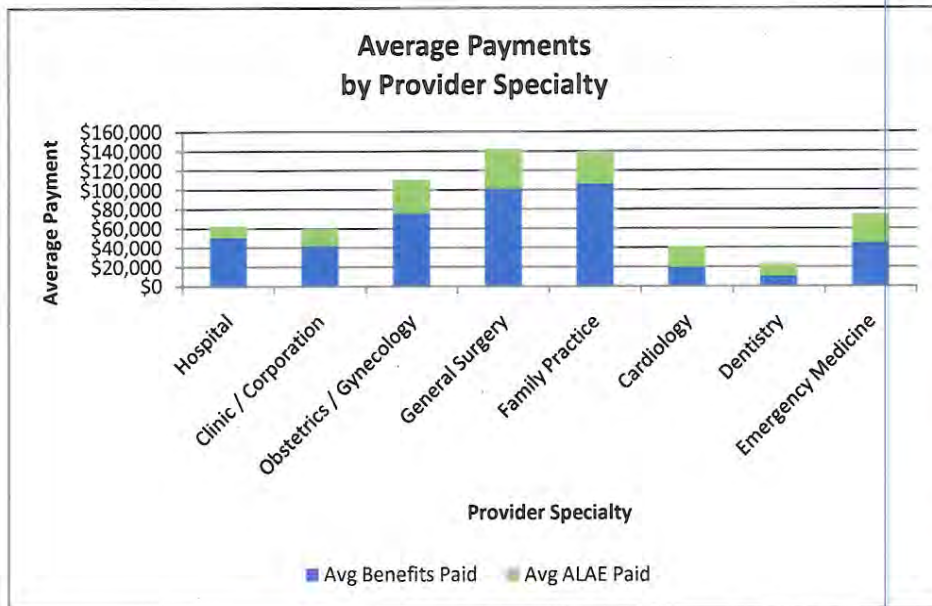
**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Total Benefits and Expenses
 Calendar Year 2006 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Hospital	72	\$ 3,662,635	\$ 849,733	\$ 72,095
Clinic / Corporation	69	2,884,927	1,204,026	113,049
Obstetrics / Gynecology	46	3,489,691	1,583,974	26,569
General Surgery	44	4,458,000	1,782,638	190,893
Family Practice	40	4,255,500	1,259,899	123,702
Cardiology	34	670,504	723,996	178,404
Dentistry	32	337,085	403,905	71,874
Emergency Medicine	25	1,126,855	733,316	50,564
Orthopedics	24	675,000	847,904	101,394
Internal Medicine	17	10,000	432,520	34,479
Radiology	16	187,461	438,449	7,583
Anesthesiology	14	275,000	266,747	894
Plastic Surgery	12	-	178,487	62,976
Healthcare Facility	11	365,000	128,022	9,099
Podiatry	9	500,000	192,953	-
Chiropractic	8	3,060	68,690	-
Neurology	7	2,774,374	411,026	-
Psychiatry	7	-	224,394	5,000
Gastroenterology	5	628,480	109,185	30,770
Other / Unknown	42	11,208,000	1,029,372	18,546
Total	534	\$ 37,511,573	\$ 12,869,234	\$ 1,097,891



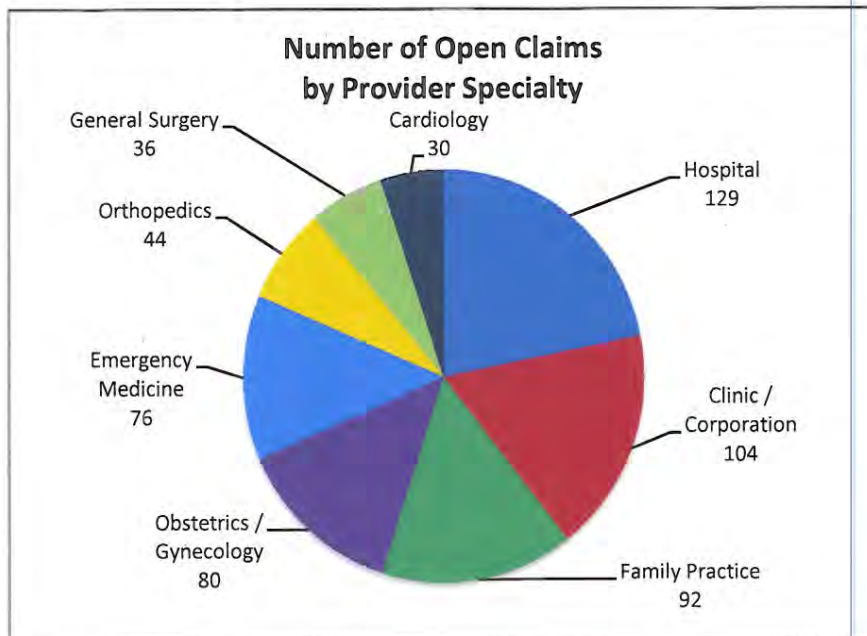
**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Average Benefits and Expenses
 Calendar Year 2006 - By Specialty**

Provider Specialty	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Hospital	72	\$ 50,870	\$ 11,802	\$ 1,001
Clinic / Corporation	69	41,811	17,450	1,638
Obstetrics / Gynecology	46	75,863	34,434	578
General Surgery	44	101,318	40,515	4,338
Family Practice	40	106,388	31,497	3,093
Cardiology	34	19,721	21,294	5,247
Dentistry	32	10,534	12,622	2,246
Emergency Medicine	25	45,074	29,333	2,023
Orthopedics	24	28,125	35,329	4,225
Internal Medicine	17	588	25,442	2,028
Radiology	16	11,716	27,403	474
Anesthesiology	14	19,643	19,053	64
Plastic Surgery	12	-	14,874	5,248
Healthcare Facility	11	33,182	11,638	827
Podiatry	9	55,556	21,439	-
Chiropractic	8	383	8,586	-
Neurology	7	396,339	58,718	-
Psychiatry	7	-	32,056	714
Gastroenterology	5	125,696	21,837	6,154
Other / Unknown	42	266,857	24,509	442
Total	534	\$ 70,246	\$ 24,100	\$ 2,056



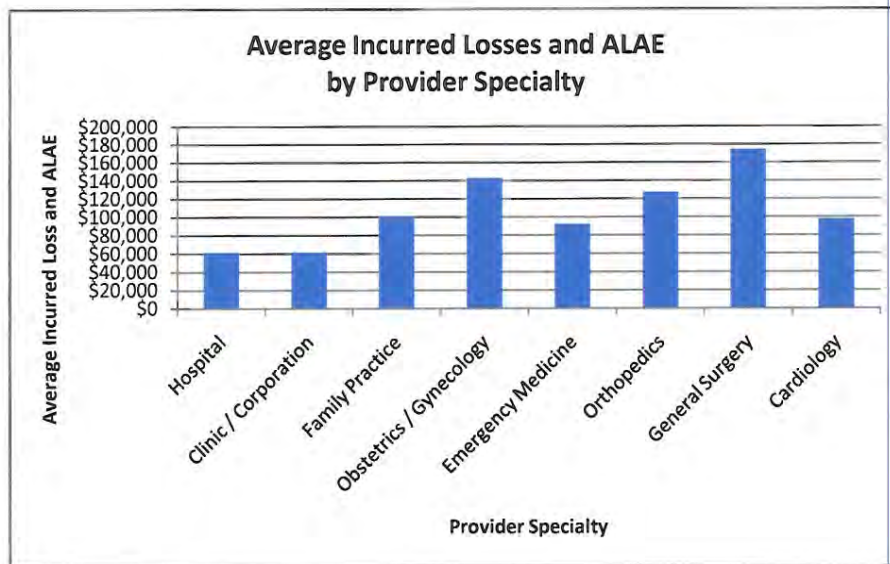
**Iowa Insurance Division
 Medical Malpractice Open Claim Report
 Total Benefits and Expenses
 Calendar Year 2006 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Hospital	129	\$ 174,794	\$ 1,079,080	\$ 6,690,738
Clinic / Corporation	104	-	1,121,631	5,262,099
Family Practice	92	300,000	1,042,521	7,932,429
Obstetrics / Gynecology	80	41,000	1,185,228	10,169,064
Emergency Medicine	76	50,000	684,350	6,247,822
Orthopedics	44	140,000	489,010	4,950,855
General Surgery	36	-	829,107	5,435,000
Cardiology	30	220,035	627,158	2,067,890
Dentistry	20	31,598	140,866	165,149
Internal Medicine	18	95,000	335,529	673,433
Radiology	17	-	147,647	2,017,500
Anesthesiology	15	-	204,084	264,068
Neurology	14	-	777,973	2,349,600
Healthcare Facility	14	450,000	152,022	319,003
Podiatry	11	-	200,340	2,740,009
Pediatrics	8	15,000	29,598	1,754,939
Gastroenterology	7	-	61,848	926,200
Psychiatry	7	-	176,314	886,877
Chiropractic	7	-	43,830	505,000
Plastic Surgery	5	-	78,060	373,651
Other / Unknown	59	-	482,641	6,158,088
Total	793	\$ 1,517,426	\$ 9,888,836	\$ 67,889,414



**Iowa Insurance Division
 Medical Malpractice Open Claim Report
 Average Benefits and Expenses
 Calendar Year 2006 - 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	129	\$ 1,355	\$ 8,365	\$ 51,866
Clinic / Corporation	104	-	10,785	50,597
Family Practice	92	3,261	11,332	86,222
Obstetrics / Gynecology	80	513	14,815	127,113
Emergency Medicine	76	658	9,005	82,208
Orthopedics	44	3,182	11,114	112,519
General Surgery	36	-	23,031	150,972
Cardiology	30	7,335	20,905	68,930
Dentistry	20	1,580	7,043	8,257
Internal Medicine	18	5,278	18,640	37,413
Radiology	17	-	8,685	118,676
Anesthesiology	15	-	13,606	17,605
Neurology	14	-	55,569	167,829
Healthcare Facility	14	32,143	10,859	22,786
Podiatry	11	-	18,213	249,092
Pediatrics	8	1,875	3,700	219,367
Gastroenterology	7	-	8,835	132,314
Psychiatry	7	-	25,188	126,697
Chiropractic	7	-	6,261	72,143
Plastic Surgery	5	-	15,612	74,730
Other / Unknown	59	-	8,180	104,374
Total	793	\$ 1,914	\$ 12,470	\$ 85,611



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.

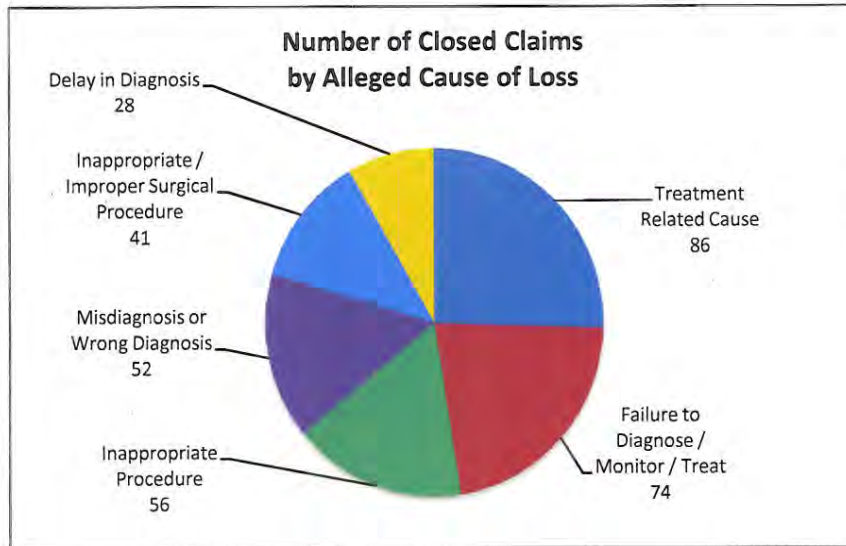
All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

For closed claims, Treatment Related Causes and Failure to Diagnose/Monitor/Treat produced the most claims, with the costliest claims on average being for Medication Related claims. Of the alleged cause of loss categories producing at least 25 claims, the costliest on average were Inappropriate/Improper Surgical Procedures and Failure to Diagnose/Monitor/Treat.

Most open claims were from Inappropriate Procedures and Failure to Diagnose/Monitor/Treat. For alleged causes of loss with at least 25 open claims, those with the highest average incurred losses were Inappropriate/Improper Surgical Procedures and Pregnancy or Birth Related Problems.

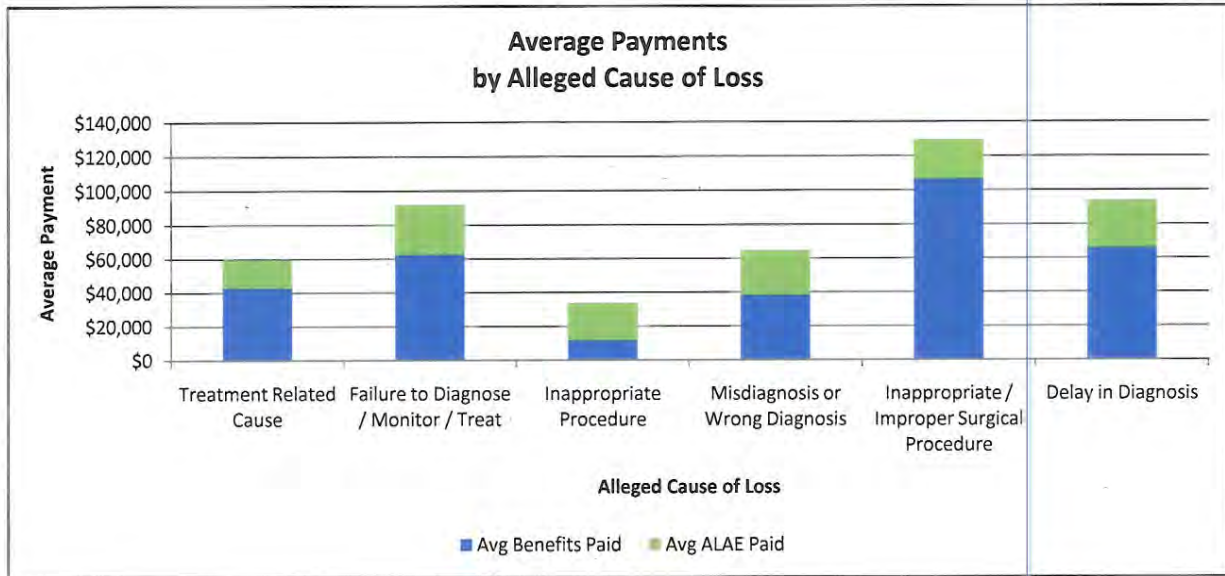
**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Total Benefits and Expenses
 Calendar Year 2006 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Treatment Related Cause	86	\$ 3,658,820	\$ 1,446,690	\$ 53,858
Failure to Diagnose / Monitor / Treat	74	4,612,531	2,162,641	82,912
Inappropriate Procedure	56	653,578	1,215,165	337,756
Misdiagnosis or Wrong Diagnosis	52	1,985,342	1,361,575	320,820
Inappropriate / Improper Surgical Procedure	41	4,358,200	933,889	5,868
Delay in Diagnosis	28	1,844,480	774,629	24,515
Pregnancy or Birth Related Problems	24	2,486,160	1,195,457	-
Medication Related	19	9,486,198	763,837	20,629
Instrument / Sponge Left after Surgery	11	886,500	195,782	6,390
Fracture / Fall	9	259,060	100,581	128
Lack of Informed Consent or Failure to Obtain Consent	7	-	85,653	11,379
Inappropriate / Improper / Unnecessary Surgical Procedure	5	-	3,856	-
Post-Operative Complications	5	9,000	11,043	-
Other / Unknown	117	7,271,704	2,618,436	233,637
Total	534	\$ 37,511,573	\$ 12,869,234	\$ 1,097,891



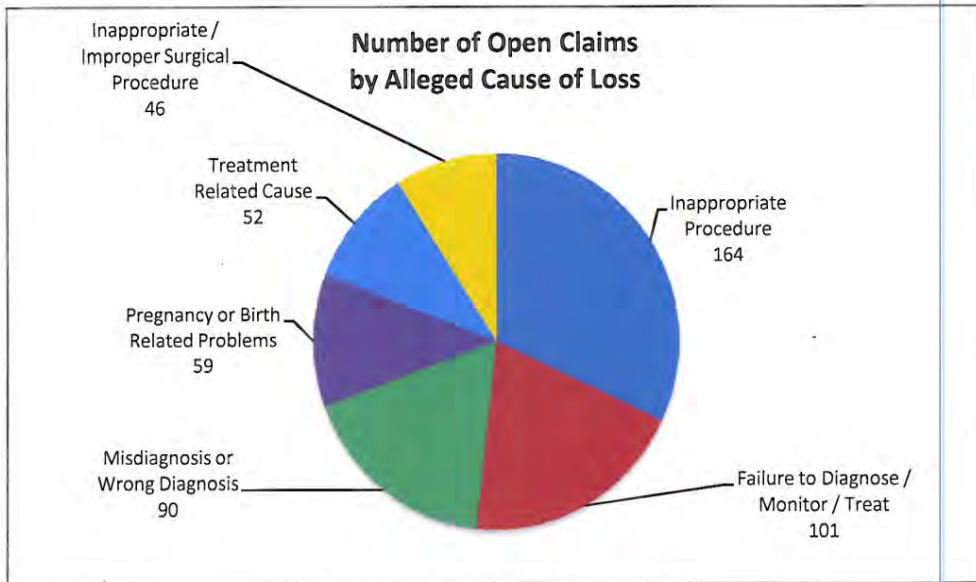
**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Average Benefits and Expenses
 Calendar Year 2006 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Treatment Related Cause	86	\$ 42,544	\$ 16,822	\$ 626
Failure to Diagnose / Monitor / Treat	74	62,332	29,225	1,120
Inappropriate Procedure	56	11,671	21,699	6,031
Misdiagnosis or Wrong Diagnosis	52	38,180	26,184	6,170
Inappropriate / Improper Surgical Procedure	41	106,298	22,778	143
Delay in Diagnosis	28	65,874	27,665	876
Pregnancy or Birth Related Problems	24	103,590	49,811	-
Medication Related	19	499,274	40,202	1,086
Instrument / Sponge Left after Surgery	11	80,591	17,798	581
Fracture / Fall	9	28,784	11,176	14
Lack of Informed Consent or Failure to Obtain Consent	7	-	12,236	1,626
Inappropriate / Improper / Unnecessary Surgical Procedure	5	-	771	-
Post-Operative Complications	5	1,800	2,209	-
Other / Unknown	117	62,151	22,380	1,997
Total	534	\$ 70,246	\$ 24,100	\$ 2,056



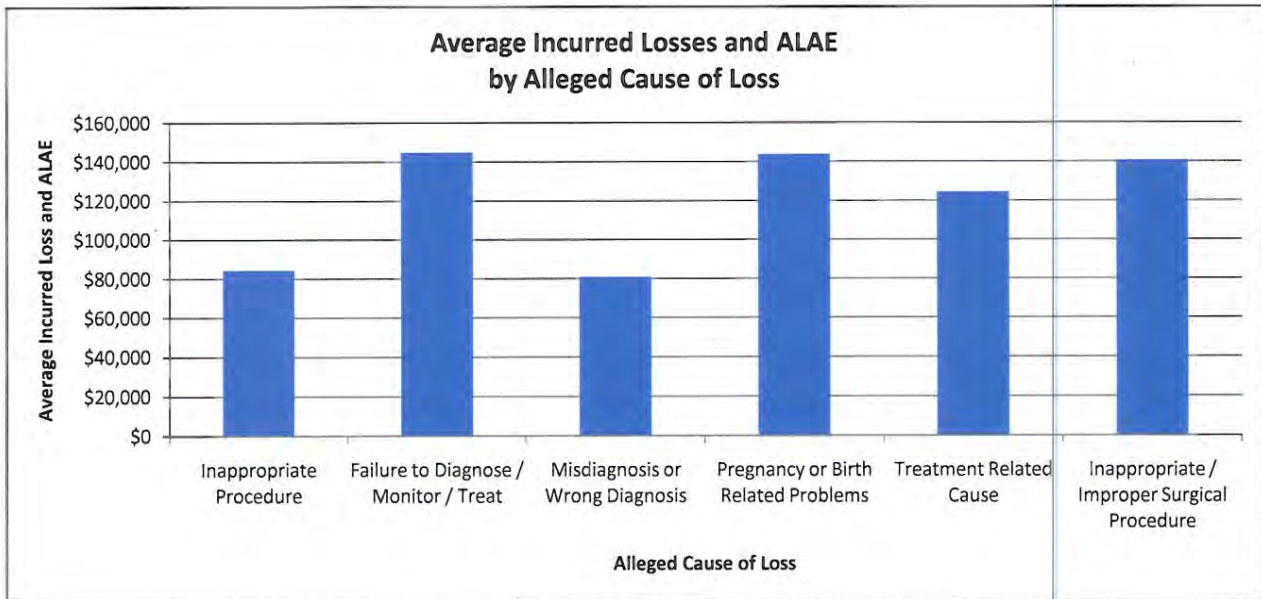
**Iowa Insurance Division
 Medical Malpractice Open Claim Report
 Total Benefits and Expenses
 Calendar Year 2006 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Inappropriate Procedure	164	\$ 260,035	\$ 2,817,142	\$ 10,723,918
Failure to Diagnose / Monitor / Treat	101	318,500	1,500,547	12,778,509
Misdiagnosis or Wrong Diagnosis	90	295,000	1,074,957	5,886,304
Pregnancy or Birth Related Problems	59	-	881,876	7,582,070
Treatment Related Cause	52	-	852,484	5,600,623
Inappropriate / Improper Surgical Procedure	46	15,000	274,759	6,171,002
Instrument / Sponge Left after Surgery	19	4,098	96,206	908,913
Delay in Diagnosis	18	-	99,064	2,513,435
Fracture / Fall	16	-	178,120	1,802,000
Medication Related	15	-	112,274	834,188
Lack of Informed Consent or Failure to Obtain Consent	11	-	59,019	358,862
Post-Operative Complications	10	-	44,835	1,728,763
Other / Unknown	192	624,794	1,897,554	11,000,827
Total	793	\$ 1,517,426	\$ 9,888,836	\$ 67,889,414



**Iowa Insurance Division
 Medical Malpractice Open Claim Report
 Average Benefits and Expenses
 Calendar Year 2006 - 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
Inappropriate Procedure	164	\$ 1,586	\$ 17,178	\$ 65,390
Failure to Diagnose / Monitor / Treat	101	3,153	14,857	126,520
Misdiagnosis or Wrong Diagnosis	90	3,278	11,944	65,403
Pregnancy or Birth Related Problems	59	-	14,947	128,510
Treatment Related Cause	52	-	16,394	107,704
Inappropriate / Improper Surgical Procedure	46	326	5,973	134,152
Instrument / Sponge Left after Surgery	19	216	5,063	47,838
Delay in Diagnosis	18	-	5,504	139,635
Fracture / Fall	16	-	11,133	112,625
Medication Related	15	-	7,485	55,613
Lack of Informed Consent or Failure to Obtain Consent	11	-	5,365	32,624
Post-Operative Complications	10	-	4,483	172,876
Other / Unknown	192	3,254	9,883	57,296
Total	793	\$ 1,914	\$ 12,470	\$ 85,611



Aggregate Claim Reports by Substance of Claim

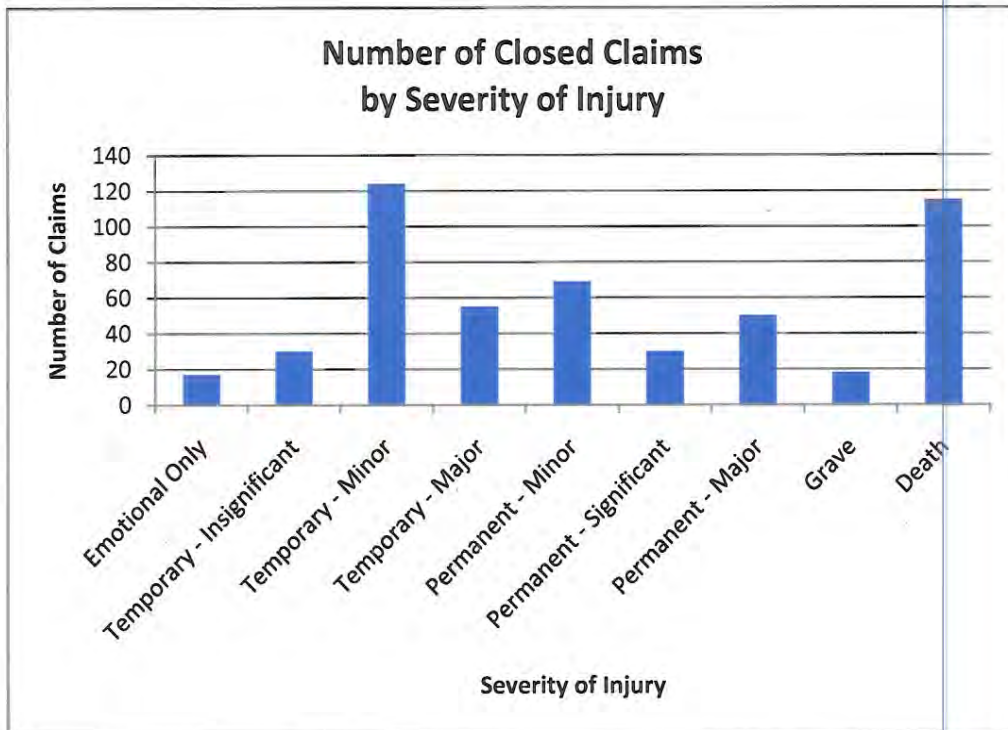
Companies were asked to classify each claim by the following severity of injury types.

- 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, both open and closed, were temporary minor 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 \$5,000 to more than \$750,000. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from less than \$35,000 to more than \$300,000.

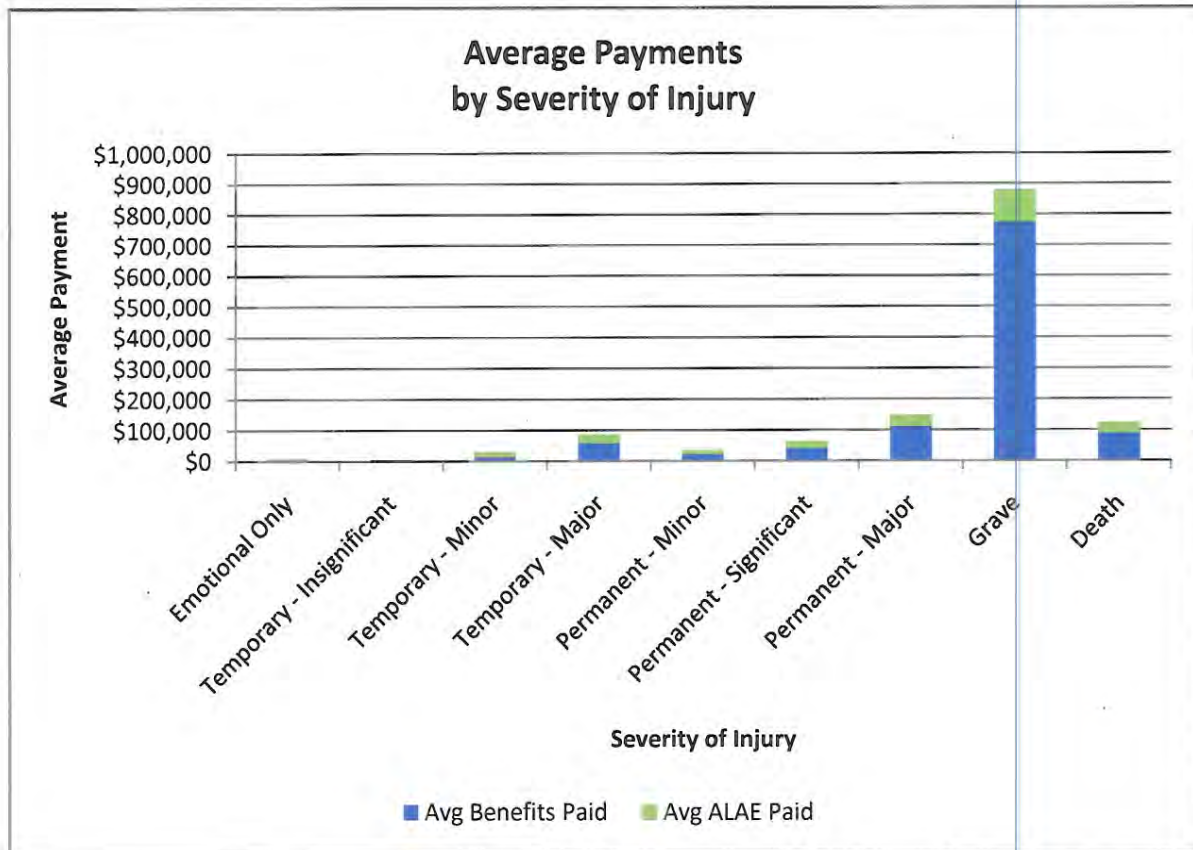
**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Total Benefits and Expenses
 Calendar Year 2006 - By Substance of Claim**

Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Emotional Only	17	\$ 90,000	\$ 61,012	\$ 10,097
Temporary - Insignificant	30	78,501	67,452	1,448
Temporary - Minor	124	1,686,201	1,918,037	243,198
Temporary - Major	55	3,172,441	1,580,732	133,083
Permanent - Minor	69	1,488,620	907,265	74,093
Permanent - Significant	30	1,229,000	669,811	11,714
Permanent - Major	50	5,576,578	1,781,188	106,980
Grave	18	13,920,000	1,875,260	104,203
Death	115	10,255,228	3,899,765	390,492
Other / Unknown	26	15,004	108,711	22,583
Total	534	\$ 37,511,573	\$ 12,869,234	\$ 1,097,891



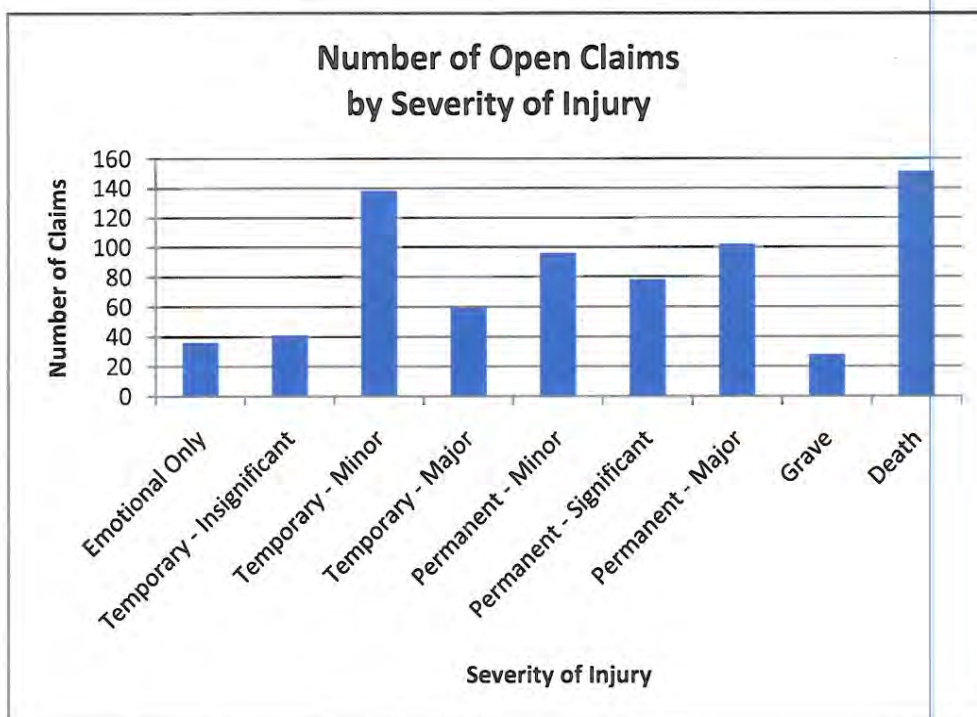
**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Average Benefits and Expenses
 Calendar Year 2006 - By Substance of Claim**

Severity	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Emotional Only	17	\$ 5,294	\$ 3,589	\$ 594
Temporary - Insignificant	30	2,617	2,248	48
Temporary - Minor	124	13,598	15,468	1,961
Temporary - Major	55	57,681	28,741	2,420
Permanent - Minor	69	21,574	13,149	1,074
Permanent - Significant	30	40,967	22,327	390
Permanent - Major	50	111,532	35,624	2,140
Grave	18	773,333	104,181	5,789
Death	115	89,176	33,911	3,396
Other / Unknown	26	577	4,181	869
Total	534	\$ 70,246	\$ 24,100	\$ 2,056



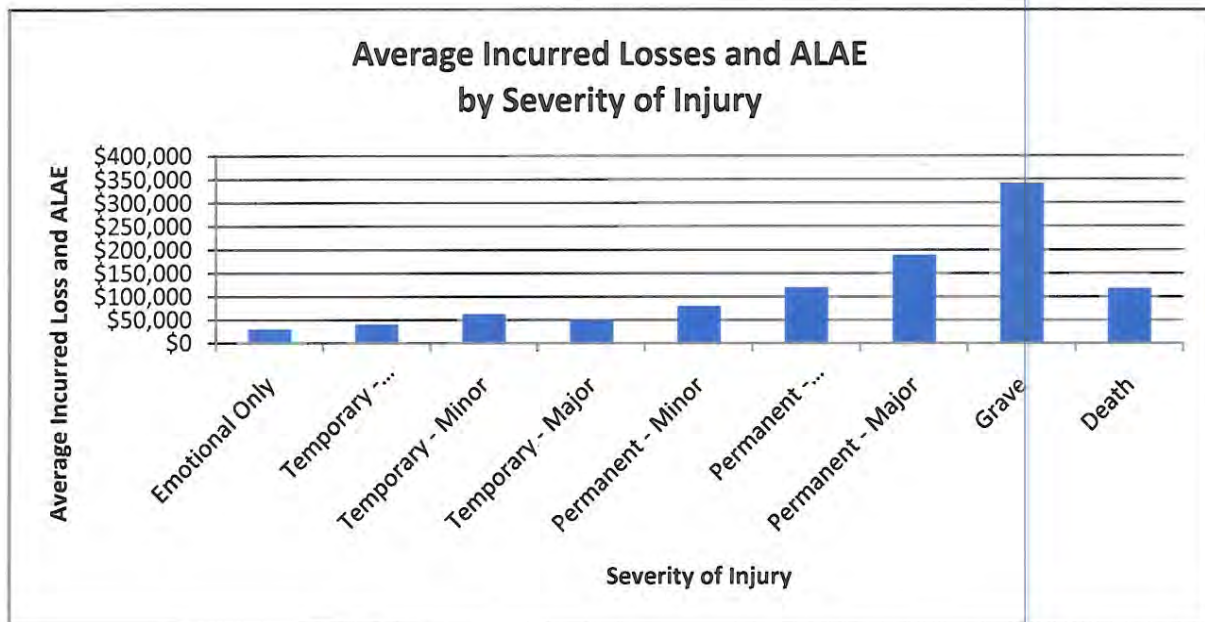
**Iowa Insurance Division
 Medical Malpractice Open Claim Report
 Total Benefits and Expenses
 Calendar Year 2006 - By Substance of Claim**

Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Emotional Only	36	\$ -	\$ 259,990	\$ 798,486
Temporary - Insignificant	41	131,598	183,648	1,290,956
Temporary - Minor	138	251,460	1,096,929	7,188,805
Temporary - Major	59	40,000	462,555	2,414,605
Permanent - Minor	96	225,333	1,019,968	6,324,142
Permanent - Significant	78	-	1,142,582	8,124,985
Permanent - Major	102	95,000	2,244,543	16,848,481
Grave	28	-	820,477	8,721,139
Death	151	770,035	2,476,834	14,293,218
Other / Unknown	64	4,000	181,310	1,884,597
Total	793	\$ 1,517,426	\$ 9,888,836	\$ 67,889,414



**Iowa Insurance Division
 Medical Malpractice Open Claim Report
 Average Benefits and Expenses
 Calendar Year 2006 - 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	36	\$ -	\$ 7,222	\$ 22,180
Temporary - Insignificant	41	3,210	4,479	31,487
Temporary - Minor	138	1,822	7,949	52,093
Temporary - Major	59	678	7,840	40,926
Permanent - Minor	96	2,347	10,625	65,876
Permanent - Significant	78	-	14,648	104,166
Permanent - Major	102	931	22,005	165,181
Grave	28	-	29,303	311,469
Death	151	5,100	16,403	94,657
Other / Unknown	64	63	2,833	29,447
Total	793	\$ 1,914	\$ 12,470	\$ 85,611



Closed and Open Claim Reports by Company

The following summaries provide data by company for open and closed claims. In those cases where the number of claims was so small as to jeopardize the confidentiality of individual claims, the data was reported on a combined basis. The methods used in combining the data are described in the earlier section of the report.

**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Benefits and Expenses by Company
 Calendar Year 2006 - By Specialty**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
C N A Insurance Companies					
	Dentistry	16	\$ 53,289	\$ 60,923	\$ -
	Hospital	7	106,906	24,111	-
	Other / Unknown	13	39,060	61,013	-
Cincinnati Insurance Company, The					
	All	5	535,000	116,275	80,973
Fireman's Fund Insurance Company					
	All	9	25,000	42,618	-
Group					
	General Surgery	5	75,000	55,313	34,011
	Healthcare Facility	7	50,000	13,361	-
	Other / Unknown	13	1,562,461	406,136	8,253
ISMIE Mutual Insurance Company					
	All	19	277,855	293,968	-
Medical Protective Company, The					
	Family Practice	5	302,500	235,206	-
	Dentistry	10	23,796	252,922	-
	Clinic / Corporation	5	477,500	210,269	-
	Other / Unknown	13	1,106,500	397,220	-
Midwest Medical Insurance Company					
	Anesthesiology	9	100,000	240,273	-
	Family Practice	13	477,500	167,176	-
	General Surgery	18	3,618,000	388,044	-
	Neurology	5	2,774,374	346,575	-
	Obstetrics / Gynecology	36	3,359,463	1,227,204	-
	Orthopedics	9	675,000	238,063	-
	Psychiatry	5	-	210,480	-
	Radiology	6	87,500	301,211	-
	Hospital	37	2,735,500	458,553	-
	Clinic / Corporation	13	1,554,626	216,099	-
	Other / Unknown	29	1,697,500	593,759	-
NCMIC Insurance Company					
	Chiropractic	5	-	68,614	-
Physicians Insurance Company of Wisconsin, Inc.					
	Cardiology	24	180,000	590,331	178,404
	Emergency Medicine	17	748,000	495,695	50,564
	Family Practice	8	1,500,000	289,651	123,702
	General Surgery	13	665,000	1,206,082	156,883
	Internal Medicine	7	-	151,237	34,479
	Obstetrics / Gynecology	5	81,228	204,456	26,569
	Orthopedics	10	-	461,416	101,394
	Plastic Surgery	10	-	118,304	54,723
	Hospital	22	425,729	277,488	72,095
	Clinic / Corporation	40	118,801	439,394	113,049
	Other / Unknown	11	425,000	182,085	62,792
Podiatry Insurance Company of America, A Mutual Company					
	Podiatry	9	500,000	192,953	-
Preferred Professional Insurance Company					
	All	19	573,500	553,237	-
ProNational Insurance Company					
	All	8	504	16,453	-
Travelers Property Casualty Company of America					
	All	19	10,579,480	1,065,066	-
Total		534	\$ 37,511,573	\$ 12,869,234	\$ 1,097,891

**Iowa Insurance Division
 Medical Malpractice Open Claim Report
 Benefits and Expenses by Company
 Calendar Year 2006 - By Specialty**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
AMCO Insurance Company					
	Healthcare Facility	6	\$ -	\$ -	\$ 145,500
C N A Insurance Companies					
	Dentistry	12	-	1,900	95,148
	Hospital	9	-	17,947	9
	Clinic / Corporation	5	-	3,330	9
	Other / Unknown	13	-	51,408	270,013
Doctors Company, The					
	All	5	-	55,385	515,000
Emergency Medicine Risk Retention Group, Inc					
	Emergency Medicine	7	-	28,308	1,411,691
Group					
	All	27	481,598	309,895	2,419,025
Health Care Industry Liability Reciprocal Insurance					
	Healthcare Facility	5	-	43,353	160,000
ISMIE Mutual Insurance Company					
	All	10	-	5,196	2,840,286
Medical Protective Company, The					
	All	22	250,000	421,343	844,000
Midwest Medical Insurance Company					
	Anesthesiology	8	-	36,728	212,000
	Cardiology	9	-	100,963	507,500
	Emergency Medicine	6	-	13,702	360,000
	Family Practice	28	-	370,070	3,386,500
	General Surgery	13	-	250,528	2,410,000
	Neurology	6	-	179,467	1,510,000
	Obstetrics / Gynecology	55	-	694,341	7,247,500
	Orthopedics	15	-	95,649	2,640,000
	Radiology	17	-	147,647	2,017,500
	Hospital	44	-	300,323	3,478,000
	Clinic / Corporation	15	-	167,841	938,000
	Other / Unknown	48	-	475,048	8,728,000
NCMIC Insurance Company					
	All	6	-	41,177	380,000
Physicians Insurance Company of Wisconsin, Inc.					
	Cardiology	18	220,035	525,632	1,556,390
	Emergency Medicine	60	50,000	613,493	3,390,831
	Family Practice	49	50,000	552,745	2,307,674
	General Surgery	17	-	574,332	2,509,999
	Internal Medicine	10	95,000	98,083	212,433
	Neurology	7	-	524,043	839,600
	Obstetrics / Gynecology	13	-	138,163	968,312
	Orthopedics	22	140,000	393,312	1,318,961
	Hospital	73	174,794	739,176	3,087,729
	Clinic / Corporation	73	-	894,783	3,351,443
	Other / Unknown	25	15,000	291,995	1,121,096
Podiatry Insurance Company of America, A Mutual Company					
	All	8	-	182,874	2,555,001
ProNational Insurance Company					
	All	9	-	67,739	839,261
Travelers Property Casualty Company of America					
	All	18	41,000	480,920	1,315,002
Total		793	\$ 1,517,426	\$ 9,888,836	\$ 67,889,414

**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Benefits and Expenses by Company
 Calendar Year 2006 - By Nature of Claim**

Company	Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
C N A Insurance Companies					
	Misdiagnosis or Wrong Diagnosis	6	\$ 119	\$ 300	\$ -
	Treatment Related Cause	8	36,000	61,013	-
	Other / Unknown	22	163,137	84,734	-
Cincinnati Insurance Company, The					
	All	5	535,000	116,275	80,973
Fireman's Fund Insurance Company					
	All	9	25,000	42,618	-
Group					
	Treatment Related Cause	13	62,461	56,561	-
	Other / Unknown	12	1,625,000	418,250	42,263
ISMIE Mutual Insurance Company					
	All	19	277,855	293,968	-
Medical Protective Company, The					
	Failure to Diagnose / Monitor / Treat	11	117,875	395,012	-
	Inappropriate / Improper Surgical Procedure	6	34,921	149,918	-
	Treatment Related Cause	6	1,051,000	111,218	-
	Other / Unknown	10	706,500	439,468	-
Midwest Medical Insurance Company					
	Failure to Diagnose / Monitor / Treat	35	2,940,000	842,306	-
	Delay in Diagnosis	15	1,440,000	399,977	-
	Inappropriate / Improper Surgical Procedure	23	2,610,463	464,241	-
	Instrument / Sponge Left after Surgery	5	365,000	111,809	-
	Treatment Related Cause	11	1,012,500	289,904	-
	Pregnancy or Birth Related Problems	18	2,305,000	1,014,764	-
	Fracture / Fall	6	206,000	44,916	-
	Other / Unknown	67	6,200,500	1,219,520	-
NCMIC Insurance Company					
	All	5	-	68,614	-
Physicians Insurance Company of Wisconsin, Inc.					
	Failure to Diagnose / Monitor / Treat	14	550,000	440,167	82,912
	Misdiagnosis or Wrong Diagnosis	37	1,985,223	1,211,798	320,820
	Treatment Related Cause	5	-	8,897	1,112
	Inappropriate Procedure	55	653,578	1,208,512	337,756
	Other / Unknown	56	954,957	1,546,766	232,055
Podiatry Insurance Company of America, A Mutual Company					
	All	9	500,000	192,953	-
Preferred Professional Insurance Company					
	All	19	573,500	553,237	-
ProNational Insurance Company					
	All	8	504	16,453	-
Travelers Property Casualty Company of America					
	All	19	10,579,480	1,065,066	-
Total		534	\$ 37,511,573	\$ 12,869,234	\$ 1,097,891

Iowa Insurance Division
 Medical Malpractice Open Claim Report
 Benefits and Expenses by Company
 Calendar Year 2006 - By Nature of Claim

Company	Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
AMCO Insurance Company	All	6	\$ -	\$ -	145,500
C N A Insurance Companies	Inappropriate / Improper Surgical Procedure	6	-	914	112,502
	Post-Operative Complications	5	-	1,700	105,005
	Treatment Related Cause	7	-	3,330	2,651
	Pregnancy or Birth Related Problems	7	-	17,947	7
	Other / Unknown	14	-	50,694	145,014
Doctors Company, The	All	5	-	55,385	515,000
Emergency Medicine Risk Retention Group, Inc	All	7	-	28,308	1,411,691
Group	Failure to Diagnose / Monitor / Treat	8	27,500	111,254	1,286,039
	Other / Unknown	19	454,098	198,641	1,132,986
Health Care Industry Liability Reciprocal Insurance	All	5	-	43,353	160,000
ISMIE Mutual Insurance Company	All	10	-	5,196	2,840,286
Medical Protective Company, The	Treatment Related Cause	17	-	343,177	486,000
	Other / Unknown	5	250,000	78,166	358,000
Midwest Medical Insurance Company	Failure to Diagnose / Monitor / Treat	51	-	665,929	8,450,000
	Delay in Diagnosis	12	-	81,241	2,020,000
	Inappropriate / Improper Surgical Procedure	29	-	162,807	4,528,500
	Instrument / Sponge Left after Surgery	8	-	15,719	188,500
	Treatment Related Cause	20	-	443,111	4,670,000
	Pregnancy or Birth Related Problems	38	-	627,202	5,576,500
	Fracture / Fall	12	-	156,904	1,585,000
	Other / Unknown	94	-	679,394	6,416,500
NCMIC Insurance Company	All	6	-	41,177	380,000
Physicians Insurance Company of Wisconsin, Inc.	Failure to Diagnose / Monitor / Treat	26	-	535,975	1,427,531
	Misdiagnosis or Wrong Diagnosis	82	295,000	999,227	4,176,017
	Medication Related	5	-	11,412	87,688
	Instrument / Sponge Left after Surgery	9	-	71,648	645,153
	Lack of Informed Consent or Failure to Obtain Consent	5	-	10,101	256,861
	Inappropriate Procedure	161	260,035	2,805,213	10,598,916
	Other / Unknown	79	189,794	912,181	3,472,303
Podiatry Insurance Company of America, A Mutual Company	All	8	-	182,874	2,555,001
ProNational Insurance Company	All	9	-	67,739	839,261
Travelers Property Casualty Company of America	All	18	41,000	480,920	1,315,002
Total		793	\$ 1,517,426	\$ 9,883,836	\$ 67,889,414

**Iowa Insurance Division
 Medical Malpractice Closed Claim Report
 Benefits and Expenses by Company
 Calendar Year 2006 - By Substance of Claim**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
C N A Insurance Companies					
	Temporary - Insignificant	8	\$ 17,501	\$ 300	\$ -
	Temporary - Minor	13	13,008	3,776	-
	Death	5	130,000	65,981	-
	Other / Unknown	10	38,747	75,990	-
Cincinnati Insurance Company, The					
	All	5	535,000	116,275	80,973
Fireman's Fund Insurance Company					
	All	9	25,000	42,618	-
Group					
	Temporary - Minor	9	125,000	76,281	42,135
	Other / Unknown	16	1,562,461	398,530	128
ISMIE Mutual Insurance Company					
	All	19	277,855	293,968	-
Medical Protective Company, The					
	Temporary - Minor	17	43,500	695,154	-
	Death	7	1,540,000	283,969	-
	Other / Unknown	9	326,796	116,493	-
Midwest Medical Insurance Company					
	Temporary - Minor	31	483,963	410,815	-
	Temporary - Major	14	1,125,000	360,676	-
	Permanent - Minor	35	1,167,500	329,918	-
	Permanent - Significant	11	785,000	271,861	-
	Permanent - Major	28	4,770,000	603,364	-
	Grave	10	3,510,000	1,001,850	-
	Death	38	5,235,000	1,324,683	-
	Other / Unknown	13	3,000	84,271	-
NCMIC Insurance Company					
	All	5	-	68,614	-
Physicians Insurance Company of Wisconsin, Inc.					
	Emotional Only	5	-	15,769	10,097
	Temporary - Minor	38	325,729	578,387	129,189
	Temporary - Major	18	100,000	505,230	132,955
	Permanent - Minor	18	3,578	271,803	74,093
	Permanent - Significant	11	175,000	261,460	11,714
	Permanent - Major	10	55,223	669,959	106,980
	Grave	6	1,560,000	529,212	104,203
	Death	45	1,924,228	1,527,401	381,393
	Other / Unknown	16	-	56,919	24,031
Podiatry Insurance Company of America, A Mutual Company					
	All	9	500,000	192,953	-
Preferred Professional Insurance Company					
	All	19	573,500	553,237	-
ProNational Insurance Company					
	All	8	504	16,453	-
Travelers Property Casualty Company of America					
	All	19	10,579,480	1,065,066	-
Total		534	\$ 37,511,573	\$ 12,869,234	\$ 1,097,891

**Iowa Insurance Division
Medical Malpractice Open Claim Report
Benefits and Expenses by Company
Calendar Year 2006 - By Substance of Claim**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
AMCO Insurance Company					
	Temporary - Minor	6	\$ -	\$ -	145,500
C N A Insurance Companies					
	Temporary - Major	6	-	6,011	25,009
	Permanent - Significant	5	-	9,249	175,003
	Permanent - Major	7	-	14,650	7
	Other / Unknown	21	-	44,676	165,160
Doctors Company, The					
	All	5	-	55,385	515,000
Emergency Medicine Risk Retention Group, Inc					
	All	7	-	28,308	1,411,691
Group					
	Temporary - Minor	7	-	21,898	105,760
	Death	5	450,000	148,623	1,417,784
	Other / Unknown	15	31,598	139,374	895,481
Health Care Industry Liability Reciprocal Insurance					
	All	5	-	43,353	160,000
ISMIE Mutual Insurance Company					
	All	10	-	5,196	2,840,286
Medical Protective Company, The					
	Temporary - Minor	13	250,000	295,109	670,000
	Other / Unknown	9	-	126,234	174,000
Midwest Medical Insurance Company					
	Emotional Only	12	-	12,790	208,000
	Temporary - Insignificant	11	-	14,056	178,000
	Temporary - Minor	29	-	47,201	1,154,000
	Temporary - Major	11	-	59,420	791,000
	Permanent - Minor	43	-	319,886	2,922,500
	Permanent - Significant	38	-	376,203	3,975,000
	Permanent - Major	46	-	812,276	10,030,000
	Grave	20	-	572,681	7,820,000
	Death	54	-	617,794	6,356,500
NCMIC Insurance Company					
	All	6	-	41,177	380,000
Physicians Insurance Company of Wisconsin, Inc.					
	Emotional Only	15	-	99,069	550,476
	Temporary - Insignificant	20	100,000	137,867	1,054,312
	Temporary - Minor	67	1,460	650,500	3,482,658
	Temporary - Major	37	40,000	350,510	1,492,624
	Permanent - Minor	33	184,333	504,243	610,981
	Permanent - Significant	24	-	553,116	1,847,046
	Permanent - Major	40	95,000	1,296,910	4,772,474
	Grave	8	-	247,796	901,139
	Death	72	320,035	1,392,176	4,907,427
	Other / Unknown	51	4,000	113,571	1,045,332
Podiatry Insurance Company of America, A Mutual Company					
	All	8	-	182,874	2,555,001
ProNational Insurance Company					
	All	9	-	67,739	839,261
Travelers Property Casualty Company of America					
	All	18	41,000	480,920	1,315,002
Total		793	\$ 1,517,426	\$ 9,888,836	\$ 67,889,414

Summary

The Iowa Insurance Division requested open and closed claim data for calendar year 2006 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, 2006, through December 31, 2006, 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 snapshot portrayal of Iowa's medical malpractice insurance market.

Average payments of benefits plus allocated loss adjustment expenses for all closed claims were just under \$100,000. The average incurred amounts for all open claims were also just under \$100,000.

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. For categories with 25 or more claims, general surgery had both the highest average paid and incurred losses and allocated loss adjustment expenses.

For closed claims, Treatment Related Causes and Failure to Diagnose/Monitor/Treat produced the more claims than any of the other listed alleged causes of loss. Most open claims were from Inappropriate Procedures and Failure to Diagnose/Monitor/Treat. For categories with at least 25 claims, the costliest closed claims were for Inappropriate/Improper Surgical Procedures and Failure to Diagnose/Monitor/Treat. For open claims, the highest average incurred amounts were from Inappropriate/Improper Surgical Procedures and Pregnancy or Birth Related Problems.

Most claims, both open and closed, were temporary minor 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 \$5,000 to more than \$750,000. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from less than \$35,000 to more than \$300,000.



STATE OF IOWA

CHESTER J. CULVER
GOVERNOR

SUSAN E. VOSS
COMMISSIONER OF INSURANCE

PATTY JUDGE
LT. GOVERNOR

DATE: May 1, 2007
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, 2006 through December 31, 2006.

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

DUE DATE: June 1, 2007

IID CONTACT PERSON: Karen Armstrong Karen.Armstrong@iid.state.ia.us

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 Karen Armstrong at Karen.Armstrong@iid.state.ia.us by June 1, 2007.

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, 2006 through December 31, 2006. Also provide data for all medical malpractice insurance claims and lawsuits open as of December 31, 2006.
 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, 2006, report this within the open claims report only.
 9. If a claim was reopened and then closed within the period from January 1, 2006 through December 31, 2006, 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 Karen Armstrong at Karen.Armstrong@iid.state.ia.us. The EXCEL spreadsheets may be zipped via WinZip program if too large for e-mail.
8. The report is due June 1, 2007.
9. If you have any questions, feel free to e-mail or call either Karen Armstrong at Karen.Armstrong@iid.state.ia.us, 515-281-4450 or Ramona Lee at Ramona.Lee@iid.state.ia.us, 515-281-4095.

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, 2006.

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"/> Other/Unknown: _____
<input type="checkbox"/> 10 Instrument/Sponge Left after Surgery	

(col. O)

15. Severity of Injury:

- 1 Emotional Only (e.g. fright, no physical damage)
- 2 Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)
- 3 Temporary - Minor (e.g. infections, misset fracture, fall in hospital; recovery delayed)
- 4 Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed)
- 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

Claim Disposition

(col. P)

16. Final Method of Claim Disposition:

- 1 Settled
- 2 Disposed of by a Court
- 3 Arbitration
- 4 Denied
- 5 Closed Without Payment
- 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. Z)

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"/> 9 Unnecessary Surgical Procedure	<input type="checkbox"/> 18 Inappropriate 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) |
| <input type="checkbox"/> | 6 | Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung) |
| <input type="checkbox"/> | 7 | Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage) |
| <input type="checkbox"/> | 8 | Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis) |
| <input type="checkbox"/> | 9 | Death |
| <input type="checkbox"/> | | 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.*