

Iowa
Medical Malpractice Annual Report
For Calendar Year 2010

December 2011
Iowa Insurance Division

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Executive Summary

The Iowa Insurance Division requested open and closed claim data for calendar year 2010 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, 2010, through December 31, 2010, were asked to provide specific data for claims closed during that period and separately those remaining open at the end of the year.

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

The report provides a portrayal of Iowa's medical malpractice insurance market. Average payments of benefits plus allocated loss adjustment expenses for all closed claims were about \$100,000. The average incurred losses and allocated loss adjustment expenses for all open claims were about \$23,000.

Of the specialty providers listed, consistent with prior years, Hospitals and Clinics or Corporations had the most number of claims reported in both the open and closed claim reports. Of closed claims provider specialty categories with 20 or more claims, General Surgery had the highest average benefits and allocated loss adjustment expenses paid. Of open claims categories with 20 or more claims, Obstetrics or Gynecology had the highest average incurred losses and allocated loss adjustment expenses.

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

Death claims accounted for the most closed and open claims, while on average, for both open and closed claims, those categorized as Grave were the costliest. Average paid losses and expenses for closed claims by category ranged from less than \$20,000 to more than \$600,000. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$21,000 to more than one million dollars.

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

The Division recommends that the Medical Malpractice Annual Report be discontinued. This discontinuance could be structured by amending the existing law to allow for the report to be required in any year rather than requiring the report each year. In that way, should the need for an annual compilation of medical malpractice data become critical in the future, the report could be reinstated immediately. The value of the existing report is not dependent on data being compiled every year without interruption.

Should the need for an annual compilation of medical malpractice data become critical in the future, Iowa might consider adopting the NAIC's Medical Professional Liability Closed Claim Reporting model law. Depending on the number of states that have adopted the model law and the companies writing medical malpractice insurance in those states, adoption could help provide data that is comparable with other states and provide companies with consistent reporting requirements from state to state.

Statutory language requires carriers to report the total amounts paid within six months after final disposition of the claims. In the four years of collecting this information only a few companies have data to report and it provides no information about the overall market. Therefore, whether or not the other recommendations are adopted, the Division recommends elimination of the requirement to report the total amounts paid within six months after final disposition of the claims.

Introduction

Pursuant to Iowa Code Section 505.27, the Iowa Insurance Division requested insurance companies report medical malpractice claim data for calendar year 2010.

Licensed insurers who wrote medical malpractice insurance in Iowa during 2010, 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 2010, were required to provide data for claims that closed during the year or that were open at the end of the year. These insurers represented 71.3% of the medical malpractice market in Iowa as determined by their percentage of calendar year 2010 direct written premiums. Some companies reported for a group of affiliated companies together; others reported for each company individually. The term “company” is being used to represent either an individual entity or a group of affiliated companies.

Not all the licensed companies had open or closed claims to report. Page 7 shows a history of the market shares for companies that reported claims for the Medical Malpractice Annual Report for Calendar Year 2010. They comprise 68.2% of the 2010 medical malpractice market in Iowa. The market shares were determined by dividing the company’s written premium for the year by the total written premium for all companies in that year.

The companies that write medical malpractice insurance change from year to year. New companies start writing the business, others cease writing the business. Some companies change their names or acquire other companies. The premium volume that a company writes will vary year to year, and for some companies it will vary dramatically. Most of the business is written by a few companies, but even their market shares shift year to year. Three licensed companies write half of the total written premiums for medical malpractice insurance in Iowa.

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

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

Company Name	Calendar Year 2006	Calendar Year 2007	Calendar Year 2008	Calendar Year 2009	Calendar Year 2010
MMIC Insurance, Inc.	36.5%	33.8%	39.0%	36.0%	36.2%
ProAssurance Wisconsin Insurance Company	15.6%	13.3%	12.5%	14.5%	10.6%
NCMIC Insurance Company	1.4%	1.6%	1.9%	2.8%	3.2%
Medical Protective Company, The	2.3%	2.2%	2.7%	2.4%	2.7%
C N A Insurance Companies	2.1%	2.4%	3.0%	2.7%	2.6%
AMCO Insurance Company	2.8%	2.8%	3.2%	2.8%	2.5%
MHA Insurance Company	1.0%	1.9%	2.3%	2.4%	2.5%
Preferred Professional Insurance Company	2.1%	2.2%	2.6%	2.4%	2.5%
Podiatry Insurance Company of America	1.0%	1.0%	1.1%	1.1%	1.1%
Cincinnati Insurance Company, The	1.1%	1.0%	1.0%	0.8%	0.8%
National Union Fire Insurance Company of Pittsburgh, P.A.	0.5%	0.4%	0.6%	0.5%	0.8%
ISMIE Mutual Insurance Company	1.0%	1.2%	1.2%	1.1%	0.6%
Doctors Company, The	0.6%	0.4%	0.6%	0.5%	0.6%
COPIC Insurance Company	0.3%	0.4%	0.5%	0.5%	0.4%
Ace American Insurance Company	0.3%	0.4%	0.4%	0.4%	0.4%
Church Mutual Insurance Company	0.1%	0.1%	0.2%	0.2%	0.3%
Fireman's Fund Insurance Company	0.5%	0.5%	0.5%	0.4%	0.2%
Zurich American Insurance Company	0.0%	0.0%	0.1%	0.2%	0.2%
Fortress Insurance Company	0.0%	0.0%	0.0%	0.0%	0.0%
Darwin National Assurance Company	0.0%	0.0%	0.0%	0.0%	0.0%
Travelers Companies	0.0%	0.0%	0.0%	0.0%	0.0%
Total Market Share for Companies with Reported Claims for 2010	69.2%	65.6%	73.4%	71.7%	68.2%

Data

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

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

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

Of all claims reported, six closed claims had total loss and allocated loss adjustment expenses of at least one million dollars and 11 open claims had incurred amounts of one million dollars or more. All but three of those claims were between \$1,000,000 and \$2,000,000.

Limitations

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

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

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

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

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

The report provides a snapshot of Iowa's medical malpractice insurance market. It includes claims from 2010 and earlier which either were closed in 2010 or remained open at the end of the year for those companies that responded to the data request. Since medical malpractice claims can take years to be reported and closed, the claims closed in a year and open at the end of the year do not correspond to premiums for that year.

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

Aggregate Claim Reports by Specialty of Provider

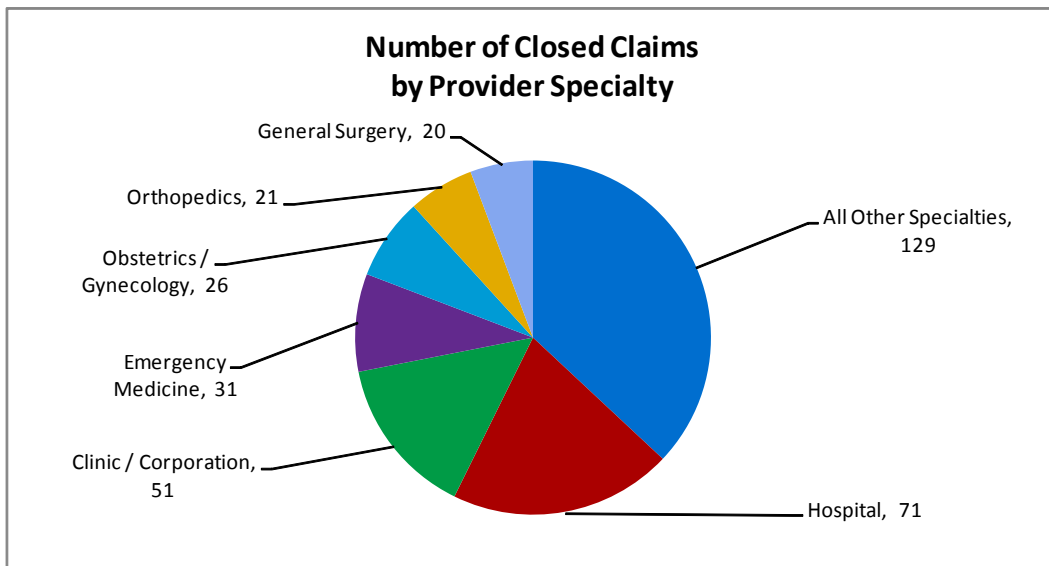
Companies were asked to classify each claim reported by a number of typical provider specialties. All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual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

Average payments of benefits plus allocated loss adjustment expenses for all closed claims were about \$100,000. The average incurred losses and allocated loss adjustment expenses for all open claims were about \$23,000. The claims underlying these amounts are not comparable since the open claims represent all those open during calendar year 2010, without regard to when the injury occurred or the claim was reported. The closed claims include all claims closed in 2010, 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.

Consistent with prior years, Hospitals and Clinics or Corporations had the highest number of claims reported in both the open and closed claim reports. Of closed claims provider specialty categories with 20 or more claims, General Surgery, had the highest average benefits and allocated loss adjustment expenses paid, followed by Obstetrics or Gynecology. Of open claims categories with 20 or more claims, Obstetrics or Gynecology had the highest average incurred losses and allocated loss adjustment expenses.

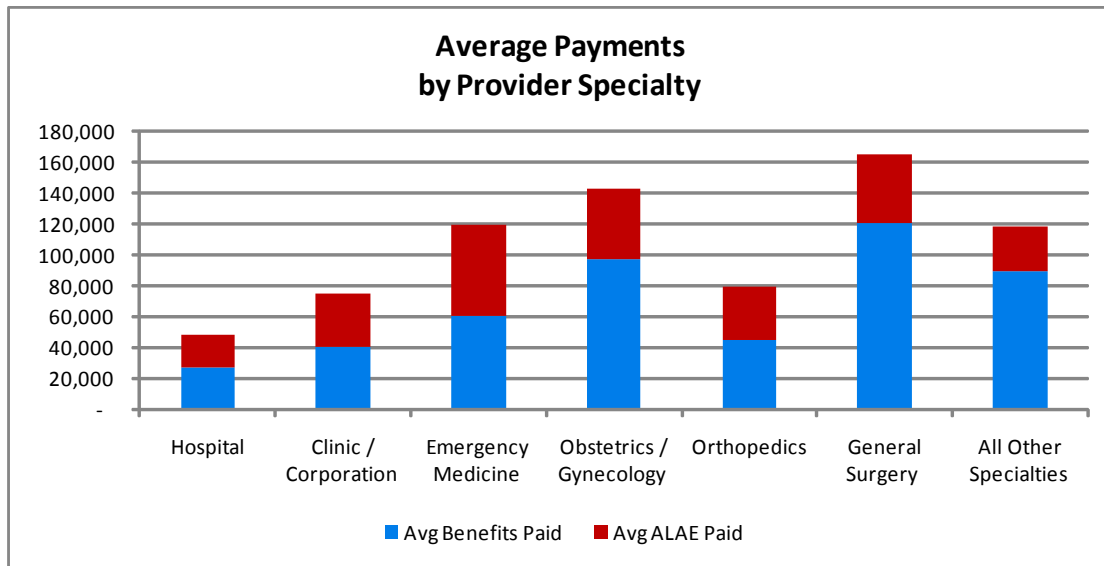
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2010 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Hospital	71	\$ 1,908,861	\$ 1,491,509	\$ 163,841
Clinic/Corporation	51	2,086,500	1,743,662	247,023
Emergency Medicine	31	1,876,929	1,804,550	550,377
Obstetrics/Gynecology	26	2,535,318	1,179,145	720
Orthopedics	21	952,500	703,449	23,882
General Surgery	20	2,397,500	893,426	148,514
Dentistry	18	584,228	102,124	10,352
Family Practice	13	3,175,000	544,901	114,087
Healthcare Facility	9	454,663	45,563	-
Anesthesiology	7	900,000	245,397	7,538
Radiology	7	253,000	471,497	-
Ophthalmology	6	1,007,500	35,349	3,226
Psychiatry	6	-	127,401	-
Gastroenterology	5	225,000	42,722	-
Pediatrics	5	2,050,000	871,131	650
Plastic Surgery	5	54,493	219,321	-
Podiatry	5	286,000	136,376	-
Other/Unknown	43	2,472,127	1,000,113	192,068
Total	349	\$ 23,219,619	\$ 11,657,637	\$ 1,462,280



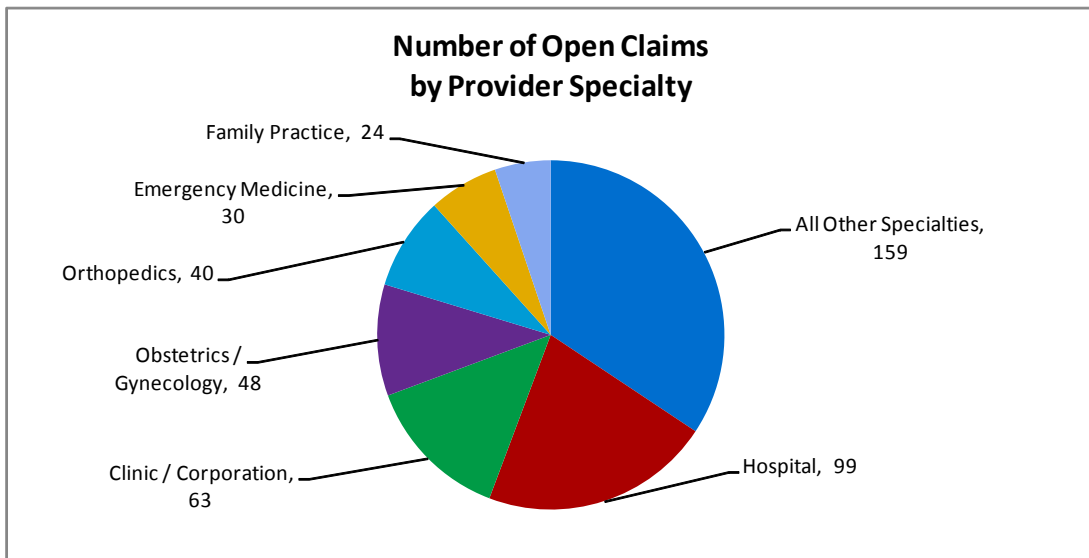
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2010 - By Specialty**

Provider Specialty	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Hospital	71	\$ 26,885	\$ 21,007	\$ 2,308
Clinic/Corporation	51	40,912	34,189	4,844
Emergency Medicine	31	60,546	58,211	17,754
Obstetrics/Gynecology	26	97,512	45,352	28
Orthopedics	21	45,357	33,498	1,137
General Surgery	20	119,875	44,671	7,426
Dentistry	18	32,457	5,674	575
Family Practice	13	244,231	41,915	8,776
Healthcare Facility	9	50,518	5,063	-
Anesthesiology	7	128,571	35,057	1,077
Radiology	7	36,143	67,357	-
Ophthalmology	6	167,917	5,892	538
Psychiatry	6	-	21,234	-
Gastroenterology	5	45,000	8,544	-
Pediatrics	5	410,000	174,226	130
Plastic Surgery	5	10,899	43,864	-
Podiatry	5	57,200	27,275	-
Other/Unknown	43	57,491	23,258	4,467
Total	349	\$ 66,532	\$ 33,403	\$ 4,190



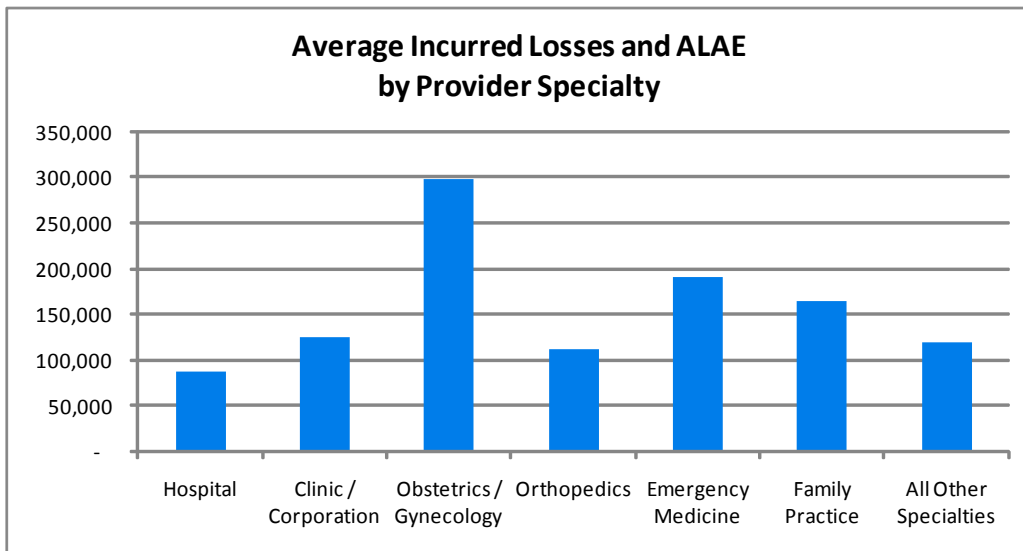
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2010 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Hospital	99	\$ 15,340	\$ 1,443,130	\$ 7,188,296
Clinic/Corporation	63	-	1,152,300	6,714,698
Obstetrics/Gynecology	48	1,000,000	1,763,302	11,577,150
Orthopedics	40	-	586,692	3,868,602
Emergency Medicine	30	250,000	862,234	4,606,867
Family Practice	24	-	453,267	3,476,226
General Surgery	19	-	394,227	2,124,683
Dentistry	17	78,000	47,380	298,192
Cardiology	11	-	226,886	1,399,547
Radiology	10	-	203,292	1,466,236
Internal Medicine	9	-	93,413	850,850
Anesthesiology	8	-	302,610	1,763,601
Psychiatry	8	-	77,707	477,550
Chiropractic	7	-	248,347	720,001
Healthcare Facility	7	212,341	7,725	265,000
Plastic Surgery	7	-	50,317	424,000
Neurology	5	-	112,643	1,130,369
Other/Unknown	51	-	951,289	4,945,126
Total	463	\$ 1,555,681	\$ 8,976,760	\$ 53,296,994



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2010 - 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	99	\$ 155	\$ 14,577	\$ 72,609
Clinic/Corporation	63	-	18,290	106,583
Obstetrics/Gynecology	48	20,833	36,735	241,191
Orthopedics	40	-	14,667	96,715
Emergency Medicine	30	8,333	28,741	153,562
Family Practice	24	-	18,886	144,843
General Surgery	19	-	20,749	111,825
Dentistry	17	4,588	2,787	17,541
Cardiology	11	-	20,626	127,232
Radiology	10	-	20,329	146,624
Internal Medicine	9	-	10,379	94,539
Anesthesiology	8	-	37,826	220,450
Psychiatry	8	-	9,713	59,694
Chiropractic	7	-	35,478	102,857
Healthcare Facility	7	30,334	1,104	37,857
Plastic Surgery	7	-	7,188	60,571
Neurology	5	-	22,529	226,074
Other/Unknown	51	-	18,653	96,963
Total	463	\$ 3,360	\$ 19,388	\$ 115,112



Aggregate Claim Reports by Nature of Claim

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

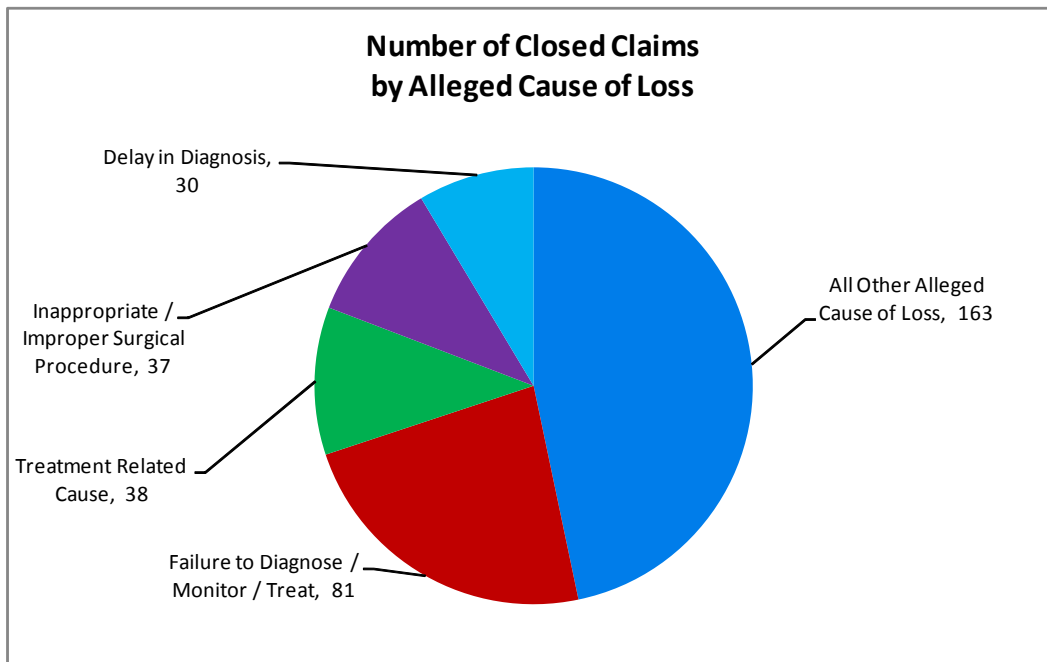
All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

For closed claims, Failure to Diagnose/Monitor/Treat produced the most claims and the costliest claims on average.

The most open claims were also from Failure to Diagnose/Monitor/Treat. The claims with the highest average incurred losses and allocated loss adjustment expenses were from the Pregnancy or Birth Related Problems, with over \$300,000 in average reserves.

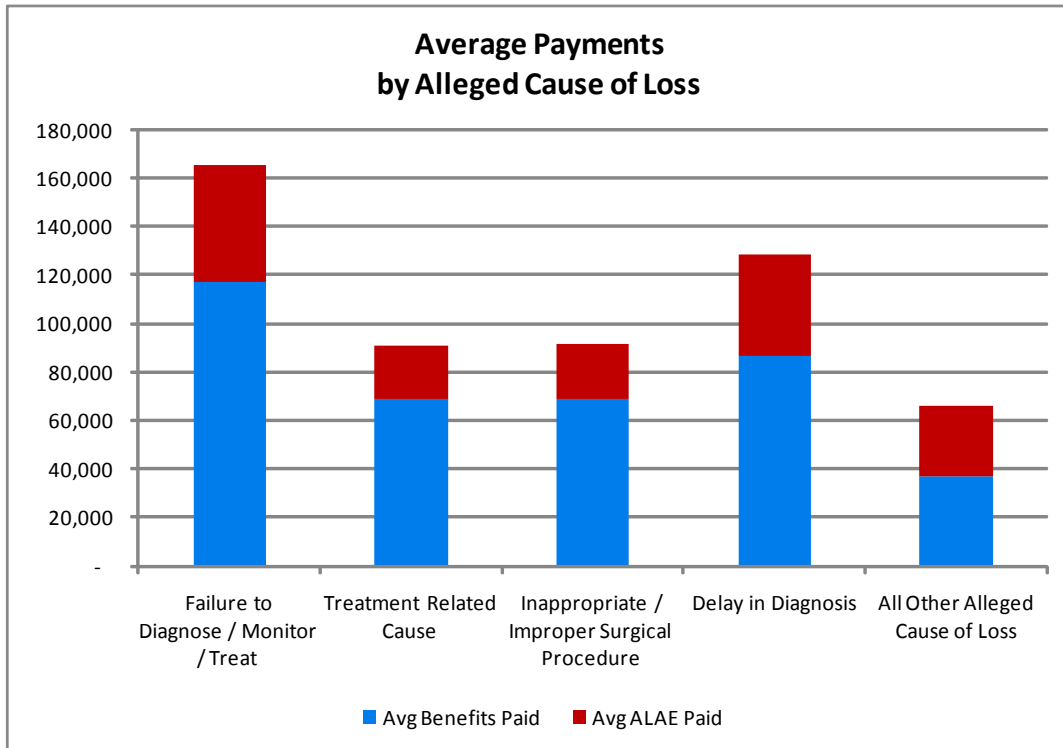
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2010 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Failure to Diagnose/Monitor/Treat	81	\$ 9,493,875	\$ 3,923,613	\$ 558,733
Treatment Related Cause	38	2,611,186	836,387	94,347
Inappropriate/Improper Surgical Procedure	37	2,551,072	848,704	-
Delay in Diagnosis	30	2,597,500	1,250,516	446,526
Pregnancy or Birth Related Problems	19	2,600,000	1,577,030	-
Lack of Supervision or Control	14	144,951	293,766	93,443
Fracture/Fall	9	505,000	148,884	-
Incorrect Medication	5	115,894	60,011	-
Other/Unknown	116	2,600,141	2,718,727	269,231
Total	349	\$ 23,219,619	\$ 11,657,637	\$ 1,462,280



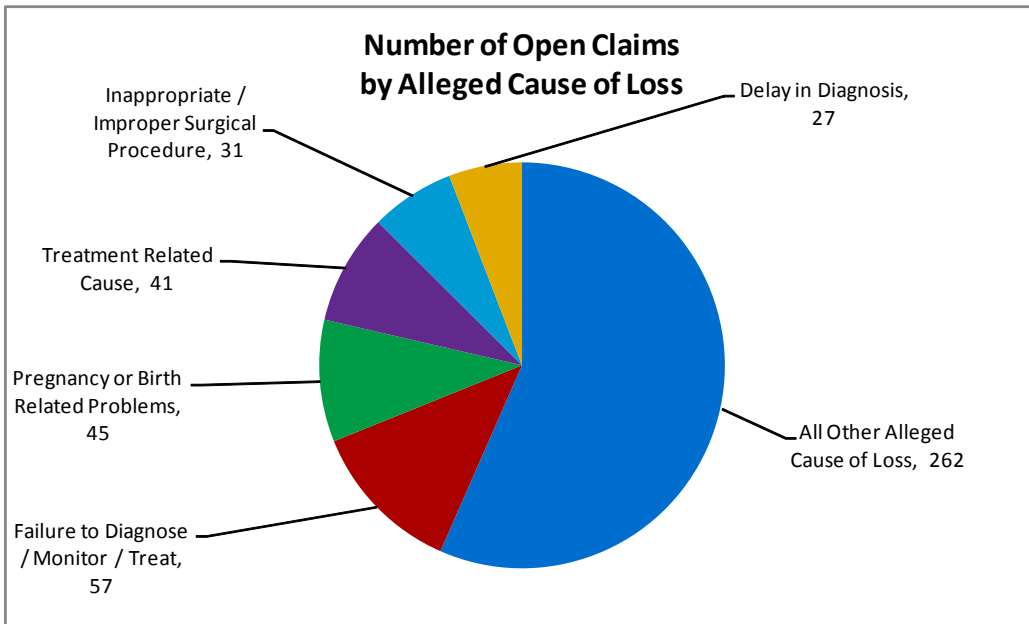
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2010 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Failure to Diagnose/Monitor/Treat	81	\$ 117,208	\$ 48,440	\$ 6,898
Treatment Related Cause	38	68,715	22,010	2,483
Inappropriate/Improper Surgical Procedure	37	68,948	22,938	-
Delay in Diagnosis	30	86,583	41,684	14,884
Pregnancy or Birth Related Problems	19	136,842	83,002	-
Lack of Supervision or Control	14	10,354	20,983	6,675
Fracture/Fall	9	56,111	16,543	-
Incorrect Medication	5	23,179	12,002	-
Other/Unknown	116	22,415	23,437	2,321
Total	349	\$ 66,532	\$ 33,403	\$ 4,190



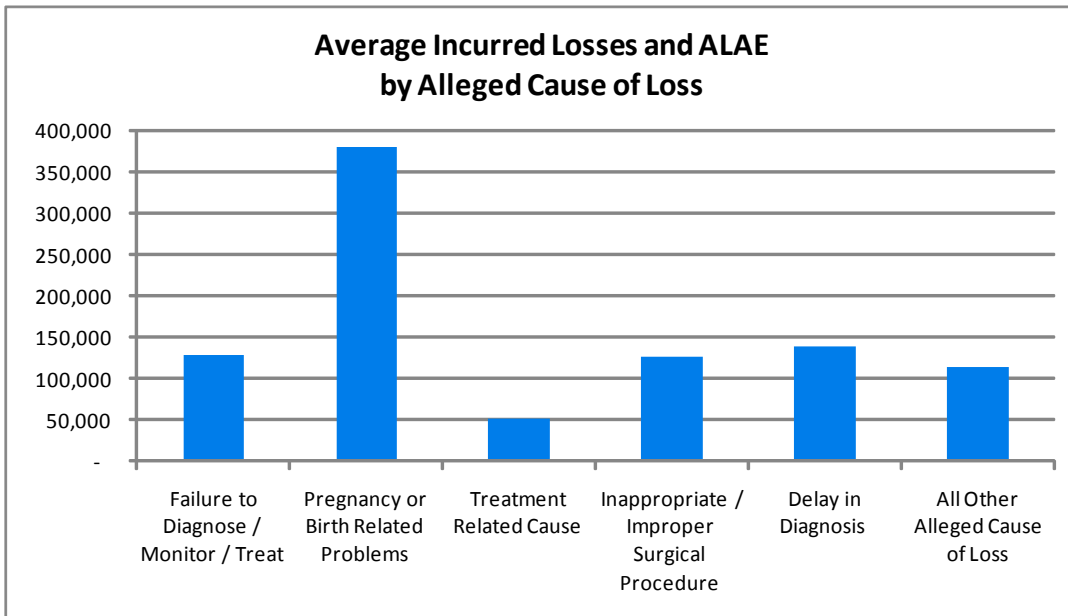
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2010 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Failure to Diagnose/Monitor/Treat	57	\$ 350,000	\$ 989,897	\$ 5,964,088
Pregnancy or Birth Related Problems	45	1,000,000	2,320,422	13,795,399
Treatment Related Cause	41	65,000	469,088	1,585,889
Inappropriate/Improper Surgical Procedure	31	13,000	401,706	3,483,250
Delay in Diagnosis	27	-	288,849	3,465,879
Fracture/Fall	17	16,522	171,018	930,875
Lack of Supervision or Control	5	-	45,569	156,066
Misdiagnosis	5	-	67,844	1,488,090
Post-Operative Complications	5	-	85,694	621,160
Wrong Diagnosis	5	-	268,391	1,121,609
Other/Unknown	225	111,159	3,868,282	20,684,689
Total	463	\$ 1,555,681	\$ 8,976,760	\$ 53,296,994



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2010 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Reserve for Incurred and Reported but not Disposed
Failure to Diagnose/Monitor/Treat	57	\$ 6,140	\$ 17,367	\$ 104,633
Pregnancy or Birth Related Problems	45	22,222	51,565	306,564
Treatment Related Cause	41	1,585	11,441	38,680
Inappropriate/Improper Surgical Procedure	31	419	12,958	112,363
Delay in Diagnosis	27	-	10,698	128,366
Fracture/Fall	17	972	10,060	54,757
Lack of Supervision or Control	5	-	9,114	31,213
Misdiagnosis	5	-	13,569	297,618
Post-Operative Complications	5	-	17,139	124,232
Wrong Diagnosis	5	-	53,678	224,322
Other/Unknown	225	494	17,192	91,932
Total	463	\$ 3,360	\$ 19,388	\$ 115,112



Aggregate Claim Reports by Substance of Claim

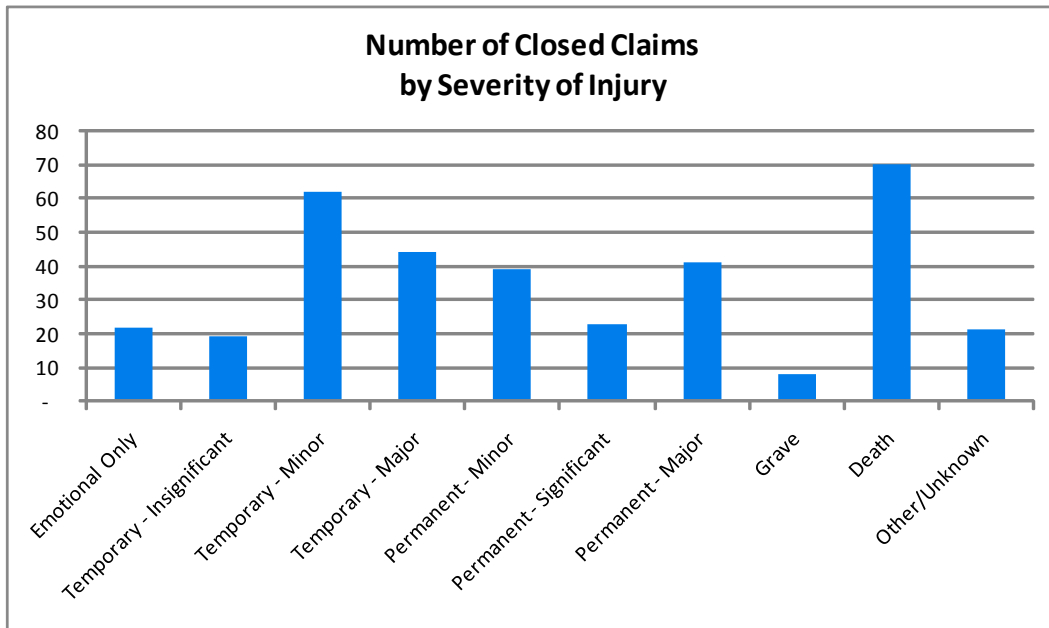
Companies were asked to classify each claim by the following severity of injury types.

- Emotional Only (e.g. fright, no physical damage)
- Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)
- Temporary - Minor (e.g. infections, 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

For closed claims, most were categorized as Death and Temporary - Minor claims, with the costliest claims on average being for those categorized as Grave. For open claims, most were Death and Permanent - Major claims, with the highest average incurred losses and allocated loss adjustment expenses again being for Grave claims. Average paid losses and expenses for closed claims by category ranged from less than \$20,000 to more than \$600,000. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$21,000 to more than one million dollars.

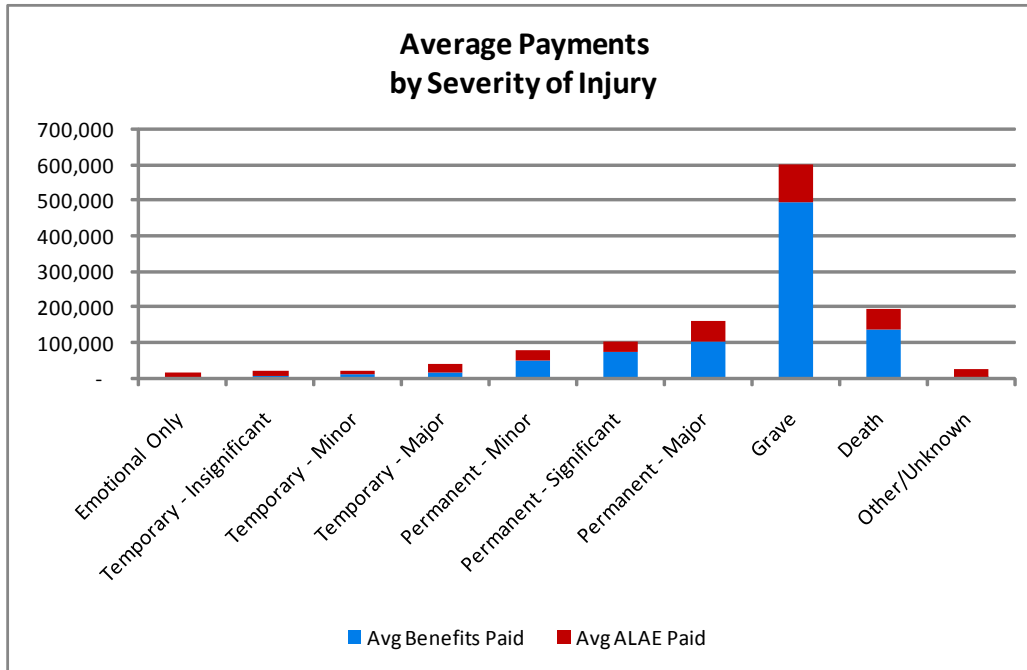
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2010 - By Severity of Claim**

Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Emotional Only	22	\$ 68,000	\$ 351,011	\$ 47,719
Temporary - Insignificant	19	128,024	251,541	4,466
Temporary - Minor	62	656,245	760,242	201,228
Temporary - Major	44	786,603	943,989	10,387
Permanent - Minor	39	1,921,750	1,172,526	219,908
Permanent - Significant	23	1,766,000	573,371	720
Permanent - Major	41	4,329,000	2,285,607	295,964
Grave	8	3,950,000	870,624	-
Death	70	9,553,825	3,957,620	666,270
Other/Unknown	21	60,172	491,107	15,618
Total	349	\$ 23,219,619	\$ 11,657,637	\$ 1,462,280



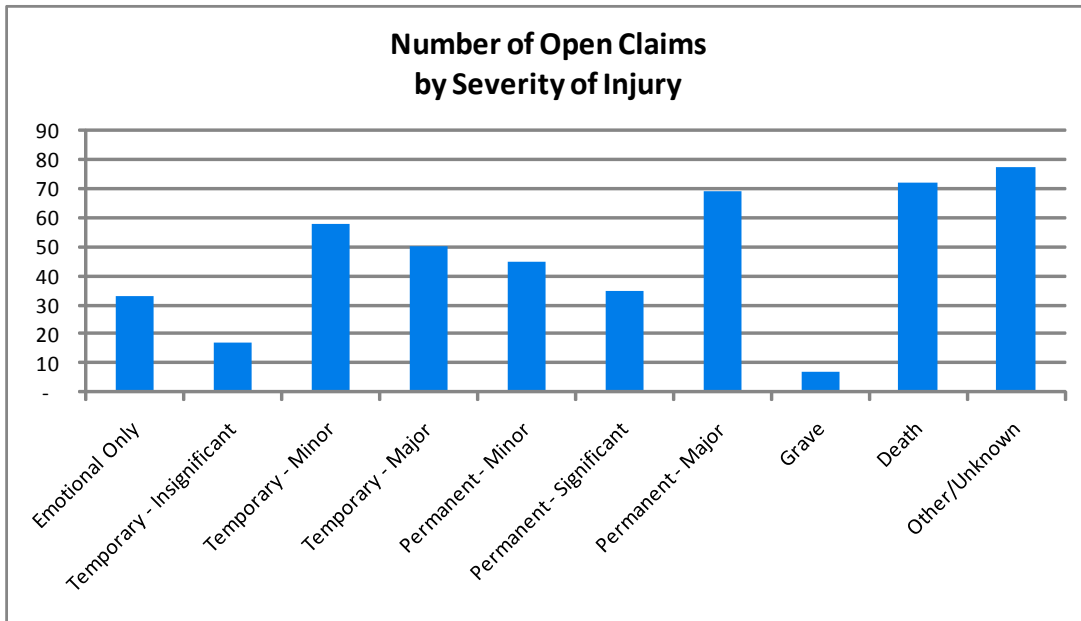
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2010 - By Severity of Claim**

Severity	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Emotional Only	22	\$ 3,091	\$ 15,955	\$ 2,169
Temporary - Insignificant	19	6,738	13,239	235
Temporary - Minor	62	10,585	12,262	3,246
Temporary - Major	44	17,877	21,454	236
Permanent - Minor	39	49,276	30,065	5,639
Permanent - Significant	23	76,783	24,929	31
Permanent - Major	41	105,585	55,747	7,219
Grave	8	493,750	108,828	-
Death	70	136,483	56,537	9,518
Other/Unknown	21	2,865	23,386	744
Total	349	\$ 66,532	\$ 33,403	\$ 4,190



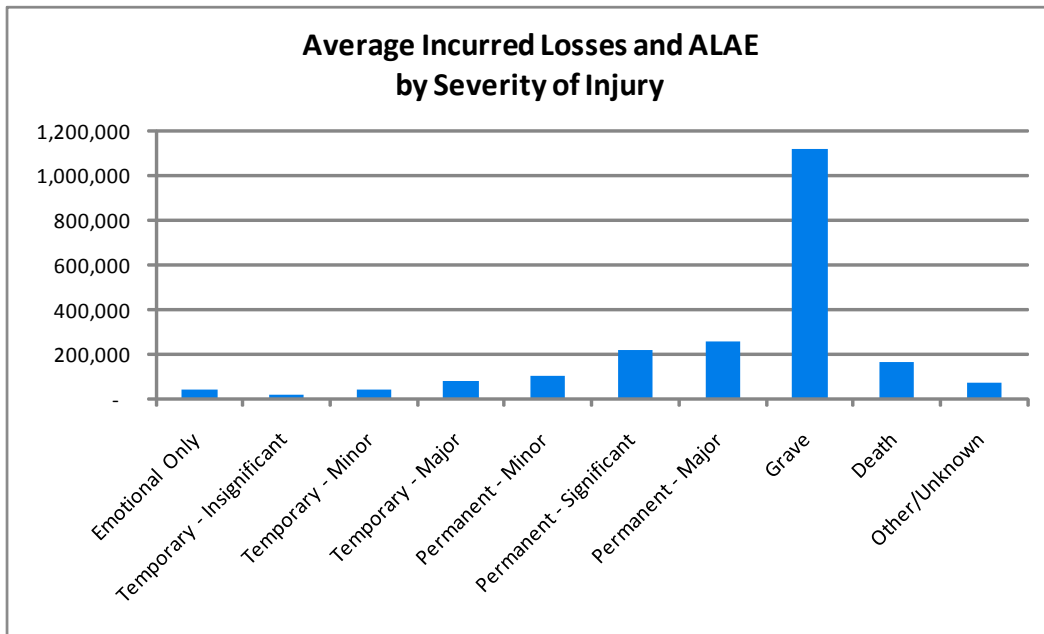
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2010 - By Severity of Claim**

Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Emotional Only	33	\$ 92,696	\$ 349,962	\$ 982,845
Temporary - Insignificant	17	65,000	78,205	215,761
Temporary - Minor	58	9,534	371,217	2,230,079
Temporary - Major	50	13,000	623,942	3,404,676
Permanent - Minor	45	-	1,217,482	3,578,074
Permanent - Significant	35	-	1,253,308	6,358,113
Permanent - Major	69	250,000	2,334,199	15,038,793
Grave	7	1,000,000	861,550	5,975,000
Death	72	110,111	1,356,913	10,281,963
Other/Unknown	77	15,340	529,983	5,231,691
Total	463	\$ 1,555,681	\$ 8,976,760	\$ 53,296,994



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2010 - By Severity 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	33	\$ 2,809	\$ 10,605	\$ 29,783
Temporary - Insignificant	17	3,824	4,600	12,692
Temporary - Minor	58	164	6,400	38,450
Temporary - Major	50	260	12,479	68,094
Permanent - Minor	45	-	27,055	79,513
Permanent - Significant	35	-	35,809	181,660
Permanent - Major	69	3,623	33,829	217,954
Grave	7	142,857	123,079	853,571
Death	72	1,529	18,846	142,805
Other/Unknown	77	199	6,883	67,944
Total	463	\$ 3,360	\$ 19,388	\$ 115,112



Reports by Company

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

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

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

Companies Grouped for Closed Claim Report

Church Mutual Insurance Company
COPIC Insurance Company
Fireman's Fund Insurance Company
NCMIC Insurance Company
Travelers Companies
Zurich American Insurance Company

Companies Grouped for Open Claim Report

ACE American Insurance Company
Church Mutual Insurance Company
Darwin National Assurance Company
Fireman's Fund Insurance Company
Fortress Insurance Company
ISMIE Mutual Insurance Company
Podiatry Insurance Company of America
ProAssurance Casualty Company
Travelers Companies

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Specialty
Calendar Year 2010**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
ACE American Insurance Company					
	All/Unknown	8	\$ 510,000	\$ 316,233	\$ -
AMCO Insurance Company					
	Healthcare Facility	6	74,663	179	-
Cincinnati Insurance Company, The					
	All/Unknown	7	390,597	51,222	-
C N A Insurance Companies					
	Dentistry	8	436,837	52,081	10,352
	All/Unknown	8	571,377	165,227	1,586
Doctors Company, The					
	All/Unknown	5	54,493	218,820	-
ISMIE Mutual Insurance Company					
	Clinic/Corporation	5	900,000	400,017	-
	All/Unknown	8	4,665,000	962,193	-
Medical Protective Company, The					
	Dentistry	6	131,794	46,094	-
	All/Unknown	11	325,000	85,747	-
MHA Insurance Company					
	All/Unknown	15	95,000	524,260	-
MMIC Insurance, Inc.					
	Emergency Medicine	6	1,250,875	175,898	-
	Family Practice	7	-	218,990	-
	General Surgery	11	1,752,500	522,966	-
	Obstetrics/Gynecology	19	1,995,318	829,273	-
	Orthopedics	11	102,500	329,582	-
	Radiology	6	253,000	471,497	-
	Hospital	29	1,273,401	606,541	-
	Clinic/Corporation	17	1,164,000	678,342	-
	Bariatric	13	1,305,000	299,517	-
	All/Unknown	13	925,000	470,867	-
National Union Fire Insurance Company of Pittsburgh, P.A.					
	All/Unknown	6	315,000	153,819	-
Podiatry Insurance Company of America					
	All/Unknown	6	286,000	150,966	-
Preferred Professional Insurance Company					
	All/Unknown	8	650,000	347,890	-
ProAssurance Casualty Company					
	All/Unknown	6	1,000,000	129,730	6,452
ProAssurance Wisconsin Insurance Company					
	Emergency Medicine	11	100,000	1,095,990	550,377
	General Surgery	7	400,000	327,282	148,514
	Hospital	29	600,460	399,089	163,841
	Clinic/Corporation	18	22,500	481,505	243,798
	Bariatric	8	30,000	282,367	101,243
	All/Unknown	17	357,250	522,782	236,117
Grouped Companies					
	All/Unknown	14	1,282,054	340,674	-
Total		349	\$ 23,219,619	\$ 11,657,637	\$ 1,462,280

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Specialty
Calendar Year 2010**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
AMCO Insurance Company					
	Healthcare Facility	5	\$ 112,341	\$ -	\$ 215,000
Cincinnati Insurance Company, The					
	Dentistry	5	65,000	11,864	42,287
C N A Insurance Companies					
	Dentistry	5	-	3,330	2,903
	All/Unknown	6	-	107,067	94,003
COPIC Insurance Company					
	All/Unknown	7	-	145,718	839,282
Doctors Company, The					
	All/Unknown	6	-	53,299	270,000
Medical Protective Company, The					
	All/Unknown	10	-	9,989	138,000
MHA Insurance Company					
	All/Unknown	21	-	88,202	325,000
MMIC Insurance, Inc.					
	Anesthesiology	5	-	144,494	1,650,000
	Family Practice	11	-	109,630	1,840,000
	General Surgery	11	-	307,532	1,245,000
	Obstetrics/Gynecology	33	-	1,123,260	9,802,000
	Orthopedics	25	-	510,418	2,525,000
	Radiology	7	-	164,488	1,155,000
	Hospital	33	-	567,956	3,345,000
	Clinic/Corporation	28	-	383,635	2,260,010
	Bariatric	18	-	241,594	1,803,750
	All/Unknown	22	-	266,101	2,040,000
National Union Fire Insurance Company of Pittsburgh, P.A.					
	All/Unknown	11	350,000	137,687	841,557
NCMIC Insurance Company					
	Orthopedics	5	-	49,229	415,000
	Chiropractic	6	-	248,347	720,000
	All/Unknown	6	-	22,735	625,000
Preferred Professional Insurance Company					
	All/Unknown	6	-	104,255	736,985
ProAssurance Wisconsin Insurance Company					
	Emergency Medicine	16	-	587,051	2,666,954
	Family Practice	10	-	323,247	1,607,753
	Obstetrics/Gynecology	11	-	234,907	1,753,593
	Orthopedics	9	-	23,398	926,602
	Hospital	44	15,340	802,973	3,533,296
	Clinic/Corporation	30	-	687,657	3,950,346
	All/Unknown	27	-	821,859	4,487,793
Zurich American Insurance Company					
	All/Unknown	6	-	151,356	746,401
Grouped Companies					
	All/Unknown	18	1,013,000	543,484	693,480
Total		463	\$ 1,555,681	\$ 8,976,760	\$ 53,296,994

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Nature of Claim
Calendar Year 2010**

Company	Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
ACE American Insurance Company	All/Unknown	8	\$ 510,000	\$ 316,233	\$ -
AMCO Insurance Company	All/Unknown	6	74,663	179	-
Cincinnati Insurance Company, The	All/Unknown	7	390,597	51,222	-
C N A Insurance Companies	Treatment Related Cause	10	975,714	210,118	9,702
	All/Unknown	6	32,500	7,190	2,236
Doctors Company, The	All/Unknown	5	54,493	218,820	-
ISMIE Mutual Insurance Company	All/Unknown	13	5,565,000	1,362,210	-
Medical Protective Company, The	All/Unknown	17	456,794	131,841	-
MHA Insurance Company	Failure to Diagnose/Monitor/Treat	6	35,000	103,258	-
	All/Unknown	9	60,000	421,002	-
MMIC Insurance, Inc.	Failure to Diagnose/Monitor/Treat	29	1,663,875	992,877	-
	Delay in Diagnosis	8	647,500	280,701	-
	Inappropriate/Improper Surgical Procedure	20	2,417,500	364,130	-
	Pregnancy or Birth Related Problems	11	2,120,000	1,024,636	-
	Fracture/Fall	5	125,000	103,799	-
	All/Unknown	59	3,047,719	1,837,329	-
National Union Fire Insurance Company of Pittsburgh, P.A.	All/Unknown	6	315,000	153,819	-
Podiatry Insurance Company of America	All/Unknown	6	286,000	150,966	-
Preferred Professional Insurance Company	All/Unknown	8	650,000	347,890	-
ProAssurance Casualty Company	All/Unknown	6	1,000,000	129,730	6,452
ProAssurance Wisconsin Insurance Company	Failure to Diagnose/Monitor/Treat	19	850,000	1,166,419	555,477
	Delay in Diagnosis	13	500,000	767,423	446,526
	Lack of Supervision or Control	9	76,183	270,129	93,443
	All/Unknown	49	84,028	905,044	348,444
Grouped Companies	All/Unknown	14	1,282,054	340,674	-
Total		349	\$ 23,219,619	\$ 11,657,637	\$ 1,462,280

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Nature of Claim
Calendar Year 2010**

Company	Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
AMCO Insurance Company	All/Unknown	5	\$ 112,341	\$ -	\$ 215,000
C N A Insurance Companies	All/Unknown	11	-	110,397	96,906
Cincinnati Insurance Company, The	All/Unknown	5	65,000	11,864	42,287
COPIC Insurance Company	All/Unknown	7	-	145,718	839,282
Doctors Company, The	All/Unknown	6	-	53,299	270,000
Medical Protective Company, The	Treatment Related Cause	5	-	-	14,000
	All/Unknown	5	-	9,989	124,000
MHA Insurance Company	Failure to Diagnose/Monitor/Treat	5	-	20,624	75,000
	All/Unknown	16	-	67,578	250,000
MMIC Insurance, Inc.	Failure to Diagnose/Monitor/Treat	12	-	177,861	1,200,000
	Delay in Diagnosis	16	-	163,416	1,735,000
	Inappropriate/Improper Surgical Procedure	22	-	305,125	3,231,250
	Treatment Related Cause	6	-	54,485	170,000
	Pregnancy or Birth Related Problems	25	-	926,127	9,315,000
	Fracture/Fall	10	-	132,887	645,000
	All/Unknown	102	-	2,059,206	11,369,510
National Union Fire Insurance Company of Pittsburgh, P.A.	Failure to Diagnose/Monitor/Treat	6	350,000	136,130	515,000
	All/Unknown	5	-	1,557	326,557
NCMIC Insurance Company	Treatment Related Cause	10	-	280,568	1,195,000
	All/Unknown	7	-	39,743	565,000
Preferred Professional Insurance Company	All/Unknown	6	-	104,255	736,985
ProAssurance Wisconsin Insurance Company	Failure to Diagnose/Monitor/Treat	17	-	308,714	1,770,791
	Delay in Diagnosis	9	-	125,121	1,730,879
	Pregnancy or Birth Related Problems	14	-	989,159	4,458,841
	Wrong Diagnosis	5	-	268,391	1,121,609
	All/Unknown	102	15,340	1,789,706	9,844,217
Zurich American Insurance Company	All/Unknown	6	-	151,356	746,401
Grouped Companies	Treatment Related Cause	5	-	13,858	30,001
	All/Unknown	13	1,013,000	529,626	663,479
Total		463	\$ 1,555,681	\$ 8,976,760	\$ 53,296,994

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Substance of Claim
Calendar Year 2010**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
ACE American Insurance Company					
	All/Unknown	8	\$ 510,000	\$ 316,233	\$ -
AMCO Insurance Company					
	All/Unknown	6	74,663	179	-
Cincinnati Insurance Company, The					
	All/Unknown	7	390,597	51,222	-
C N A Insurance Companies					
	Temporary - Minor	9	432,500	52,392	10,352
	All/Unknown	7	575,714	164,916	1,586
Doctors Company, The					
	All/Unknown	5	54,493	218,820	-
ISMIE Mutual Insurance Company					
	Death	8	3,190,000	1,185,566	-
	All/Unknown	5	2,375,000	176,644	-
Medical Protective Company, The					
	All/Unknown	17	456,794	131,841	-
MHA Insurance Company					
	All/Unknown	15	95,000	524,260	-
MMIC Insurance, Inc.					
	Temporary - Minor	19	55,401	166,048	-
	Temporary - Major	16	285,318	527,646	-
	Permanent - Minor	16	287,500	261,034	-
	Permanent - Significant	11	505,000	251,402	-
	Permanent - Major	26	2,205,000	1,227,950	-
	Grave	6	1,950,000	816,488	-
	Death	30	4,677,875	1,270,519	-
	All/Unknown	8	55,500	82,385	-
National Union Fire Insurance Company of Pittsburgh, P.A.					
	All/Unknown	6	315,000	153,819	-
Podiatry Insurance Company of America					
	All/Unknown	6	286,000	150,966	-
Preferred Professional Insurance Company					
	All/Unknown	8	650,000	347,890	-
ProAssurance Casualty Company					
	All/Unknown	6	1,000,000	129,730	6,452
ProAssurance Wisconsin Insurance Company					
	Emotional Only	11	2,500	165,332	47,719
	Temporary - Insignificant	7	30,000	142,613	4,466
	Temporary - Minor	20	1,183	451,313	190,846
	Permanent - Minor	8	357,250	443,919	219,908
	Permanent - Major	8	575,000	599,838	292,768
	Death	19	500,000	1,217,675	665,404
	All/Unknown	17	44,278	88,325	22,779
Grouped Companies					
	Death	5	240,000	32,255	-
	All/Unknown	9	1,042,054	308,419	-
Total		349	\$ 23,219,619	\$ 11,657,637	\$ 1,462,280

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Substance of Claim
Calendar Year 2010**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
AMCO Insurance Company					
	All/Unknown	5	\$ 112,341	\$ -	\$ 215,000
Cincinnati Insurance Company, The					
	All/Unknown	5	65,000	11,864	42,287
C N A Insurance Companies					
	All/Unknown	11	-	110,397	96,906
COPIC Insurance Company					
	All/Unknown	7	-	145,718	839,282
Doctors Company, The					
	All/Unknown	6	-	53,299	270,000
Medical Protective Company, The					
	Permanent - Significant	5	-	6,342	124,000
	All/Unknown	5	-	3,646	14,000
MHA Insurance Company					
	Temporary - Major	13	-	60,355	100,000
	All/Unknown	8	-	27,847	225,000
MMIC Insurance, Inc.					
	Emotional Only	24	-	209,030	805,010
	Temporary - Minor	30	-	172,424	833,250
	Temporary - Major	18	-	121,216	2,040,000
	Permanent - Minor	20	-	652,885	807,500
	Permanent - Significant	9	-	341,226	2,530,000
	Permanent - Major	51	-	1,314,518	10,335,000
	Grave	6	-	457,972	5,975,000
	Death	30	-	503,949	4,230,000
	All/Unknown	5	-	45,887	110,000
National Union Fire Insurance Company of Pittsburgh, P.A.					
	All/Unknown	11	350,000	137,687	841,557
NCMIC Insurance Company					
	Permanent - Minor	5	-	32,221	380,000
	All/Unknown	12	-	288,090	1,380,000
Preferred Professional Insurance Company					
	All/Unknown	6	-	104,255	736,985
ProAssurance Wisconsin Insurance Company					
	Temporary - Minor	10	-	66,954	616,046
	Temporary - Major	6	-	270,023	998,977
	Permanent - Minor	11	-	425,831	1,694,174
	Permanent - Significant	13	-	839,445	3,227,555
	Permanent - Major	9	-	788,178	4,196,822
	Death	18	-	458,165	2,807,836
	All/Unknown	80	15,340	632,495	5,384,927
Zurich American Insurance Company					
	All/Unknown	6	-	151,356	746,401
Grouped Companies					
	Temporary - Minor	5	-	24,677	563,479
	All/Unknown	13	1,013,000	518,808	130,001
Total		463	\$ 1,555,681	\$ 8,976,760	\$ 53,296,994



TERRY E. BRANSTAD
GOVERNOR

SUSAN E. VOSS
COMMISSIONER OF INSURANCE

KIM REYNOLDS
LT. GOVERNOR

Copy of Data Call

DATE: March 10, 2011
FROM: Iowa Insurance Division
TO: All Admitted Insurance Companies Writing Medical Malpractice Insurance
in Iowa

ANNUAL REPORT

LINE(S) OF BUSINESS: Medical Professional Liability 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, 2010 through December 31, 2010.

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

DUE DATE: June 1, 2011

IID CONTACT PERSON: Karen Armstrong karen.armstrong@iid.iowa.gov

GENERAL INSTRUCTIONS

The following pages provide detailed directions for completing the report. The report must be submitted in the format provided. Record layout and formatting instructions will be found on subsequent pages. The report should consist of two EXCEL spreadsheets, one for closed claims and one for open claims, and the contact information sheet. The report should be submitted via e-mail to Karen Armstrong at medmal@iid.iowa.gov by June 1, 2011.

MEDICAL PROFESSIONAL LIABILITY (MEDICAL MALPRACTICE) INSURANCE CLOSED AND OPEN CLAIM REPORT REPORT INSTRUCTIONS/SPECIFICATIONS

1. Please provide data for all medical professional liability, medical malpractice, insurance claims and lawsuits closed or disposed of on or after January 1, 2010 through December 31, 2010. Also provide data for all medical professional liability, medical malpractice, insurance claims and lawsuits open as of December 31, 2010.
 2. A claim for the purpose of this report is a formal or written demand for compensation under a medical professional liability, 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 only direct business.
 8. If a claim has been reopened, but had not yet closed as of December 31, 2010, report this only within the open claims report.
 9. If a claim was reopened and then closed within the period from January 1, 2010 through December 31, 2010, only include in the closed claims report.
 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 PROFESSIONAL LIABILITY (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 medmal@iid.iowa.gov. The EXCEL spreadsheets may be zipped using the WinZip program if the file is too large for e-mail.
8. The report is due June 1, 2011.
9. If you have any questions, feel free to e-mail or call either Karen Armstrong at karen.armstrong@iid.iowa.gov, 515-281-4450 or Ramona Lee at ramona.lee@iid.iowa.gov, 515-281-4095.

DEFINITIONS

Admitted Insurance Company – An insurer who has been licensed by the insurance division 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 professional liability 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 – A program in which an individual or entity assumes all or a portion of the risk for its medical professional liability, medical malpractice, claims.

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 PROFESSIONAL LIABILITY
(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 and open claim data for the medical professional liability, 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, 2010.

Person Responsible for Data Call: _____

Title: _____

Date: _____

We thank you for your prompt attention to this matter!

The Iowa Insurance Division

Medical Malpractice Insurance Closed Claim Report

Policy

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

Defendant

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

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

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

Claim

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

Injured Person

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

Alleged Injury

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

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

Claim Disposition

- (col. P)** 16. Final Method of Claim Disposition:
- | | | | | | | | | |
|--------------------------|---|---------|--------------------------|---|------------------------|--------------------------|------------------------|-------------|
| <input type="checkbox"/> | 1 | Settled | <input type="checkbox"/> | 2 | Disposed of by a Court | <input type="checkbox"/> | 3 | Arbitration |
| <input type="checkbox"/> | 4 | Denied | <input type="checkbox"/> | 5 | Closed Without Payment | <input type="checkbox"/> | 6 | Notice Only |
| | | | | | | <input type="checkbox"/> | Other (specify): _____ | |

Claim Payments

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

- (col. Q)** 17. Total Losses (Indemnity Benefits) Paid: \$ _____
Report lines a-c only if the data is captured.
- (col. R)** a Total Compensatory Payments (if declared): \$ _____
- (col. S)** b Punitive Damages (if declared): _____
- (col. T)** c Plaintiff Attorney Fees (if declared): _____
- (col. U)** 18. Total Allocated Loss Adjustment Expenses Paid: \$ _____
(Direct Defense and Cost Containment Expenses)
- (col. V)** a Loss Adjustment Expense paid to defense counsel: \$ _____
- (col. W)** b All other Allocated Loss Adjustment Expenses Paid: _____
- (col. X)** 19. Additional payments made within six (6) months after disposition: \$ _____

Medical Malpractice Insurance Open Claim Report

Policy

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

Defendant

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

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

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

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

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

Claim

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

Injured Person

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

Alleged Injury

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

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