

Overview of Presentation

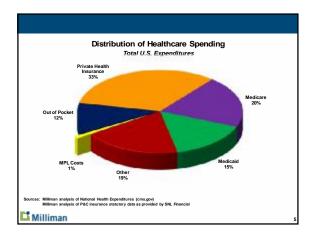
- \emptyset Background Medical Professional Liability (MPL) Risk
- Ø Historical Overview of MPL Insurance Market
- Ø Statutory Insurance Market Financials
- Ø MPL Reserves
- Ø Current State of MPL
- Ø Impact of PPACA

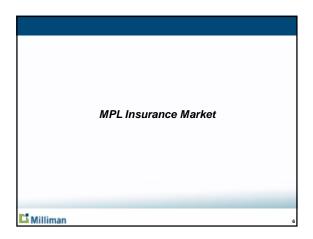
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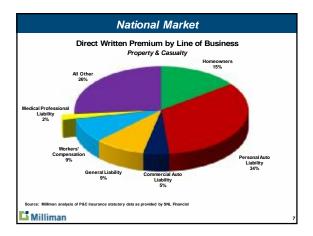
Background on MPL Risk

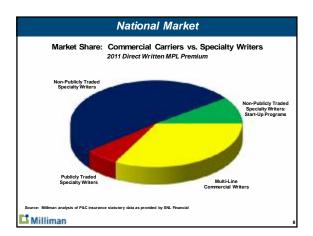
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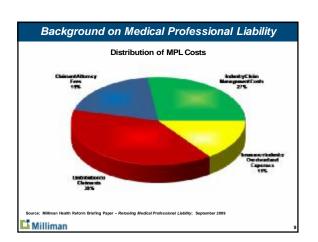
Overview of Presentation Ø Estimated U.S. Healthcare Costs - \$2.5 Trillion Ø Estimated U.S. MPL Costs - \$30 Billion Ø Cost of Defensive Medicine Ø Lawyer funded studies - \$2.5 to \$5 Billion Ø J. William Thomas, Muskle School of Public Policy - \$13 Billion Ø Amitabh Chandra of Harvard University - \$60 billion Ø Health provider funded studies - \$100 to \$300 Billion Ø Jackson Healthcare - \$650 to \$850 Billion

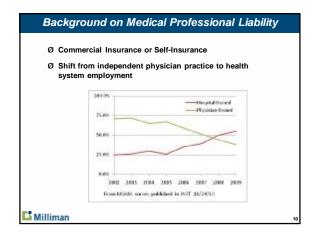


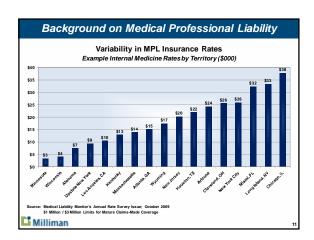




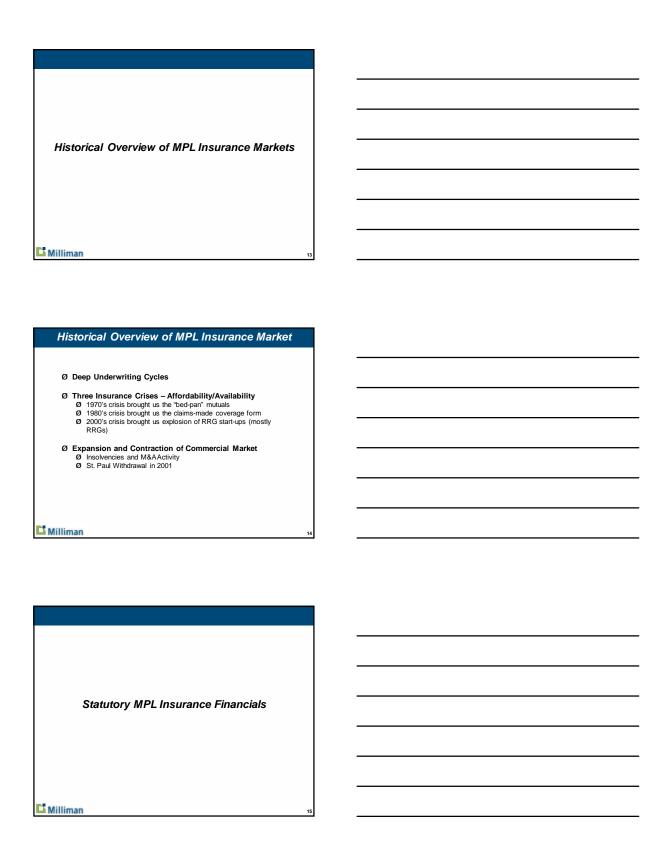


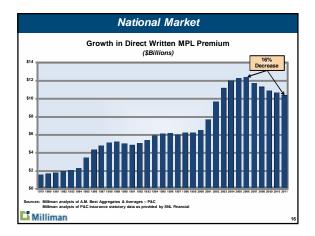


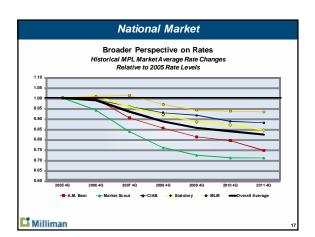


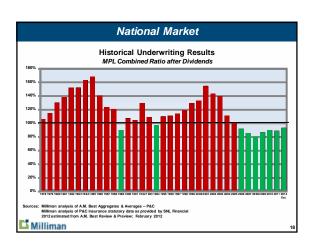


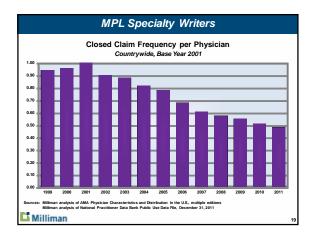
Variability in MPL Insurance Rates Relativities by Specialty		
Class	Example Specialties within Class	Relativity to 1C
1A	Dermatology - No Surgery	0.65
1B	Geriatrics - No Surgery	0.87
1C	Family/General Practice - No Surgery	1.00
2A	Internal Medicine - No Surgery	1.13
2B	Anesthesiology	1.26
2C	Family/General Practice - Minor Surgery	1.57
2D	Radiology Diagnostic - Minor Surgery	1.70
2E	Internal Medicine - Minor Surgery	1.71
3A	Gastroenterology Surgery	1.80
3B	Family/General Practice Surgery	1.88
4A	Emergency Medicine - No Major Surgery	2.31
4B	General Surgery	2.74
5A	Head and Neck Surgery	3.33
5B	Abdominal Surgery	3.91
6	OB/GYN Surgery	4.30
7	Traumatic Surgery	5.48
8	Neurology Surgery	6.26

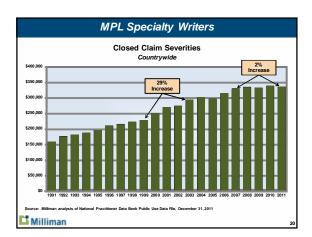


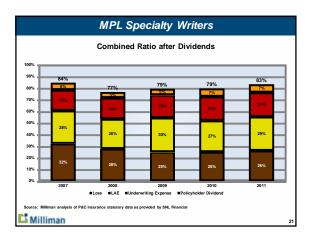


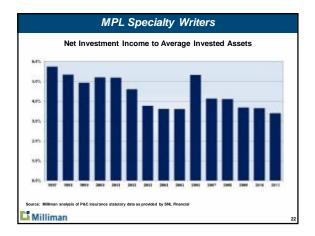


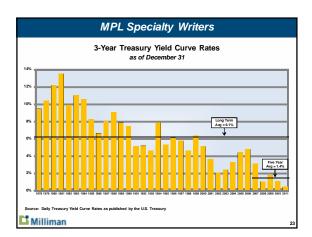


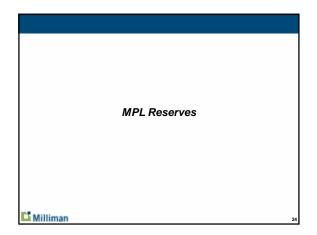


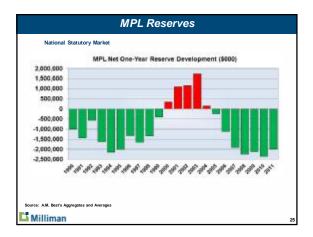


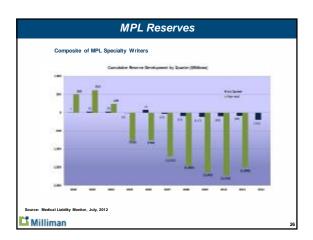




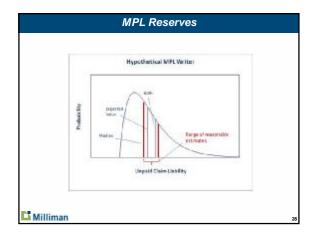


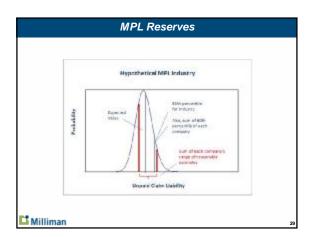


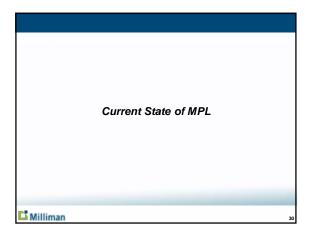




Ø Continued sizable favorable reserve development Ø Attracting attention of IRS Ø Fair and reasonable standard Ø Suggestion that median is appropriate target Ø Courts – one reasonable estimate is not more reasonable than another reasonable estimate Ø Explicit risk margins not allowed







Current State of MPL Ø Strong calendar year underwriting results of late § 2011 is sixth consecutive year of underwriting profit. Ø Pricing and coverage year results deteriorating Ø Investment results will continue to be modest Ø Strong capitalization levels Ø Increased competition Ø Policyholder dividends Ø Continued M&A activity Milliman Current State of MPL Ø Modest signs of claim frequency increases Ø ALAE costs have exceeded loss costs last three years Milliman Impact of PPACA on MPL Ø Possibly Adverse Ø More demand for healthcare services Ø Perhaps higher expectation on the part of patients Ø Mid-levels / Physician extenders Ø Vicarious liability Ø Electronic Medical Records (new causes of action) Ø More co-defendants, clash claims, shock losses, limits of $\ensuremath{\mathcal{O}}$ Will pressure on providers reimbursement exacerbate physician shortage

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Impact of PPACA on MPL Ø Possibly Favorable Ø More preventative care / Less acute care Ø Holistic approach / Coordinated care Ø Electronic Medical Records $\ensuremath{\mathfrak{O}}$ Greater focus on results (quality versus quantity of care) Ø Other Impacts \emptyset Shift of exposure from specialists to primary care ${\cal O}$ Changes in claims litigation (new causes of action or defense strategies) Ø Never Events Milliman Other Considerations Milliman Other Considerations Accompanying Oral Discussion n This document is not complete without the accompanying oral discussion and explanation of the underlying information and concepts as well as any interpretational limitations. Limited Distribution n This document should not be distributed, disclosed or otherwise furnished, in whole or in part, without the express written consent of Milliman. Data Reliance Attal Relation Ce. 1. We have relied upon data and other background information prepared by others, as documented throughout this presentation, without audit or independent verification. We have performed a limited review of the data for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and companison of the data to search for data values that are questionable or relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

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