

WEST VIRGINIA OFFICES OF THE
INSURANCE COMMISSIONER

2018
Annual
Medical Malpractice
Report

Allan L. McVey
Insurance Commissioner

Introduction

The West Virginia Offices of the Insurance Commissioner (WVOIC) has prepared this report on Medical Professional Liability insurance to fulfill the requirements and intent of W. Va. Regulations [§114CSR22](#), [§114CSR23](#), W. Va. Code [§33-20B-6](#), and [§33-20B-7](#). The information used in the preparation of this report encompasses the experience found in the statutorily required “filed information” of those insurers with a 5% or greater written premium market share, the rate filings of those companies, National Association of Insurance Commissioners (NAIC) supplementary information, A. M. Best reports, data collected in accordance with W. Va. Code §33-20B-8, and data from the West Virginia Board of Medicine.

The Oxford dictionary defines malpractice as “improper, illegal, or negligent professional activity or treatment, especially by a medical practitioner...” A medical malpractice claim may occur when a hospital, doctor or other health care professional, through a negligent act or omission, causes an injury or harm to a patient. The negligence might be the result of errors in diagnosis, treatment, after care or health management.

In any action for recovery of damages based upon medical malpractice, a claimant has the burden of proving the alleged actions of the healthcare provider represented a breach of, or failure to meet, the prevailing standard of care for that type of healthcare provider. The prevailing professional standard of care for a given healthcare provider is the level of care, skill and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar healthcare providers.

There were some adjustments made in the calculations and methodology relating to the West Virginia medical malpractice experience outlined within this report. In previous versions of this report, some analyses were done using licensed or admitted basis reporting while other sections used business written reports. For consistency purposes and to ensure this annual report encompasses a whole market overview, business written reporting was used for all report analyses unless otherwise noted. The difference between licensed and business written is that business written includes lines that may not be subject to regulatory authority by the WVOIC such as excess and surplus lines, risk retention groups, etc. These insurers do have reported premium and losses for the medical malpractice liability line of insurance and all premium and losses were included in this report. Further, due to the change in reporting methodology, the WVOIC did adjust historical years using the same business written parameters for accuracy in trends and comparisons on a year to year basis.

A reporting anomaly was found for a specific carrier during the medical malpractice current and historical analysis. The carrier's annual reported data was deemed to be inconsistent and unusable for data analysis. Due to the circumstances relating to the data reporting, and the fact that the inconsistent data significantly skewed the West Virginia medical malpractice market experience, all annual data reported by the carrier has been excluded from this report and is not used in the premium or loss components for all years shown in all tables and graphs. To give an indication into the scope of the reporting issue, the 2017 calendar year West Virginia medical malpractice loss ratio calculates to 10.5% overall if the carrier data is included. The same year data calculates to 90.5% overall if the carrier data is excluded and provides a more appropriate indicator of the state of the medical malpractice insurance line.

In 2017, the overall West Virginia medical malpractice pure direct loss experience increased from 80.7% in 2016 to 90.5%. The average West Virginia pure direct loss ratio for calendar years 2008 through 2017 is 41.0% with the lowest ratio of 1.5% occurring in 2008 and the highest ratio of 90.5% occurring in 2017. This report will address the volatility of the West Virginia medical malpractice market as well as the increased loss ratios realized in the most recent years.

This year's report covers the following medical malpractice insurance areas:

- **Section I:** An overview of the countrywide insurance results in 2017 together with a comparison of Industry results and West Virginia results for the medical malpractice insurance line.
- **Section II:** A review of §33-20B-8 closed claim data and the West Virginia Board of Medicine paid claim data.
- **Section III:** A fulfillment of the legislative requirements examining market positions, rating plans and rules, and a comparison of filed information to rate filings and financial statement information.
- **Section IV:** A review of Board of Risk and Insurance Management (BRIM) Medical Liability Fund data and West Virginia Board of Medicine licensure data.
- **Section V:** Summary observations.

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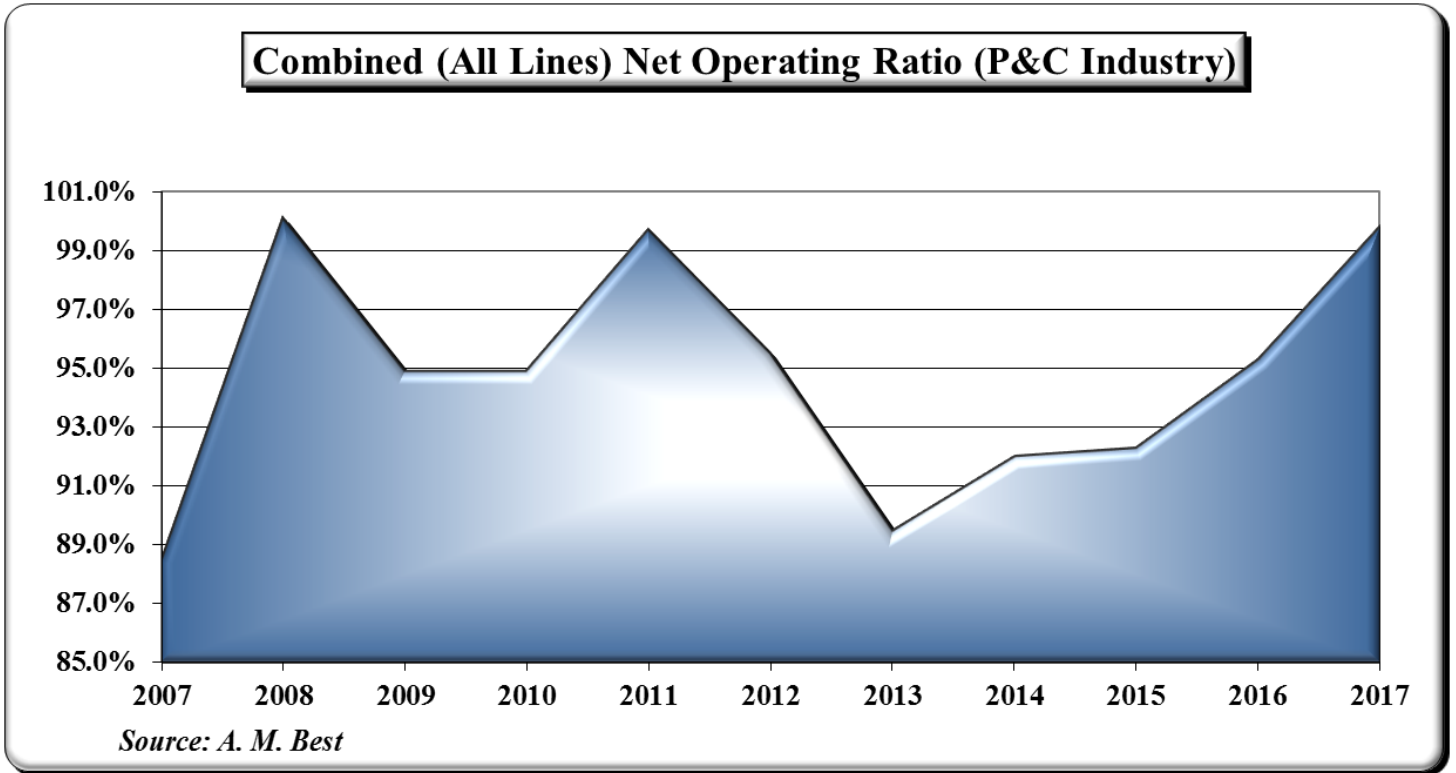
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Section I Overview

I: Overview of Countrywide Property and Casualty Insurance Industry Results for 2017

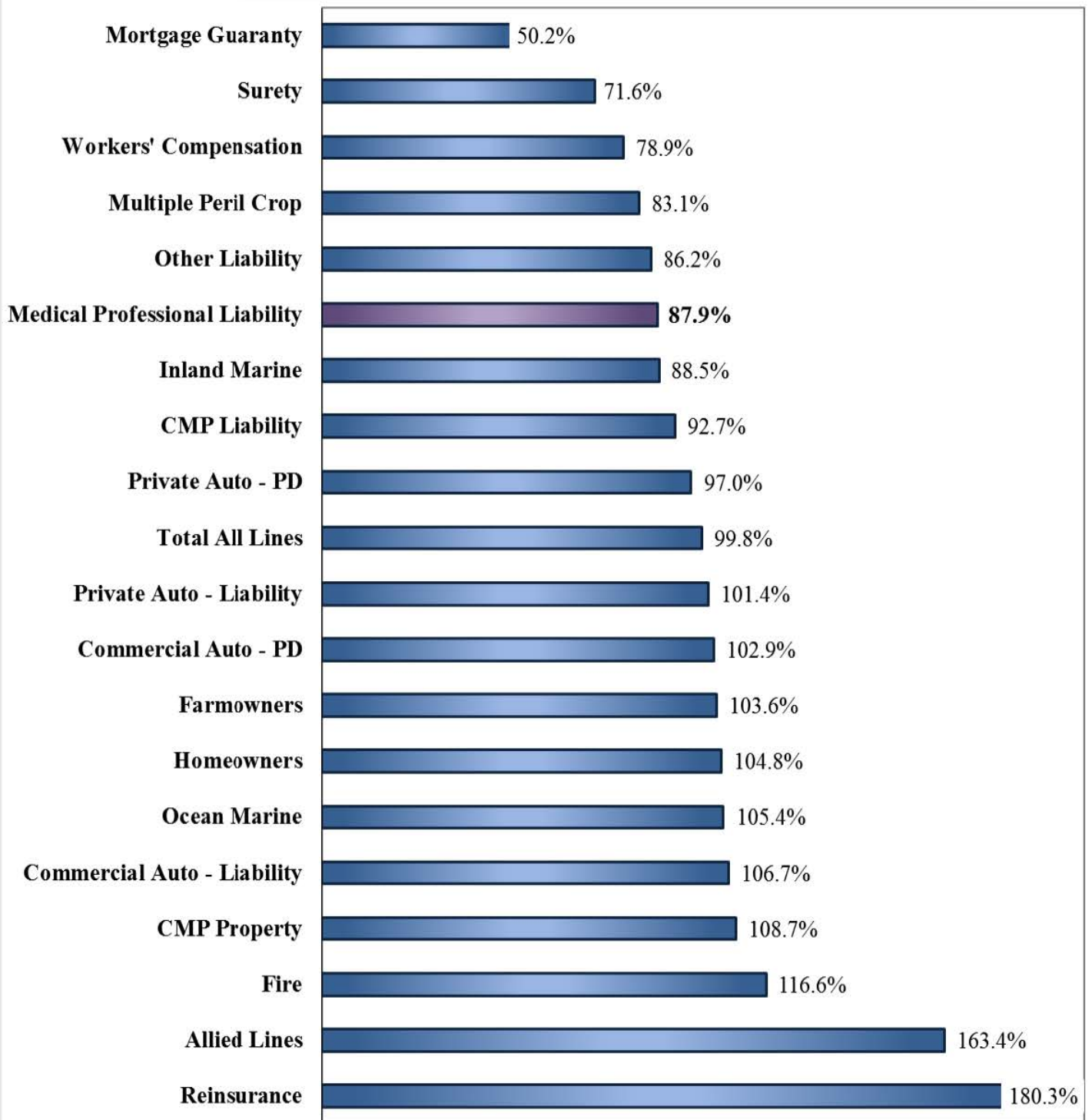
Experience for the combined all lines property and casualty insurance industry rose marginally in 2017 from 2016. The overall net operating ratio was 99.8% in 2017 as opposed to 95.3% in 2016. This equals an increase of 4.7% for the operating ratio. The countrywide medical malpractice line of insurance realized a reverse trend with a 4.7% decrease from 92.3% in 2016 to 87.9% in 2017.



The combined all lines property and casualty insurance industry operating ratio for 2017 was 99.8%. This net operating ratio reflects the results after paying and/or reserving for all claims and claim expenses; paying underwriting expenses and dividends; paying and collecting on reinsurance agreements; and accounting for investment gains and/or losses. The 2017 all lines combined ratio has been increasing since 2013 and is now the highest realized ratio since 2008.

The 2017 net operating experience of the Property and Casualty Industry as compared to some of its key element lines were as follows:

Property/Casualty Net Operating Ratios for 2017



PD - Physical Damage

Source: A. M. Best

Several points can be noted from the industry results for 2017:

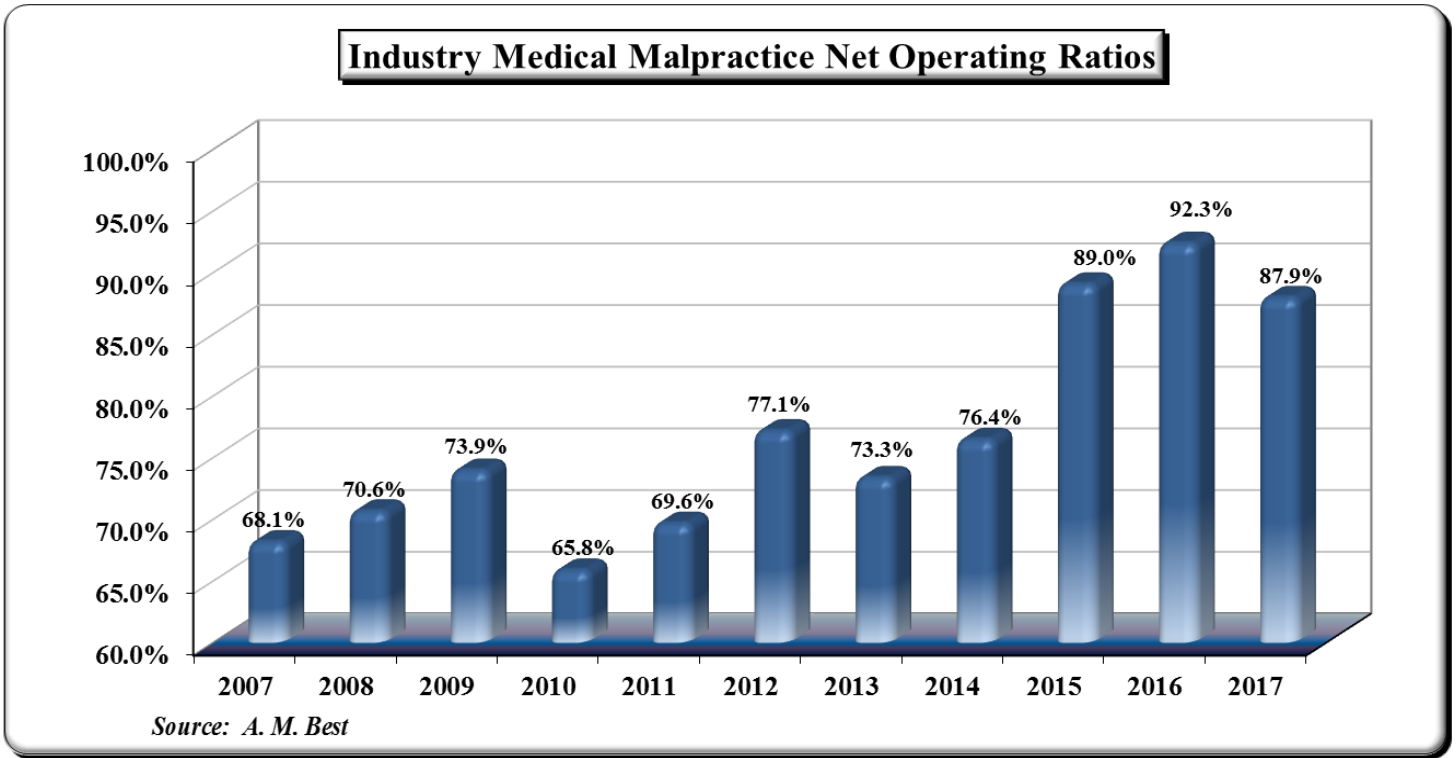
- The results for the countrywide medical malpractice line continue to remain favorable. The 2017 loss ratio decrease was the first decrease since 2012 but the overall operating ratio remains a higher than normal average for the line. It is important to note that the medical malpractice line was the poorest performing line of insurance in 2002 and 2003 with an operating ratio of 129.5% and 121.9%, respectively.
- When considering the most recent 10 years of data, medical malpractice operating ratios average 77.6%, with 2016 experiencing the highest ratio at 92.3% and 2010 experiencing the lowest ratio at 65.8%.
- Reinsurance industry results, which can influence future outcomes for other lines of business; increased from 73.1% in 2016 to 180.3% in 2017. The net operating ratio for reinsurance had been 234.3% in 2005. With recent world-wide catastrophic events including hurricanes, wildfires and wide-spread flooding, the 2017 reinsurance result is concerning. The need for a healthy reinsurance market is important for a line like medical malpractice with the potential for large losses. When considering both the operating ratio as well as tax code changes affecting ceded offshore premiums implemented in 2017, there may very well be a hardening of the reinsurance market that results in higher rates and premium for reinsurance.
- The total operating ratio for all Property and Casualty lines of insurance increased from 95.3% in 2016 to 99.8% in 2017. This a relatively small variance indicates a stable industry but does warrant future analysis due to the continuation of increases over the last several years as well as the marginal profitability realized in 2017.

I-A: Medical Malpractice Insurance Results for the Countrywide Industry

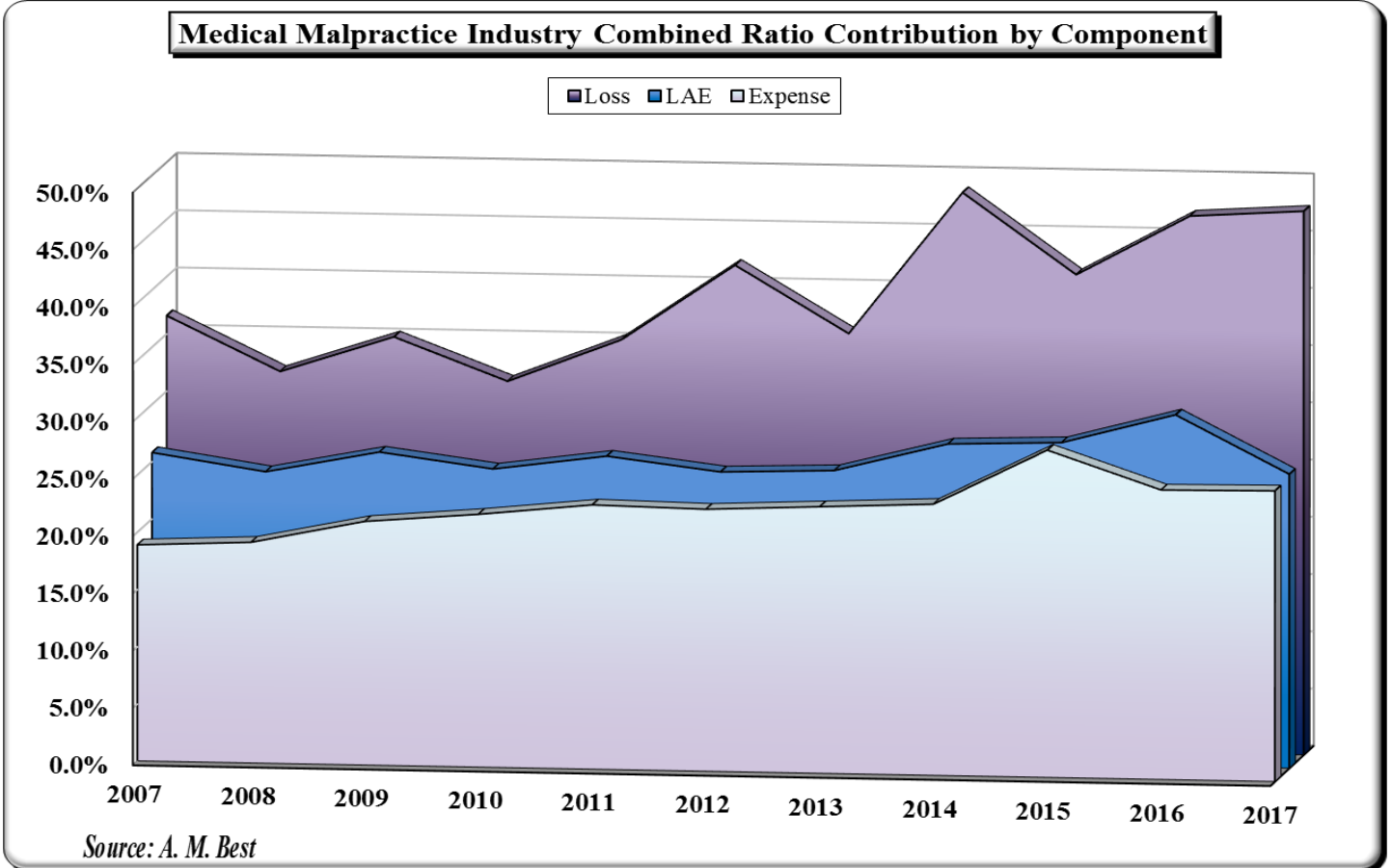
Medical malpractice has shown overall improvement since the adverse levels in 2001 and is now performing below the total combined property and casualty industry results. When considering the last eight years only, the operating ratio has increased over 33.6% from 65.8% in 2010 to the most current 87.9% in 2017. As most insurance lines are cyclical in nature, the most recent increases would indicate that medical malpractice is currently experiencing a “soft market”. A soft market or buyer’s market is generally an increased competition for insurance premiums which may result in the following:

- Lower insurance premiums for the policyholder
- Broader or reduced underwriting criteria
- Increased policy limits
- Increased competition among insurance carriers

The graph below displays the industry net operating ratios realized over the last 11 years:



This chart displays the combined ratio contribution by component, excluding investment income:



As displayed in the graph, loss adjusting expense (LAE) decreased in 2017 while the loss and expense both experienced marginal increases. Loss includes the monies paid on behalf of claims. LAE includes expenses that are associated with investigating and adjusting claims. Underwriting expenses include commissions, taxes, salaries, carrier overhead, etc. The table below outlines the changes by component of the combined ratio for the countrywide medical malpractice line when considering the ratios to net premiums written as shown in the Best's Aggregates and Averages 2018 Edition.

Year	Loss	LAE	Expense
2016	46.9%	30.7%	25.3%
2017	47.5%	25.7%	25.4%
Difference	1.3%	(16.3%)	0.4%

Profitability for medical malpractice writers can be examined in the following table. Profitability can be volatile from year to year, thus it is important to look at a number of years:

Profitability Components (in millions)										
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Net Income	\$1,272	\$1,732	\$2,079	\$2,061	\$1,796	\$1,547	\$1,698	\$0.851	\$0.740	\$1,168
Surplus	\$10,772	\$12,464	\$13,549	\$14,601	\$16,111	\$17,788	\$19,445	\$19,418	\$19,969	\$20,826
Return on Surplus	11.8%	19.1%	17.8%	12.0%	12.4%	11.9%	9.7%	2.3%	5.8%	10.6%

Source: A.M. Best

Surplus is one indicator of an insurance company's financial strength. It is calculated by taking the difference between an insurer's admitted assets and liabilities. Several factors contribute to increases or decreases in surplus. However, a major component is net income. An insurer's operational profitability directly impacts surplus.

I-B: Medical Malpractice: Industry vs. West Virginia Comparison

The table below outlines the changes by component of the most recent combined ratio for the West Virginia medical malpractice line.

Year	Loss	LAE	Expense
2016	80.7%	36.2%	14.6%
2017	90.5%	25.4%	14.3%
Difference	12.2%	(29.9%)	(2.2%)

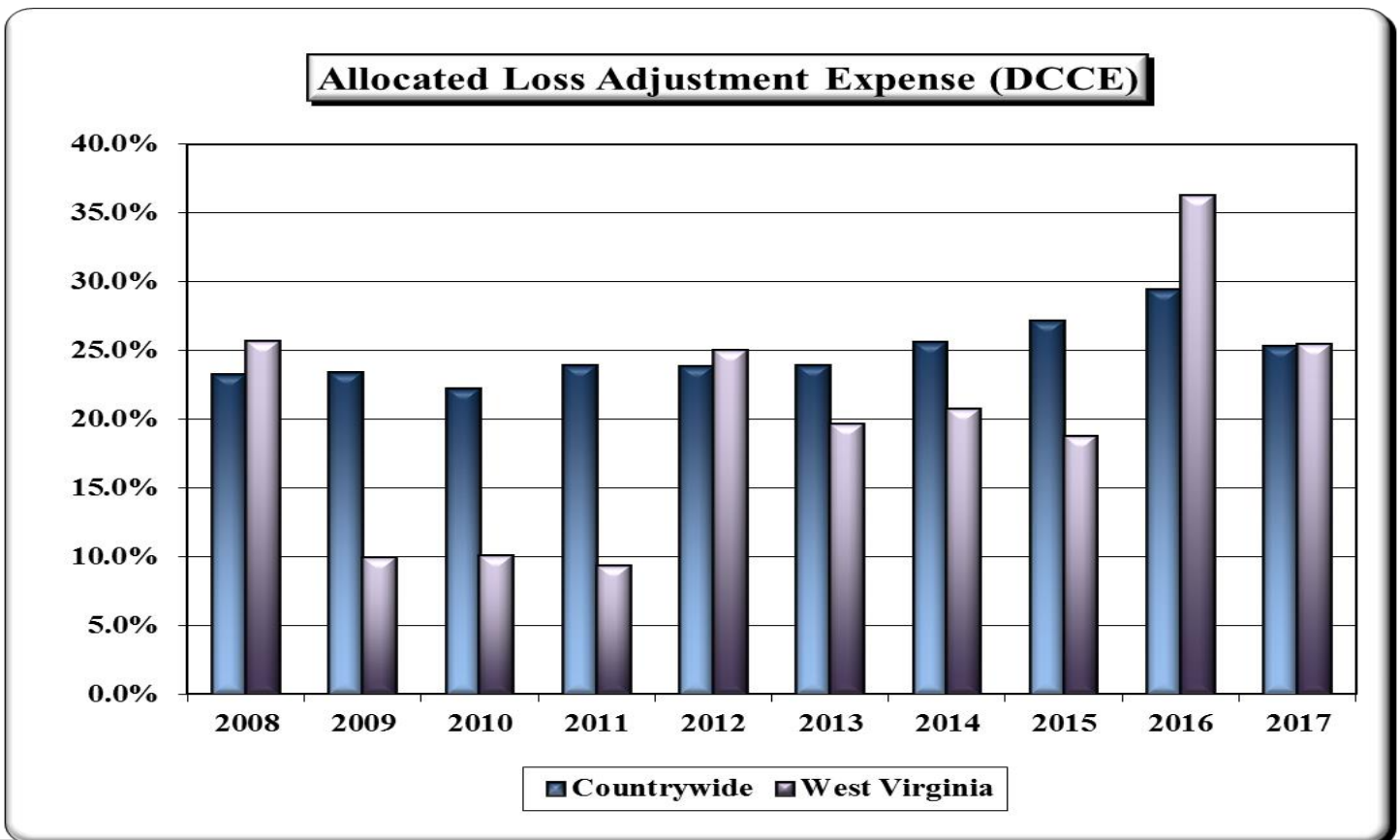
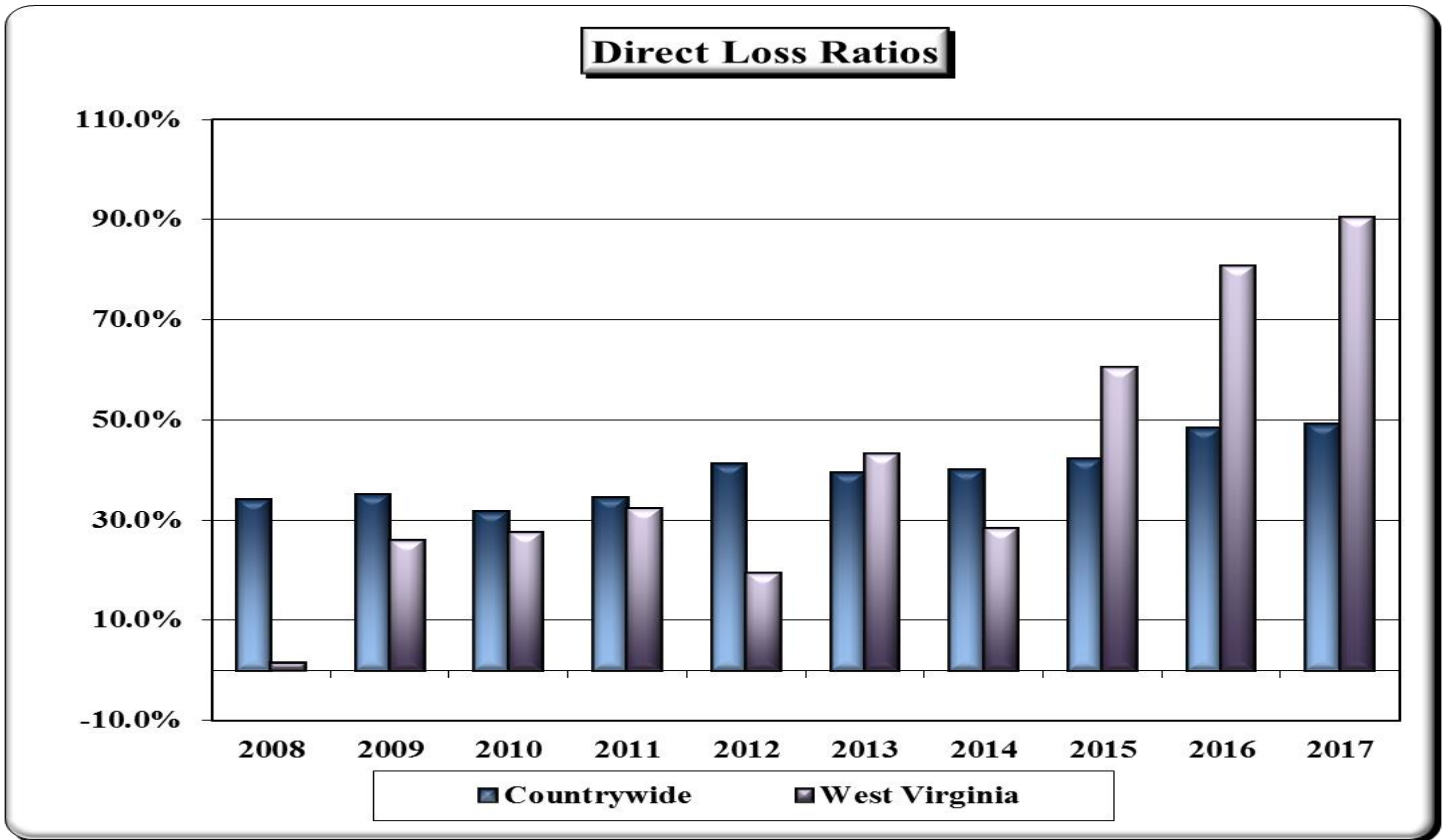
The following observations and exhibits provide a comparison of the Medical Malpractice line of business for the countrywide industry along with results for West Virginia for the past ten years. In reviewing this exhibit, a few key areas of difference are noted.

- West Virginia medical malpractice written premiums have decreased by approximately 24% from the 2008 premium level to the 2017 premium level. Premiums have steadily declined at an average rate of 3.2% each year over the last ten years. The average rate of decrease is 6% over the last three years.
- Greater volatility in direct West Virginia loss ratios in part due to the relatively small market size.
- LAE expenses had a significant decrease due to more severe claims as well as systemic cases where there is one case with multiple claimants.
- West Virginia loss component increased at a significant pace when compared to the national trend. While the market is volatile and unpredictable, it must be noted that the loss expenses have increased by more than 49% over the last three years and is now at the highest loss ratio level since 2002.

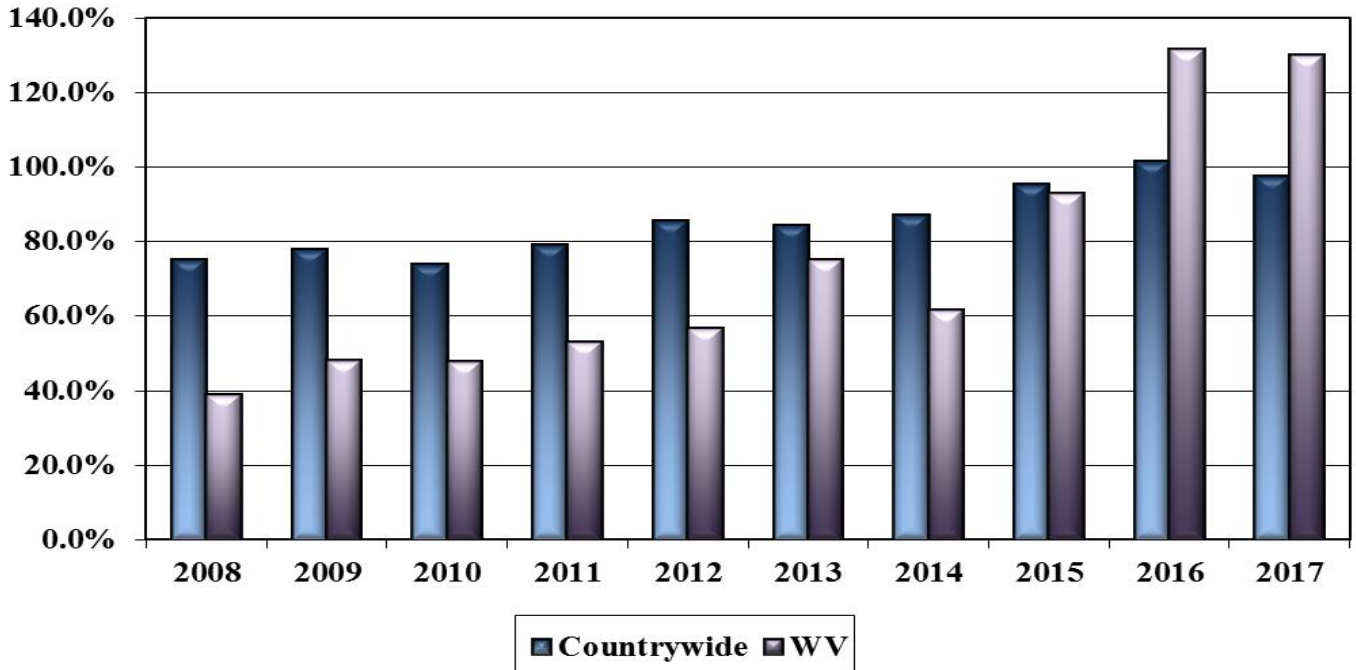
This data is on a calendar year basis. Increases or decreases in loss reserves from previous years will be carried forward to the calendar year on an accounting basis. This can result in incurred loss amounts which may appear inflated or even result in overall negative dollar values for the year.

The direct loss ratio on a countrywide basis increased slightly from the prior year while the West Virginia direct loss ratio increased significantly from 80.7% in 2016 to 90.5% in 2017.

Visually, a comparison of countrywide industry results with West Virginia results for medical malpractice utilizing data from the preceding table can be seen in the three graphs which follow:



Direct Combined Ratios

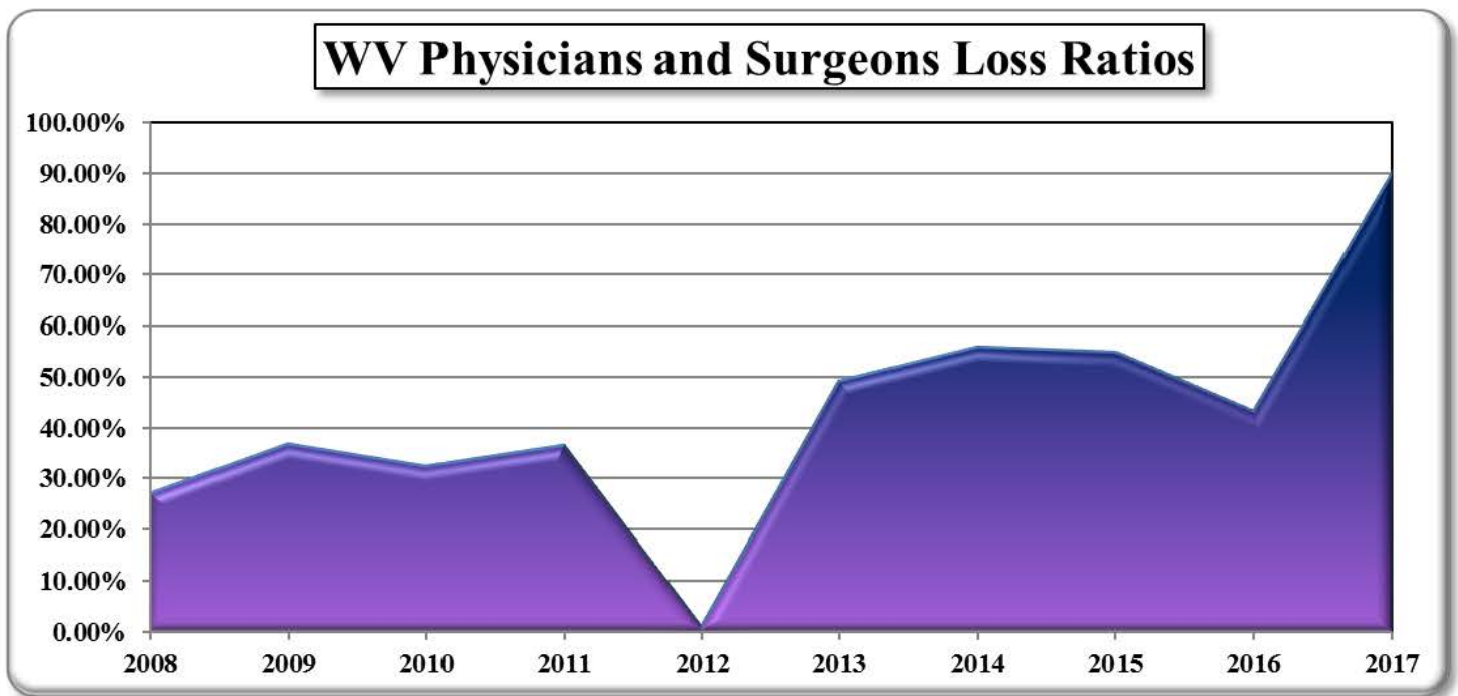
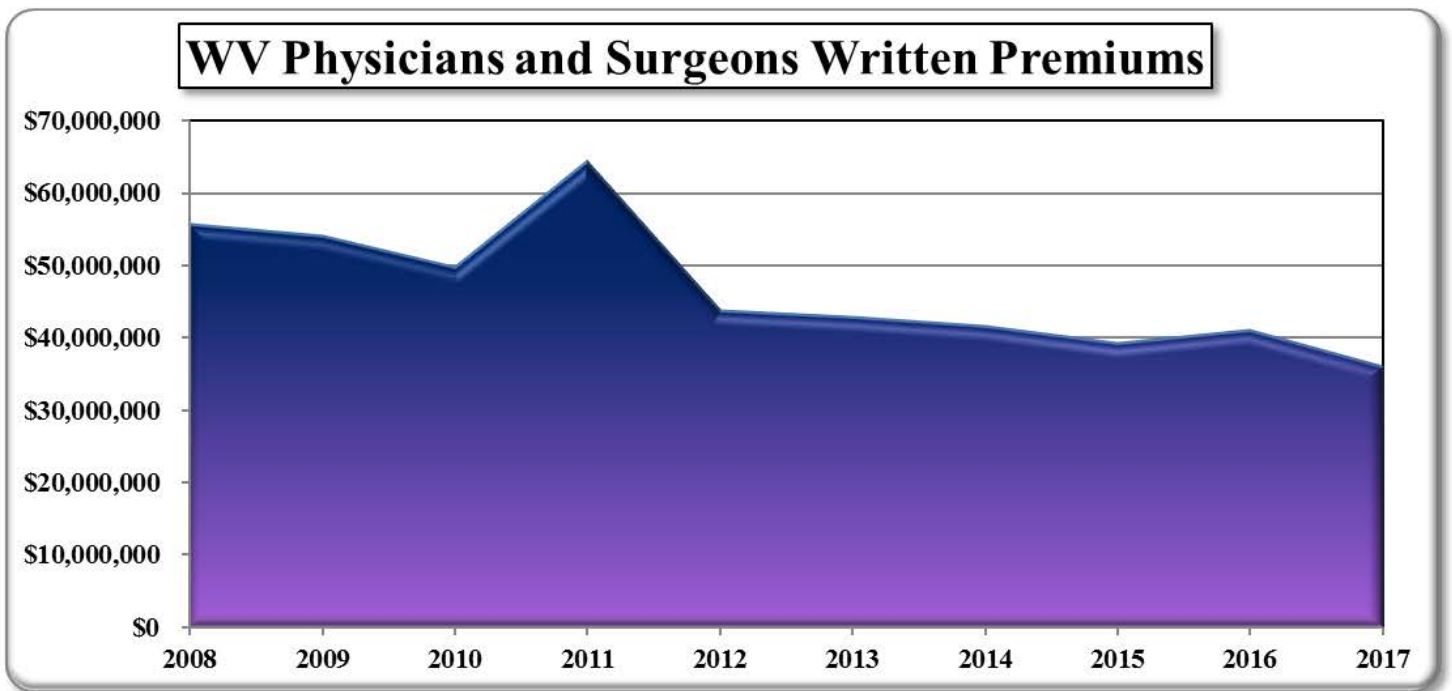


The medical malpractice line of business results above includes aggregated experience for all the various sub-lines of Medical Malpractice insurance. The sublines consist of four (4) categories of specialization. Those categories are Physician and Surgeons, Hospitals, Other Facilities and Other Professionals.

Considering only the Physicians and Surgeons sub-line in West Virginia, the following experience is found:

Year	\$ Written	\$ Earned	Loss Inc	Loss Ratio	# Co's
2008	\$55,572,225	\$56,622,546	\$15,230,057	26.90%	50
2009	\$53,932,735	\$54,778,791	\$20,234,613	36.94%	57
2010	\$49,672,860	\$53,656,100	\$17,373,435	32.38%	53
2011	\$64,270,333	\$67,428,066	\$24,647,166	36.55%	53
2012	\$43,657,853	\$44,800,396	\$423,763	0.95%	52
2013	\$42,760,927	\$44,220,828	\$21,776,607	49.25%	55
2014	\$41,537,054	\$41,393,407	\$23,121,508	55.86%	53
2015	\$39,064,366	\$39,351,590	\$21,543,953	54.75%	53
2016	\$40,961,270	\$41,267,089	\$17,831,235	43.21%	52
2017	\$35,968,265	\$39,786,101	\$35,801,319	89.98%	52

Graphical representation of the written premium data for the Physicians and Surgeons market:

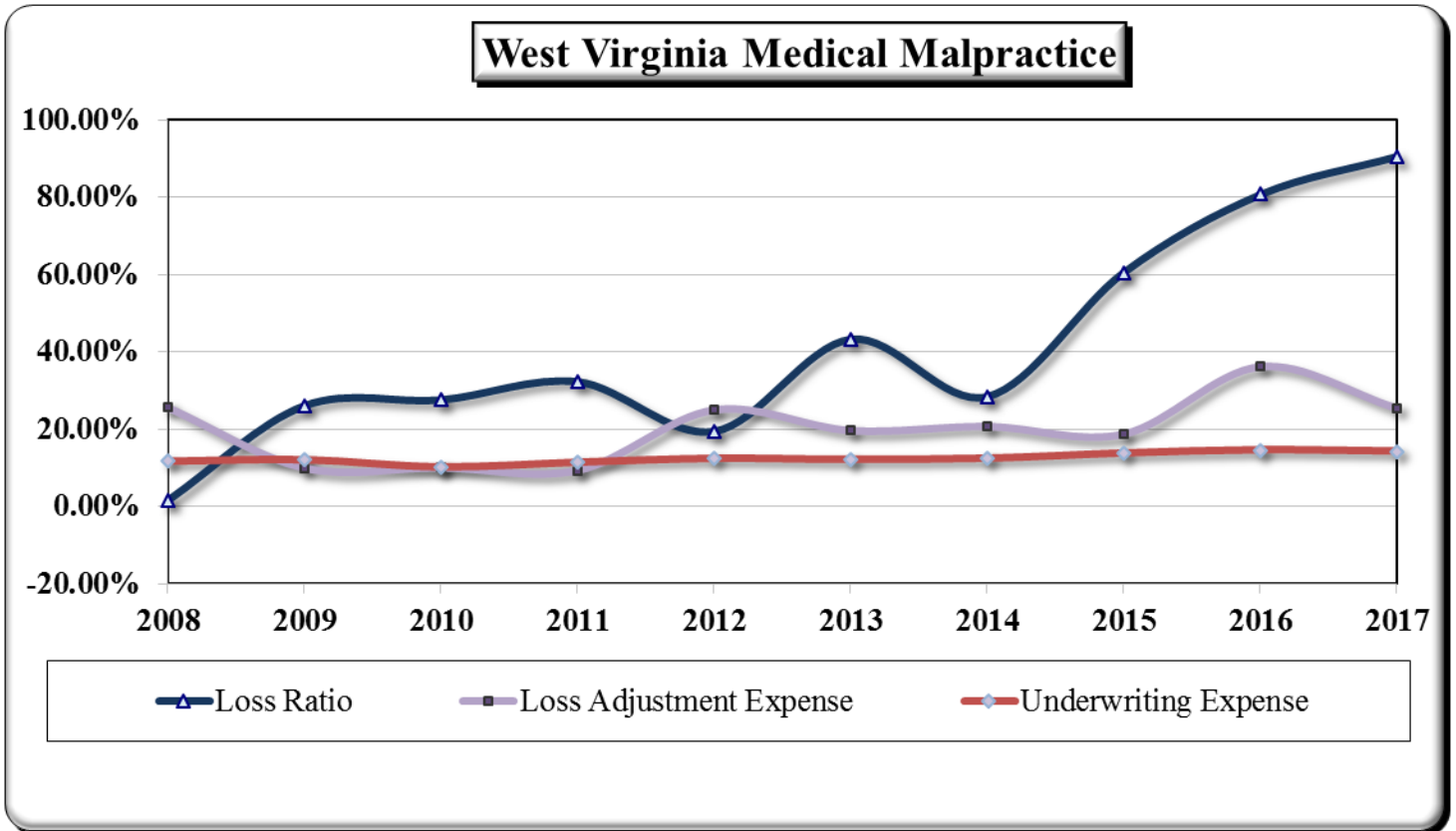


As noted in both the table and the graphs, the Physicians and Surgeons premiums are fairly stable with the exception of calendar years 2011 and 2012 where the premium and direct loss ratios had significant fluctuations. In 2011, there was one carrier that reported written premiums in the amount of \$17M in the Physicians and Surgeons subline while netting the same amount out by posting written premiums of (\$14,165,279) under the Hospital sub-line and (\$3,114,704) in the Other Healthcare Facilities. In general, the Physicians and Surgeons

subline premiums have had a slight decreasing trend (not considering the 2011 reporting issue noted above) with 2017 experiencing the largest decrease at 12.2% from the previous year. However, the pure direct loss ratio is widely volatile due to a relatively small market size. In 2012, the low loss ratio was due to reductions in previous year's loss reserves as described in Section I. The Physicians and Surgeons loss ratio increased 108% from 2016 to 2017. This escalation may be explained by the surge in systemic or multiple claimant lawsuits against several West Virginia doctors.

I-C: Key Drivers of West Virginia Medical Malpractice Insurance Results

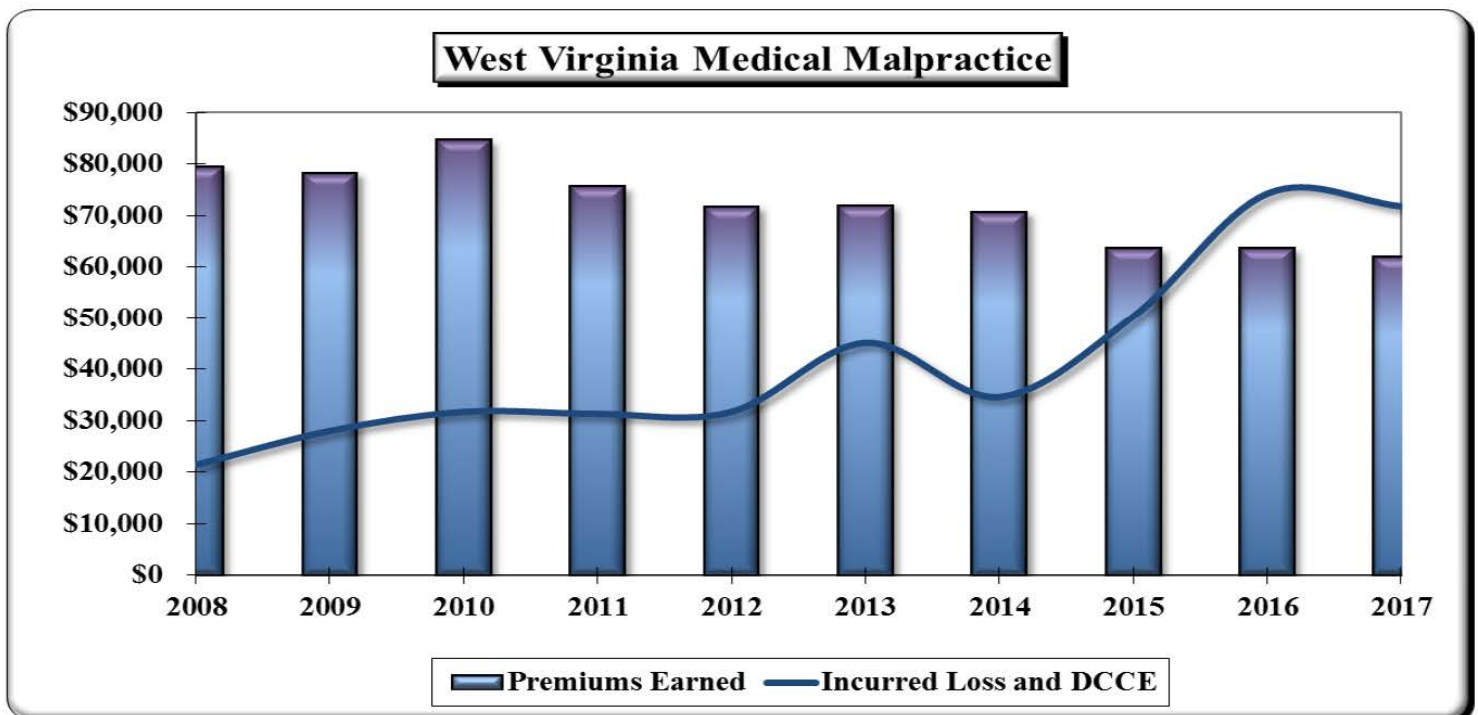
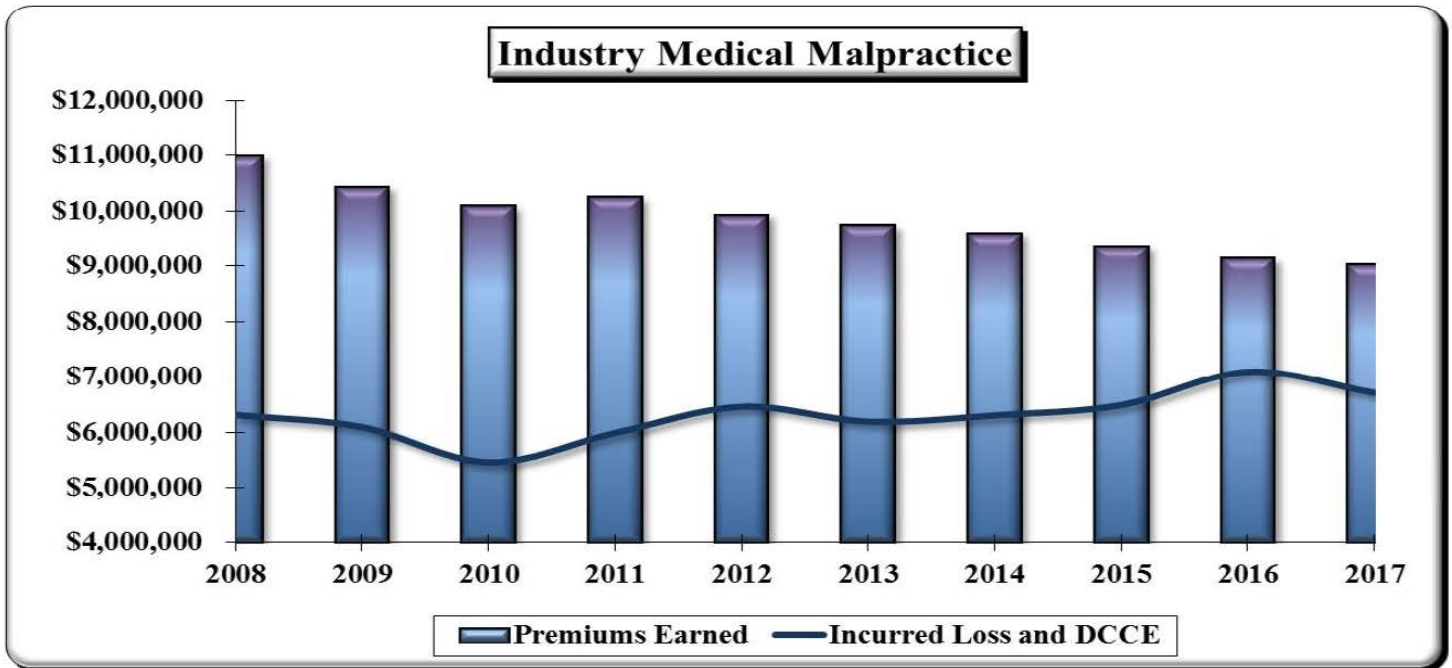
The graph below indicates the West Virginia medical malpractice line continues to exhibit volatile direct loss ratios and loss expenses with stable underwriting expenses. The loss adjustment expenses generally trend similarly to the loss ratio but may vary widely due to the specialized nature of litigation for the medical malpractice line of insurance. The 2017 results appear to be an anomaly where the LAE followed an opposite loss trend.



While both the direct loss ratio and loss adjustment expense fluctuate, the underwriting expenses have remained static in the last ten years. The loss trend indication shows a 219% increase since 2014 with each year realizing more significant losses. The 2016 and 2017 results have been well above the trended value. The OIC is monitoring the loss trend and corresponding with carriers to determine the influx of losses into the market and what the future loss trends may realize.

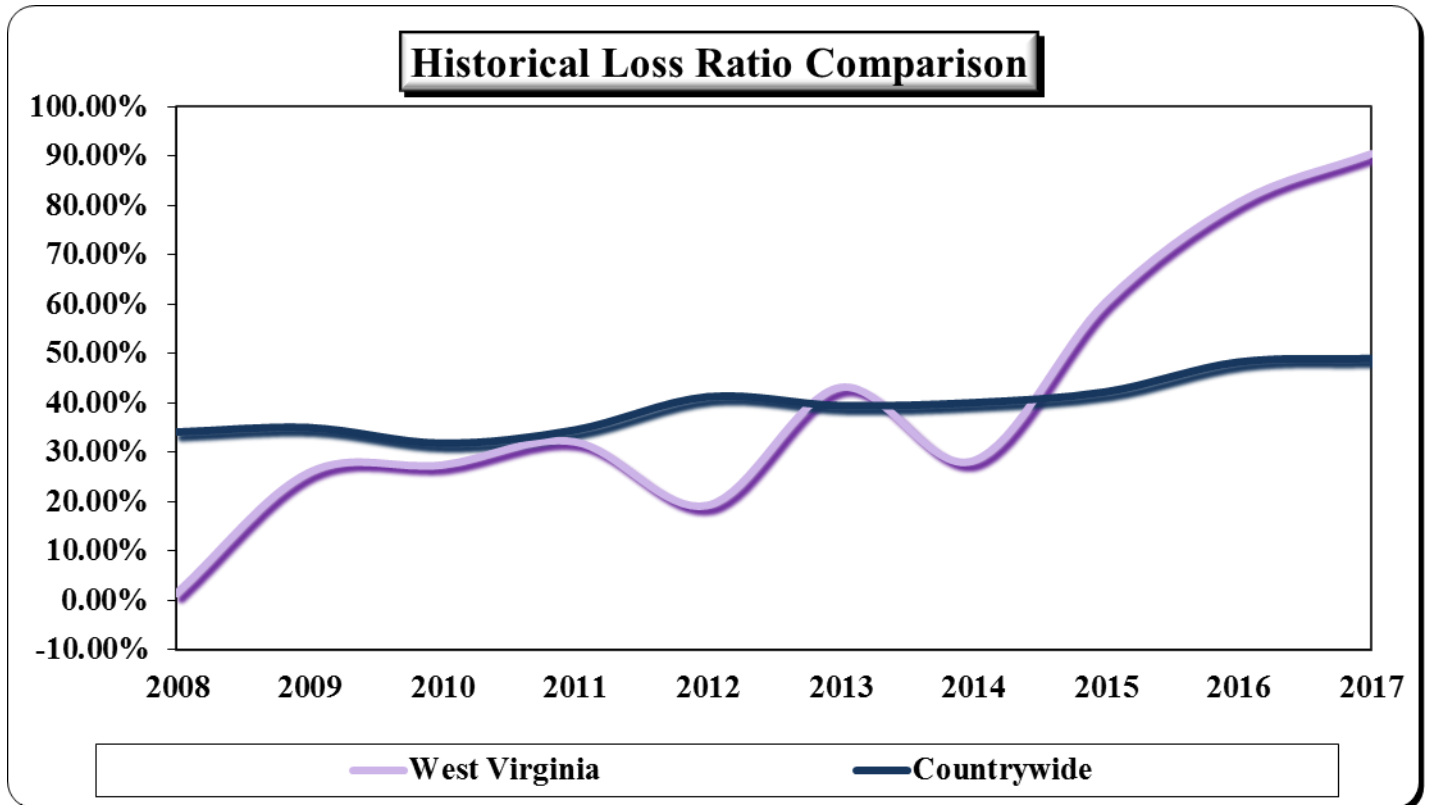
I-D: Loss and Defense Costs Incurred vs. Premiums Earned

The charts below compare losses and defense costs for the countrywide industry against the comparable figures for the West Virginia market. The results for loss and defense cost in West Virginia had far exceeded premiums until the turnaround reported for 2003. When considering the last ten years, the loss and defense costs have averaged 61.1% of the premiums earned. However, 2016 and 2017 are the only years since 2002 where the losses and loss expenses exceeded the earned premiums.



I-E: Historical Loss Ratio Comparison

Recent loss ratio experience in West Virginia for medical malpractice remains an improvement over that experienced as recently as 2002 but is trending upward due to the frequency and severity of medical malpractice claims. However, as the graph below that compares the West Virginia direct loss ratios with the countrywide ratios suggests that West Virginia medical malpractice loss ratios have not been stable historically. This is likely the result of the limited volume of business written in our market and the potential for significant variance will likely increase if overall premium volumes continue their decline.



Section II

A Review of Paid / Closed Claim Data

II: Analysis of Paid Claim Information

Cautionary note: The Board of Medicine (BOM) information is not insurance data; rather it is information provided to the West Virginia Board of Medicine about Medical Malpractice claims after their disposition, and as such, it has not been audited for accuracy. “Disposition” in this case means claims which have been dismissed, settled, or adjudicated. While not strictly matching insurance data, this information is useful in attempting to identifying trends. Even with twenty years of data, the number of claims and loss dollars are still small enough to limit the credibility of the information. Additionally, note that this information does include BRIM claim payments.

The Closed Claim data discussed in Section II-D should not be considered as final experience data for any given year. W. Va. Code §33-20B-8 only requires the reporting of data for claims which are considered to be closed by the insurer. Open claims are therefore necessarily entirely excluded from this dataset, and likewise it is possible that claims which have been administratively closed due to inactivity or apparent abandonment on behalf of the claimant may reopen at a later date and undergo additional development.

Advisory: The sections below which review both Judgments and Settlements with payment where the data is noted to have been capped at \$1,000,000 differs from that included in reports prior to 2007 due to the application of the \$1,000,000 cap. Specifically, the 2004 report only considered Judgments and Settlements under \$1,000,000 (excluding all those above that amount), the 2005-2006 reports continued to provide the data in this manner, but noted it as having been capped at \$1,000,000 (i.e. all individual payment amounts greater than \$1M only count only as \$1M each) as a smoothing procedure. However, only the 2007 and later reports, including this report, apply the noted capping methodologies in order to limit large swings in the data from year to year, yet also fully consider indemnity amounts over \$1,000,000 (counted as capped at \$1M) in order to attempt to identify any notable trend in payments. This creates some disparity between the figures provided within this report and that of earlier reports.

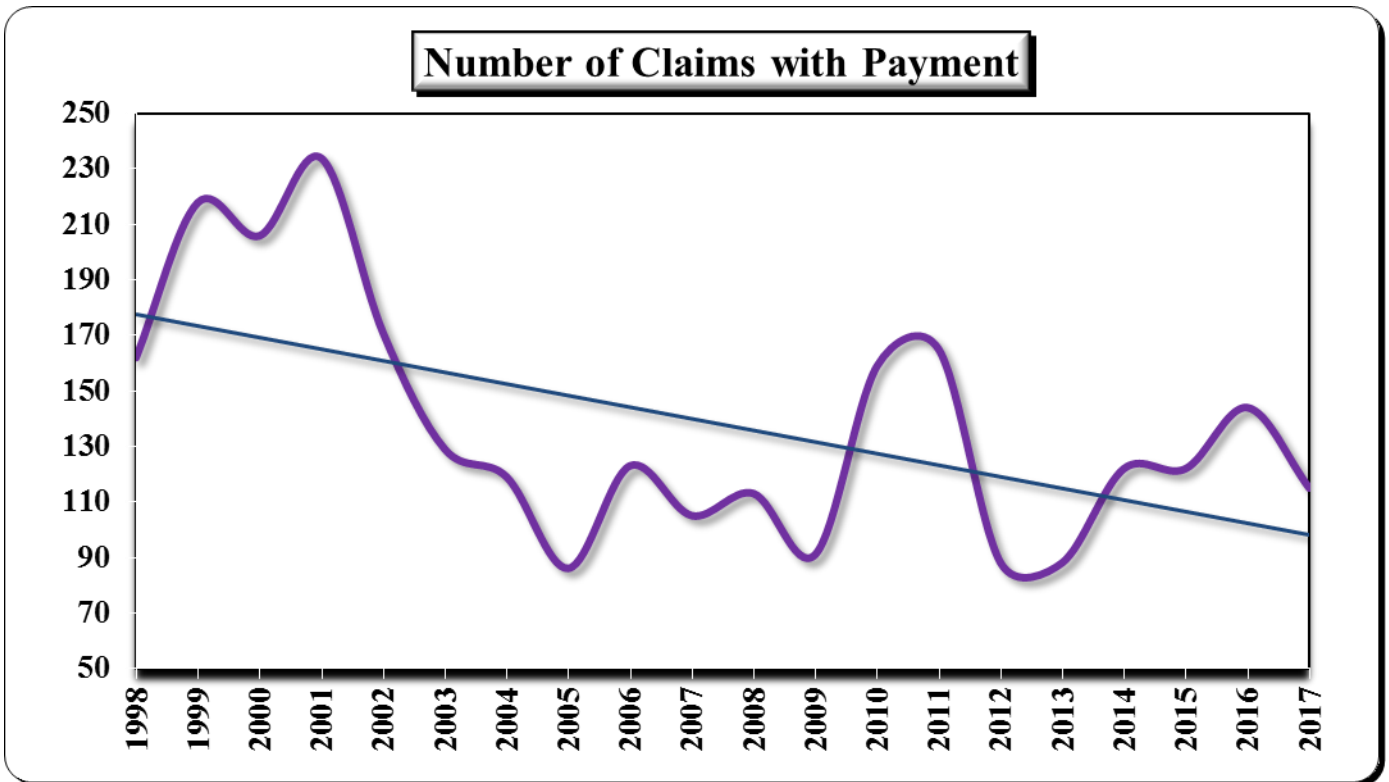
II-A: How Malpractice Claims are Disposed in West Virginia

The exhibit below displays paid claim count information for 1998 – 2017.

West Virginia Board of Medicine									
Claim Count Review									
Year	Dismissals		Judgments			Settlements			All
	Total	% of Total	Non-Zero	Total	% of Total	Non-Zero	Total	% of Total	Total
1998	53	22%	9	27	11%	153	156	66%	236
1999	99	30%	15	28	8%	203	206	62%	333
2000	104	30%	7	37	11%	199	203	59%	344
2001	112	30%	9	37	10%	225	226	60%	375
2002	122	39%	7	25	8%	164	165	53%	312
2003	108	42%	4	23	9%	125	127	49%	258
2004	87	39%	6	24	11%	113	113	50%	224
2005	77	44%	5	15	9%	81	82	47%	174
2006	72	35%	3	12	6%	120	120	59%	204
2007	40	24%	1	15	9%	104	109	66%	164
2008	73	37%	8	14	7%	105	108	55%	195
2009	71	41%	5	14	8%	86	89	51%	174
2010	23	12%	1	7	4%	158	158	84%	188
2011	21	11%	3	8	4%	162	162	85%	191
2012	0	0%	2	7	8%	86	86	92%	93
2013	1	1%	1	3	3%	87	87	96%	91
2014	0	0%	3	3	2%	119	119	98%	122
2015	0	0%	2	3	2%	120	120	98%	123
2016	0	0%	4	5	3%	140	140	97%	145
2017	0	0%	2	3	3%	113	114	97%	117
Total	1,063	26%	97	310	8%	2,663	2,690	66%	4,063

- In 2001, H.B. 601 was passed. One of its key elements was §55-7B-6, requiring that a “certificate of merit” be obtained prior to the filing of a medical professional liability action against a health care provider. We believe that this screening process explains in part the increase in the percentage of dismissals seen beginning in 2002 and through 2009.
- As of 2011, the West Virginia Board of Medicine indicates that the reporting of dismissals is no longer required. Thus, we can no longer fully consider that portion of their data in this report.
- In general, the number of claims filed has dropped significantly since the passage of the 2001 legislation. The claim frequency decreased approximately 69% from 2001 to 2017.

- Graphically, note the downward linear trend in the number of paid claims since 1998:



Medical malpractice is generally written on a claims-made basis. Therefore, it is quite possible that claims could arise in the future which relate to incidents that occurred in the past. While the claim count is much lower than 1998 counts, the claims are trending higher than anticipated as shown on the graph.

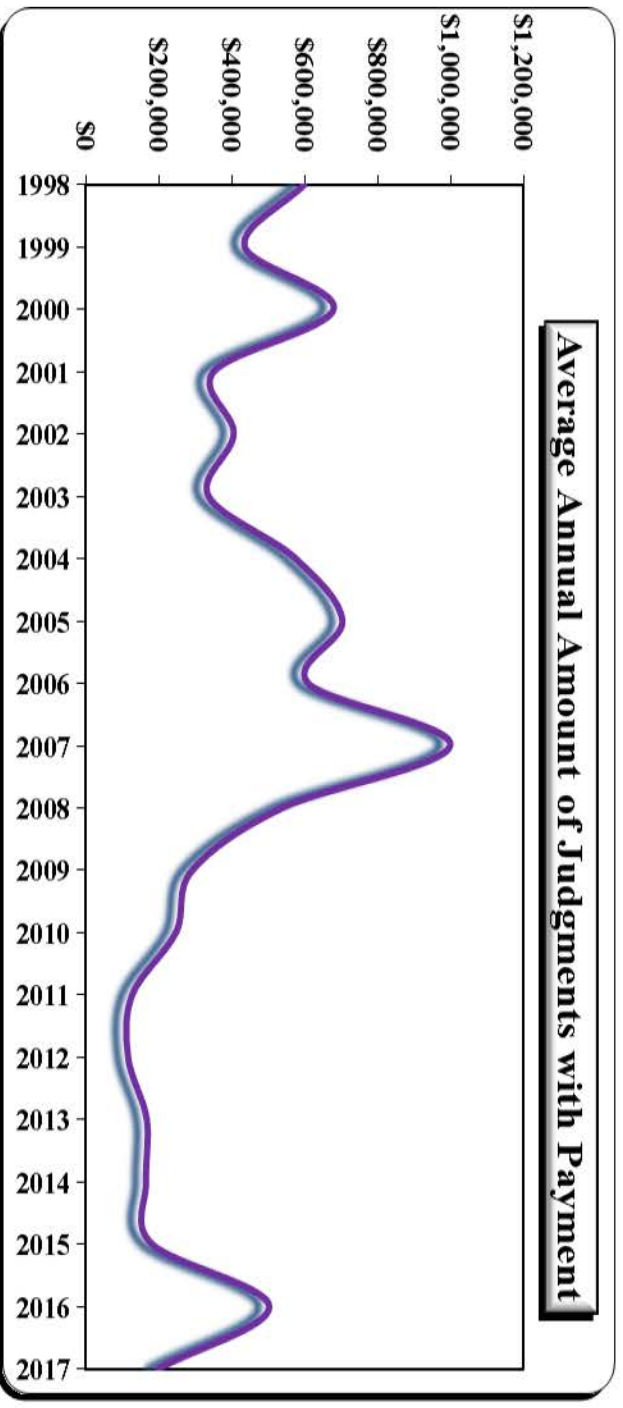
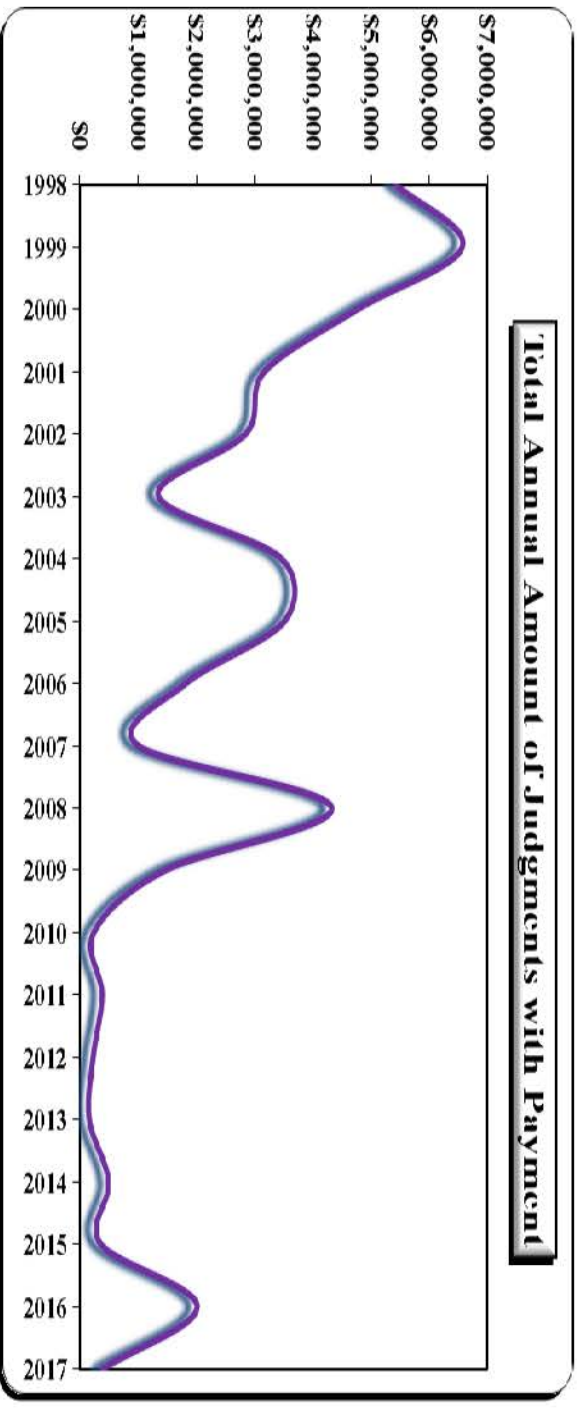
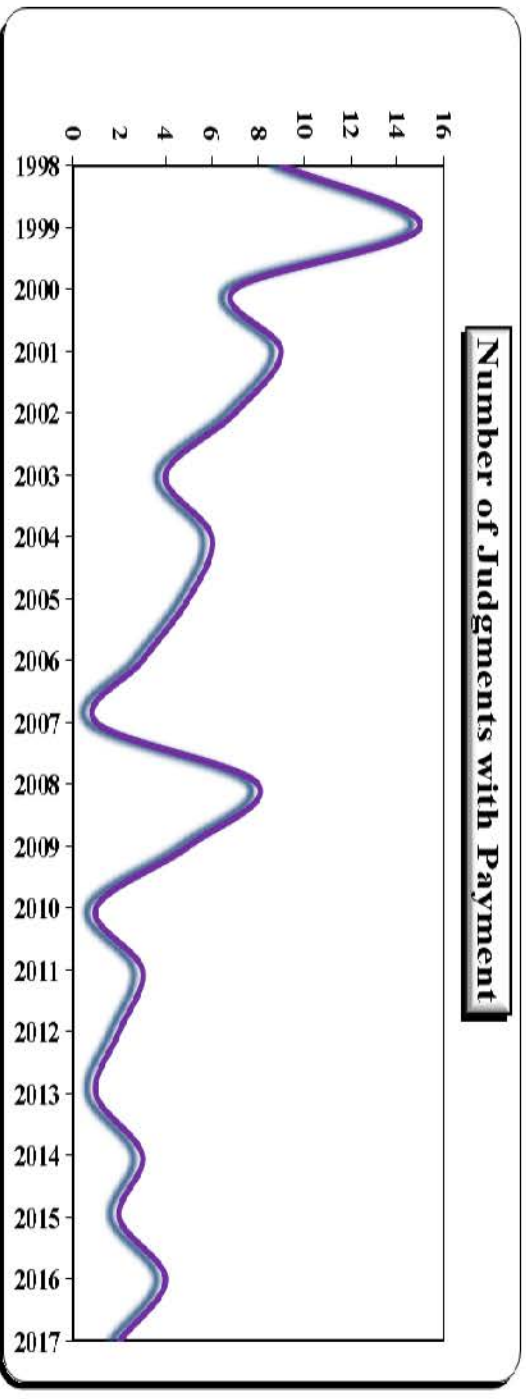
II-B: Historical Judgments

Capping large awards at \$1,000,000 leads to the following:

West Virginia Board of Medicine			
Judgments with payments capped at \$1,000,000			
Year	#	Amount	Average
1998	9	\$5,409,154	\$601,017
1999	15	\$6,566,669	\$437,778
2000	7	\$4,767,554	\$681,079
2001	9	\$3,179,290	\$353,254
2002	7	\$2,855,223	\$407,889
2003	4	\$1,355,000	\$338,750
2004	6	\$3,456,244	\$576,041
2005	5	\$3,524,909	\$704,982
2006	3	\$1,830,989	\$610,330
2007	1	\$1,000,000	\$1,000,000
2008	8	\$4,325,596	\$540,700
2009	5	\$1,475,000	\$295,000
2010	1	\$250,000	\$250,000
2011	3	\$390,879	\$130,293
2012	2	\$237,539	\$118,770
2013	1	\$170,000	\$170,000
2014	3	\$504,000	\$168,000
2015	2	\$367,216	\$183,608
2016	4	\$2,020,000	\$505,000
2017	2	\$403,174	\$201,587
20 Years	97	\$44,088,436	\$454,520

This table shows that even after limiting large awards to reduce volatility, there is no clear pattern of either an increasing number of judgments or a consistent increase in total paid judgments. Rather, the small number of judgments restricts credible inferences. Due to the large fluctuations in the number of judgments, total payments and average payment for judgments, there is no general historical trend to analyze and to forecast future assumptions or predications with any amount of credibility.

Graphical linear representations of the preceding tabled data:



- It should be noted that the number of judgments in each year is very small and that actual paid amounts can vary significantly from year to year. For example, the Average Annual Amount of Judgments with Payment graph above appears to indicate a significant increase in the 2007 average while the count and total annual amount show a noticeable decrease. Yet, note in the tabled data that the number of non-zero judgments for 2007 was a single claim that was capped at \$1M.

The next exhibit displays judgments by size of payment.

Interval	2003		2004		2005		2006		2007	
	#	\$	#	\$	#	\$	#	\$	#	\$
Loss=\$0	19	\$0	18	\$0	10	\$0	9	\$0	14	\$0
\$0<loss<=\$100K	0	\$0	1	\$75,000	0	\$0	0	\$0	0	\$0
\$100K<loss<=\$250K	1	\$160,000	0	\$0	1	\$250,000	1	\$227,449	0	\$0
\$250K<loss<=\$500K	3	\$1,195,000	2	\$811,994	1	\$274,909	0	\$0	0	\$0
\$500K<loss<=\$1M	0	\$0	3	\$2,569,250	0	\$0	1	\$603,540	0	\$0
\$1M<loss	0	\$0	0	\$0	3	\$8,321,888	1	\$1,014,165	1	\$1,705,936
Total Judgments	23	\$1,355,000	24	\$3,456,244	15	\$8,846,797	12	\$1,845,154	15	\$1,705,936
Total Non-Zero*	4	\$1,355,000	6	\$3,456,244	5	\$3,524,909	3	\$1,830,989	1	\$1,000,000

Interval	2008		2009		2010		2011		2012	
	#	\$	#	\$	#	\$	#	\$	#	\$
Loss=\$0	6	\$0	9	\$0	6	\$0	5	\$0	5	\$0
\$0<loss<=\$100K	1	\$75,000	0	\$0	0	\$0	2	\$115,879	1	\$68,725
\$100K<loss<=\$250K	2	\$450,000	3	\$575,000	1	\$250,000	0	\$0	1	\$168,814
\$250K<loss<=\$500K	2	\$800,596	1	\$300,000	0	\$0	1	\$275,000	0	\$0
\$500K<loss<=\$1M	0	\$0	1	\$600,000	0	\$0	0	\$0	0	\$0
\$1M<loss	3	\$8,350,000	0	\$0	0	\$0	0	\$0	0	\$0
Total Judgments	14	\$9,675,596	14	\$1,475,000	7	\$250,000	8	\$390,879	7	\$237,539
Total Non-Zero*	8	\$4,325,596	5	\$1,475,000	1	\$250,000	3	\$390,879	2	\$237,539

Interval	2013		2014		2015		2016		2017	
	#	\$	#	\$	#	\$	#	\$	#	\$
Loss=\$0	2	\$0	0	\$0	1	\$0	1	\$0	0	\$0
\$0<loss<=\$100K	0	\$0	1	\$35,000	1	\$11,216	1	\$70,000	0	\$0
\$100K<loss<=\$250K	1	\$170,000	1	\$174,000	0	\$0	0	\$0	1	\$101,373
\$250K<loss<=\$500K	0	\$0	1	\$295,000	1	\$356,000	1	\$300,000	1	\$301,800
\$500K<loss<=\$1M	0	\$0	0	\$0	0	\$0	2	\$1,650,000	0	\$0
\$1M<loss	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0
Total Judgments	3	\$170,000	3	\$504,000	3	\$367,216	5	\$2,020,000	0	\$0
Total Non-Zero*	1	\$170,000	3	\$504,000	2	\$367,216	4	\$2,020,000	2	\$403,174

*The second Total excludes claims which resulted in no indemnity payment and caps individual claims at a \$1M value.

II-C: Historical Settlements

In a manner similar to judgments, we now look at settlements.

West Virginia Board of Medicine										
Size of Paid Settlements										
Interval	2003		2004		2005		2006		2007	
	#	\$	#	\$	#	\$	#	\$	#	\$
Loss=\$0	2	\$0	0	\$0	1	\$0	0	\$0	5	\$0
\$0<loss<=\$50K	26	\$625,434	40	\$861,532	29	\$803,164	47	\$1,352,631	27	\$605,014
\$50K<loss<=\$100K	15	\$1,252,000	16	\$1,362,500	8	\$660,000	19	\$1,452,250	11	\$705,800
\$100K<loss<=\$250K	35	\$6,725,418	21	\$4,016,403	19	\$3,198,750	26	\$4,812,500	29	\$4,486,666
\$250K<loss<=\$500K	29	\$11,363,125	24	\$9,529,000	16	\$5,752,500	18	\$6,393,000	17	\$6,062,500
\$500K<loss<=\$1M	16	\$13,878,750	5	\$3,550,000	8	\$5,731,250	7	\$5,400,000	13	\$9,288,182
\$1M<loss	6	\$14,438,368	7	\$11,500,000	2	\$3,250,000	3	\$6,350,000	7	\$8,896,822
Total Settlements	129	\$48,283,095	113	\$30,819,435	83	\$19,395,664	120	\$25,760,381	109	\$30,044,984
Total Non-Zero*	127	\$39,844,727	113	\$26,319,435	82	\$18,145,664	120	\$22,410,381	104	\$28,148,162

Interval	2008		2009		2010		2011		2012	
	#	\$	#	\$	#	\$	#	\$	#	\$
Loss=\$0	3	\$0	3	\$0	0	\$0	0	\$0	0	\$0
\$0<loss<=\$50K	36	\$982,998	23	\$697,523	93	\$1,052,198	53	\$755,525	16	\$313,035
\$50K<loss<=\$100K	16	\$1,261,000	18	\$1,397,458	16	\$1,261,125	51	\$4,148,838	9	\$571,000
\$100K<loss<=\$250K	27	\$4,543,528	23	\$4,327,625	24	\$4,393,999	24	\$3,505,165	28	\$3,860,000
\$250K<loss<=\$500K	13	\$5,127,500	16	\$5,999,490	14	\$4,911,250	14	\$4,775,000	19	\$5,992,500
\$500K<loss<=\$1M	12	\$9,900,000	6	\$4,900,000	9	\$6,875,000	13	\$8,432,236	9	\$6,620,000
\$1M<loss	1	\$1,900,000	0	\$0	2	\$2,750,000	7	\$7,900,000	5	\$9,300,000
Total Settlements	108	\$23,715,026	89	\$17,322,096	158	\$21,243,572	162	\$29,516,764	86	\$26,656,535
Total Non-Zero*	105	\$22,815,026	86	\$17,322,096	158	\$20,493,572	162	\$28,616,764	86	\$22,356,535

Interval	2013		2014		2015		2016		2017	
	#	\$	#	\$	#	\$	#	\$	#	\$
Loss=\$0	0	\$0	0	\$0	0	\$0	0	\$0	1	\$0
\$0<loss<=\$50K	15	\$260,910	31	\$765,233	23	\$736,500	38	\$1,061,041	23	\$644,300
\$50K<loss<=\$100K	18	\$1,240,500	19	\$1,677,167	9	\$803,000	17	\$1,356,000	11	\$960,000
\$100K<loss<=\$250K	18	\$2,933,753	26	\$4,987,507	26	\$5,145,166	36	\$6,779,740	33	\$5,938,355
\$250K<loss<=\$500K	17	\$6,110,000	22	\$8,538,856	35	\$12,619,930	29	\$10,877,249	25	\$9,334,327
\$500K<loss<=\$1M	15	\$10,902,504	18	\$15,018,411	23	\$16,955,000	18	\$15,070,833	18	\$14,345,152
\$1M<loss	4	\$4,450,000	3	\$5,825,000	4	\$10,825,000	2	\$3,900,000	3	\$4,300,000
Total Settlements	87	\$25,897,667	119	\$36,812,174	120	\$47,084,596	140	\$39,044,863	114	\$35,522,134
Total Non-Zero*	87	\$25,447,667	119	\$33,987,174	120	\$40,259,596	140	\$37,144,863	113	\$34,222,134

**The second Total excludes claims which resulted in no indemnity payment and caps individual claims at a \$1M value.

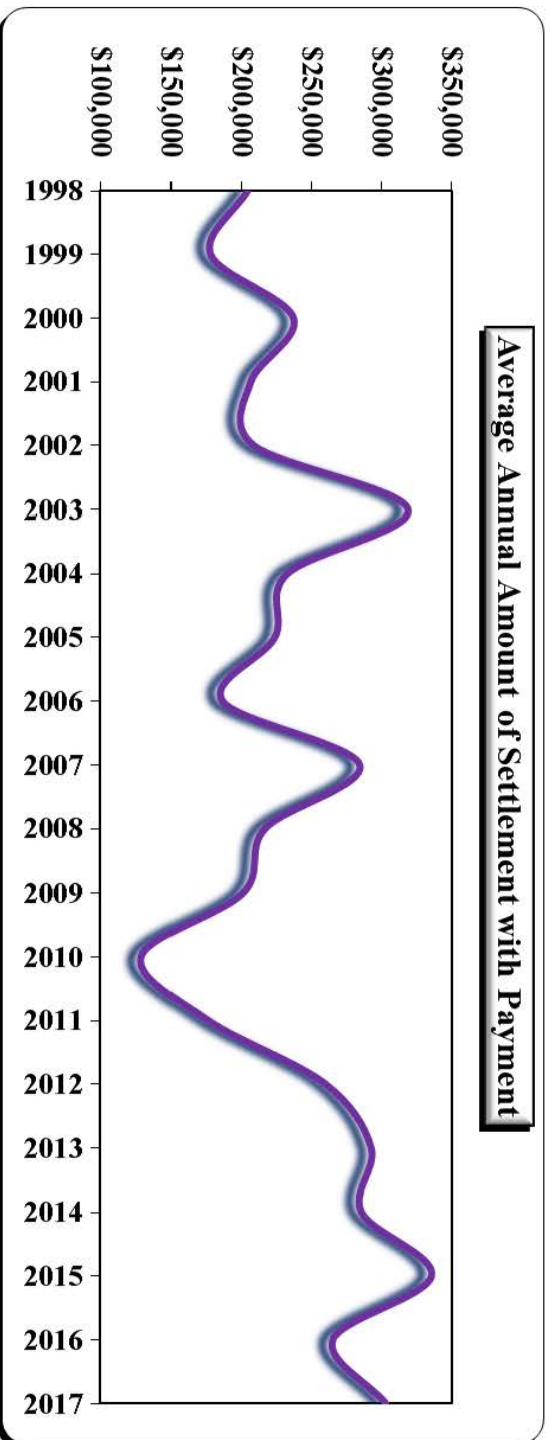
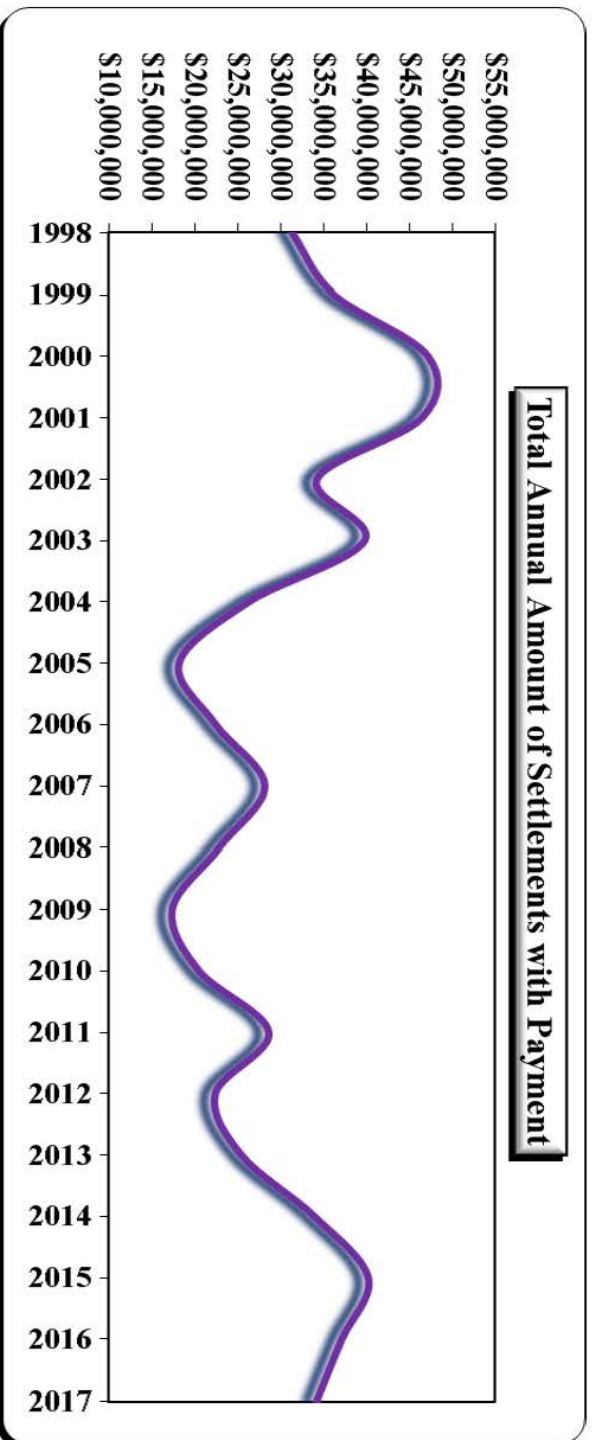
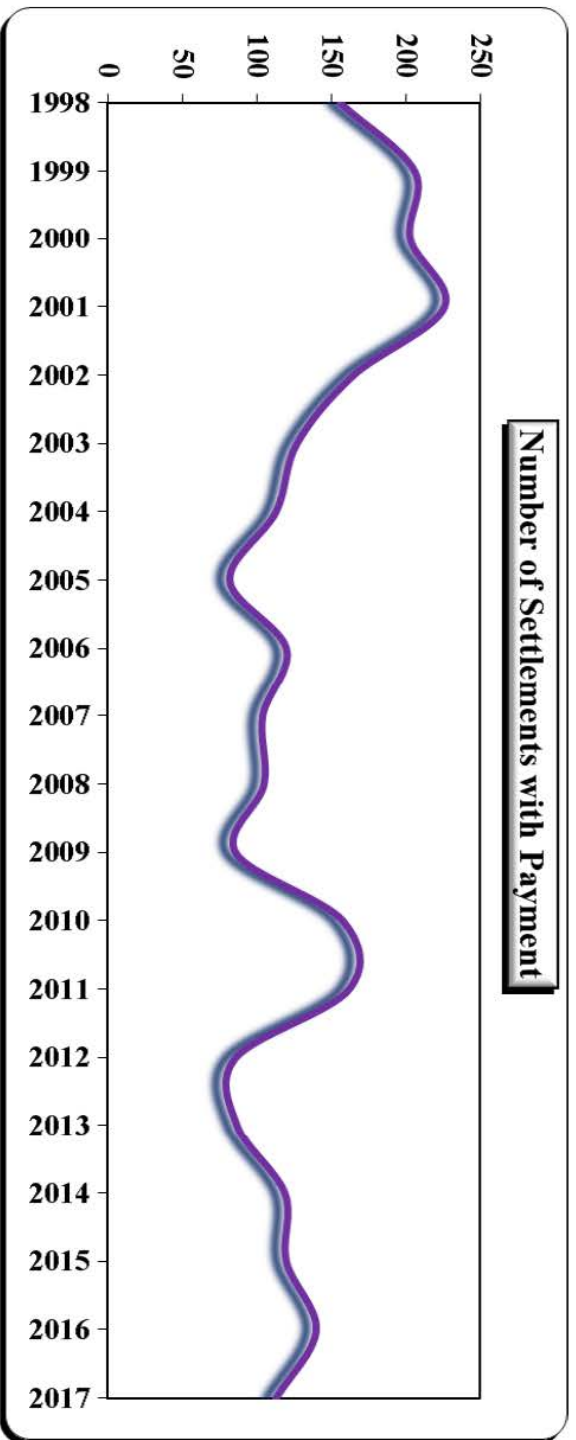
Settlements comprise the most common resolution for claim payments at 97% of all medical malpractice claims reported to the WV Board of Medicine. Over the last 15 years noted in the table above, there was an average of 115 paid settlements per year with an average uncapped settlement of \$242,470.

As was done for judgments, we will cap settled claims at \$1,000,000 and provide the following table of information:

West Virginia Board of Medicine			
Settlements with payment capped at \$1,000,000			
Year	#	Amount	Average
1998	156	\$31,312,836	\$204,659
1999	206	\$36,202,779	\$178,339
2000	203	\$47,231,896	\$237,346
2001	226	\$46,581,246	\$207,028
2002	165	\$34,264,212	\$208,928
2003	127	\$39,844,727	\$318,758
2004	113	\$26,319,435	\$232,915
2005	82	\$18,145,664	\$224,021
2006	120	\$22,410,381	\$186,753
2007	104	\$28,148,162	\$284,325
2008	105	\$22,815,026	\$217,286
2009	86	\$17,322,096	\$201,420
2010	158	\$20,493,572	\$129,706
2011	162	\$28,616,764	\$176,647
2012	86	\$22,356,535	\$259,960
2013	87	\$25,447,667	\$292,502
2014	119	\$33,987,174	\$285,607
2015	120	\$40,259,596	\$335,497
2016	140	\$37,144,863	\$265,320
2017	113	\$34,222,134	\$302,851
20 Years	2,678	\$613,126,765	\$228,950

- From the above data, which limits claims to \$1,000,000, for the years 1998-2012 combined the average paid settlement was \$210,608. For 2013-2017 combined, the average paid settlement was \$295,443. This represents a 40% increase in the last five years over the previous 15 years combined all while having a lower claim count average. The average settlement count for the 1998 – 2012 timeframe was 140 while the 2013 – 2017 settlement count was 116.
- As with judgments, the small number of settlements restricts the credibility of the data. The number of settlements had a steady increase from 2012 to 2016 with 2017 showing a decrease and came in lower than the 2014 count.

Again, graphical linear representations of the settlement data are presented below:



II-D: Closed Claim (§33-20B-8) Data

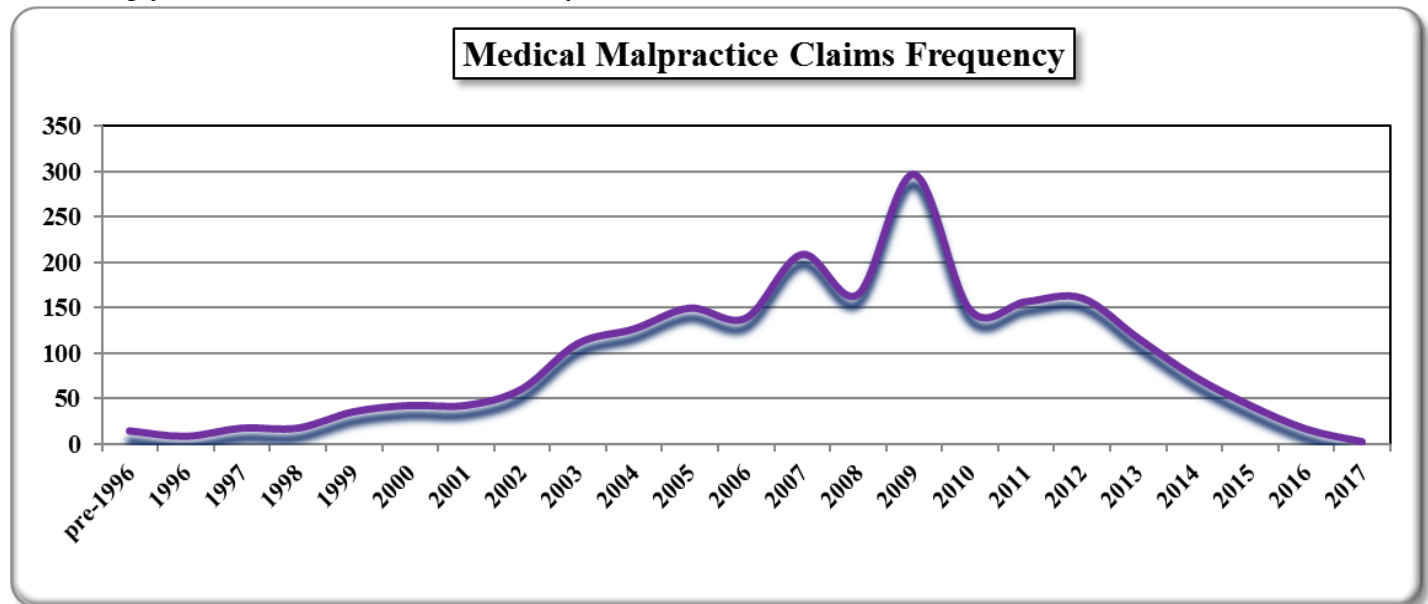
In accordance with §33-20B-8, enhanced closed/paid medical malpractice information has been collected by the WVOIC from insurers. This method of collecting claim data was revised by the WVOIC in May 2017. Previously, carriers were required to complete and return paper forms to the WVOIC via email, postal mail or fax. Once received, the data would be manually entered into a repository claim database by WVOIC personnel. The WVOIC created and implemented an electronic, web-based module that replicated the form. This allowed for carriers to complete the form online via fillable fields and submit to the WVOIC in real time thus saving time and money for the carriers and WVOIC personnel. The response has been very positive and well received by the carrier community.

In review of this data, and examining only physician and surgeon claims, the following general financial overview can be found on an accident year basis by Date of Injury (D.O.I.).

D.O.I.	Claims	Indemnity Paid	Economic Damages Paid	Non-Economic Damages Paid	Punitive Damages Paid	Non-LAE Total	Non-LAE Avg
pre-1996	15	\$898,500	\$200,100	\$253,500	\$0	\$1,352,100	\$90,140
1996	9	\$1,405,822	\$25,000	\$0	\$0	\$1,430,822	\$158,980
1997	18	\$1,013,000	\$0	\$478,000	\$0	\$1,491,000	\$82,833
1998	18	\$759,285	\$0	\$40,000	\$0	\$799,285	\$44,405
1999	36	\$6,369,929	\$518,767	\$562,823	\$0	\$7,451,519	\$206,987
2000	43	\$2,561,760	\$878,777	\$1,171,223	\$0	\$4,611,760	\$107,250
2001	43	\$6,309,500	\$10,938,093	\$4,586,907	\$0	\$21,834,500	\$507,779
2002	61	\$8,538,300	\$2,605,588	\$557,296	\$0	\$11,701,184	\$191,823
2003	111	\$18,167,166	\$10,907,691	\$5,094,828	\$0	\$34,169,685	\$307,835
2004	127	\$8,418,175	\$4,813,318	\$3,586,425	\$42,180	\$16,860,098	\$132,757
2005	150	\$8,119,559	\$4,537,667	\$4,823,892	\$139,500	\$17,620,618	\$117,471
2006	139	\$11,547,973	\$4,882,793	\$4,670,635	\$0	\$21,101,401	\$151,809
2007	209	\$15,210,236	\$6,025,336	\$6,081,991	\$168,823	\$27,486,386	\$131,514
2008	165	\$12,368,074	\$8,521,309	\$5,509,824	\$132,904	\$26,532,111	\$160,801
2009	297	\$17,123,042	\$7,260,626	\$6,731,267	\$19,978	\$31,134,913	\$104,831
2010	148	\$21,574,475	\$7,766,072	\$8,003,229	\$510,577	\$37,854,353	\$255,773
2011	157	\$18,581,560	\$7,138,984	\$2,316,851	\$199,000	\$28,236,395	\$179,850
2012	161	\$24,774,432	\$8,947,691	\$6,402,062	\$0	\$40,124,185	\$249,219
2013	117	\$15,202,255	\$5,974,317	\$11,260,165	\$0	\$32,436,737	\$277,237
2014	75	\$16,223,271	\$4,991,964	\$2,888,807	\$99,797	\$24,203,838	\$322,718
2015	43	\$11,220,000	\$1,074,654	\$995,346	\$0	\$13,290,000	\$309,070
2016	17	\$2,485,000	\$897,849	\$462,151	\$0	\$3,845,000	\$226,176
2017	3	\$1,473,333	\$1,011,250	\$113,750	\$0	\$2,598,333	\$866,111
Total	2,162	\$230,344,647	\$99,917,846	\$76,590,970	\$1,312,759	\$401,722,889	\$185,811

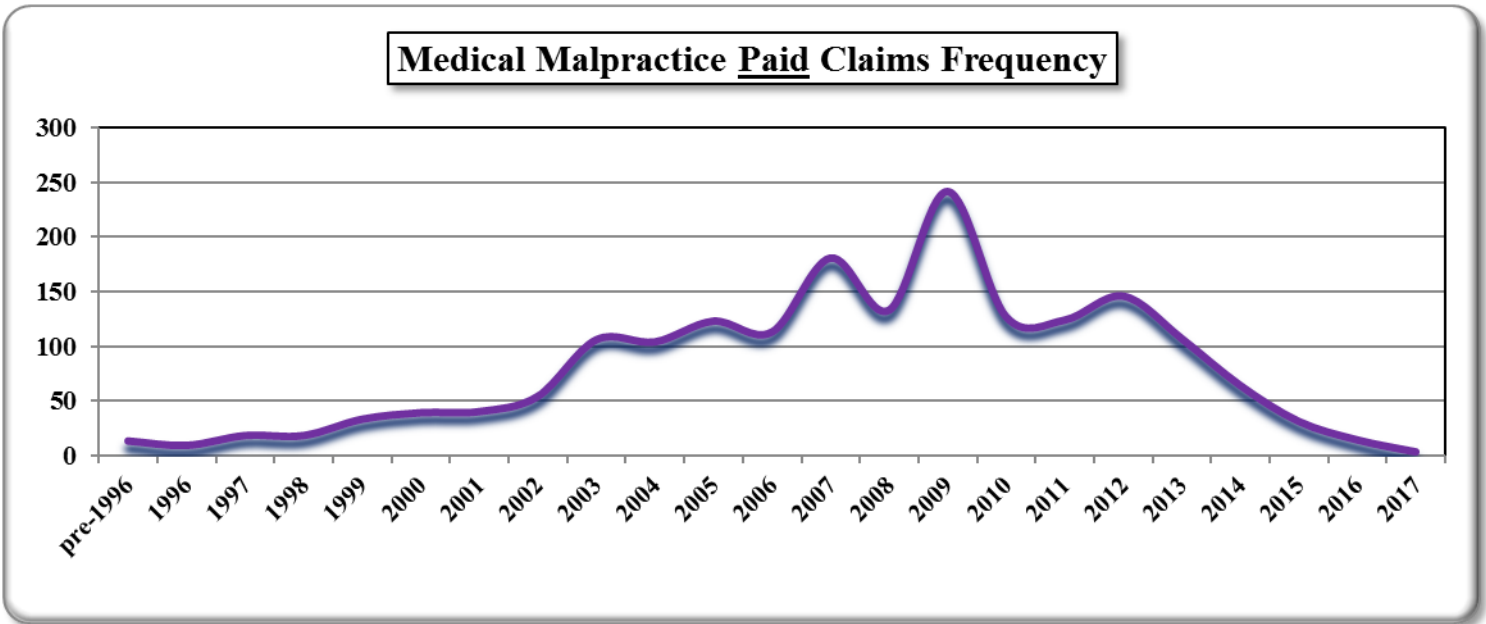
D.O.I.	Non-LAE \$0 Paid	Non-LAE Non \$0 Avg	LAE Paid	Total Payments	Total Avg	\$0 Paid	Non \$0 Paid Avg
pre-1996	9	\$225,350	\$1,216,254	\$2,568,354	\$171,224	2	\$197,566
1996	6	\$476,941	\$824,815	\$2,255,637	\$250,626	0	\$250,626
1997	10	\$186,375	\$1,561,978	\$3,052,978	\$169,610	0	\$169,610
1998	8	\$79,929	\$1,835,767	\$2,635,052	\$146,392	0	\$146,392
1999	17	\$392,185	\$3,064,541	\$10,516,060	\$292,113	3	\$318,668
2000	21	\$209,625	\$3,026,715	\$7,638,475	\$177,639	4	\$195,858
2001	25	\$1,213,028	\$3,715,960	\$25,550,460	\$594,197	3	\$638,762
2002	35	\$450,046	\$4,030,627	\$15,731,811	\$257,899	7	\$291,330
2003	45	\$517,723	\$7,842,131	\$42,011,816	\$378,485	5	\$396,338
2004	84	\$392,095	\$6,852,746	\$23,712,844	\$186,715	23	\$228,008
2005	94	\$314,654	\$6,238,714	\$23,859,332	\$159,062	27	\$193,978
2006	87	\$405,796	\$6,345,408	\$27,446,809	\$197,459	26	\$242,892
2007	113	\$286,317	\$7,987,168	\$35,473,554	\$169,730	28	\$195,986
2008	100	\$408,186	\$6,572,219	\$33,104,330	\$200,632	32	\$248,905
2009	121	\$176,903	\$8,175,701	\$39,310,614	\$132,359	55	\$162,441
2010	86	\$610,554	\$6,452,734	\$44,307,087	\$299,372	21	\$348,875
2011	81	\$371,532	\$7,732,159	\$35,968,554	\$229,099	33	\$290,069
2012	73	\$455,957	\$6,509,000	\$46,633,185	\$289,647	15	\$319,405
2013	60	\$569,066	\$5,549,927	\$37,986,664	\$324,672	10	\$355,016
2014	43	\$756,370	\$3,353,521	\$27,557,359	\$367,431	11	\$430,584
2015	29	\$949,286	\$1,312,645	\$14,602,645	\$339,596	12	\$471,053
2016	11	\$640,833	\$416,821	\$4,261,821	\$250,695	3	\$304,416
2017	0	\$866,111	\$435,920	\$3,034,253	\$1,011,418	0	\$1,011,418
Total	1,158	\$400,122	\$101,053,471	\$509,219,694	\$235,532	320	\$276,449

Accordingly, from this dataset the accident year claim incidence is as follows:

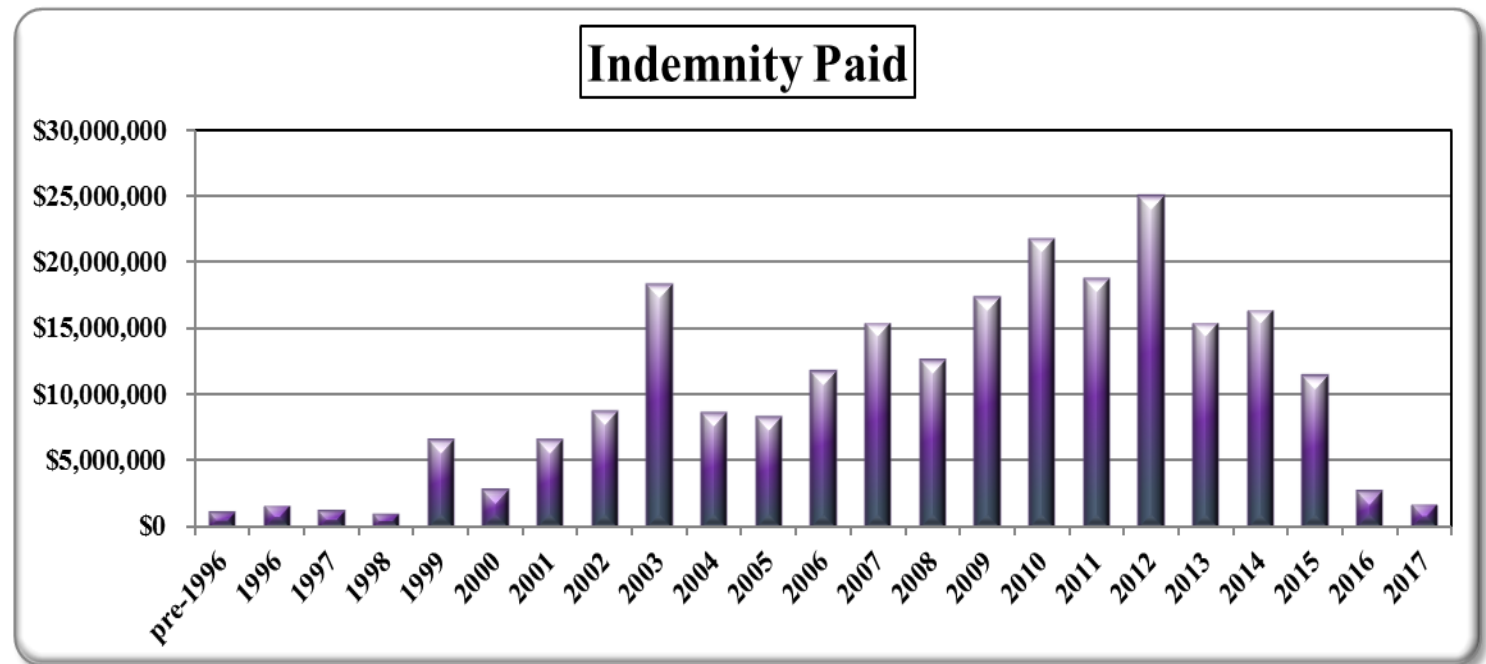


Note from the table and the preceding paragraph, that this incidence frequency includes zero paid claims.

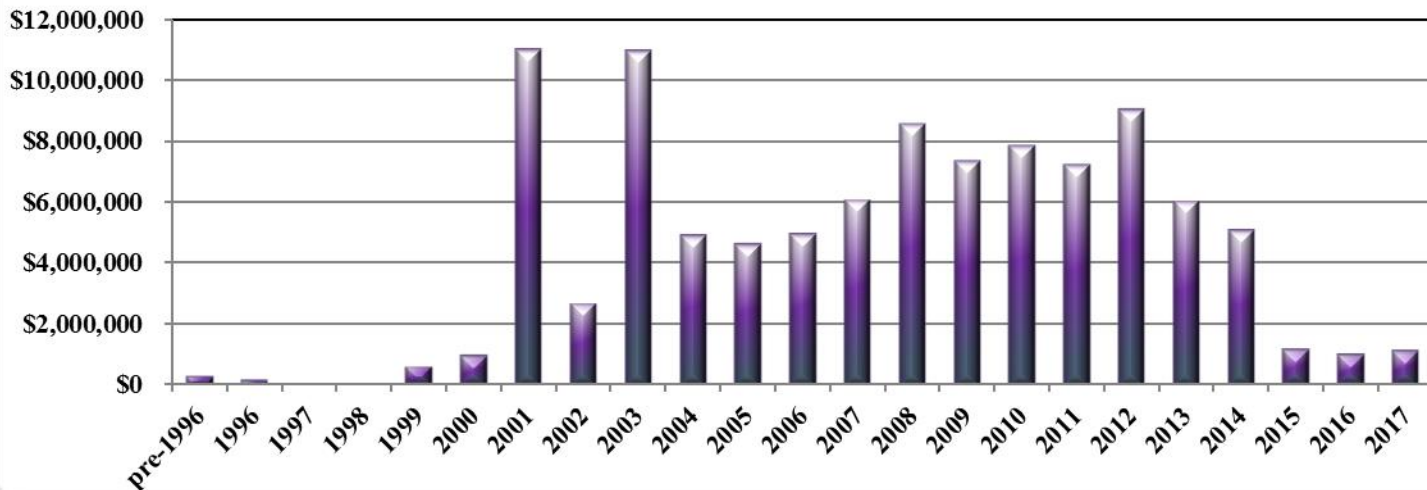
Excluding the zero paid claims results in the following substantially similar distribution:



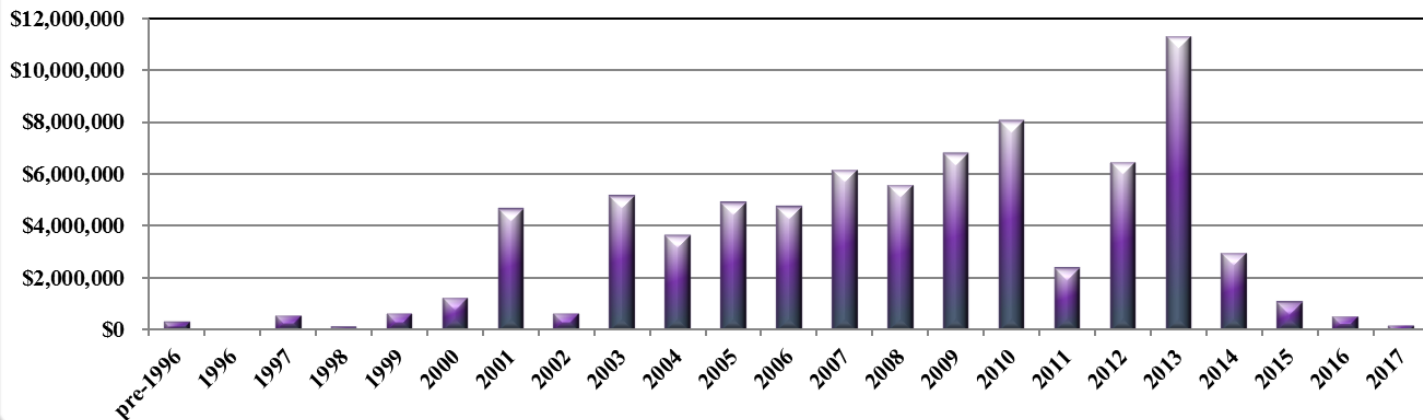
Utilizing the data from the table on the previous page, we can now review the breakdown of payments between indemnity, economic damages, non-economic damages, punitive damages, and loss adjustment expenses over time, again on an accident year basis.



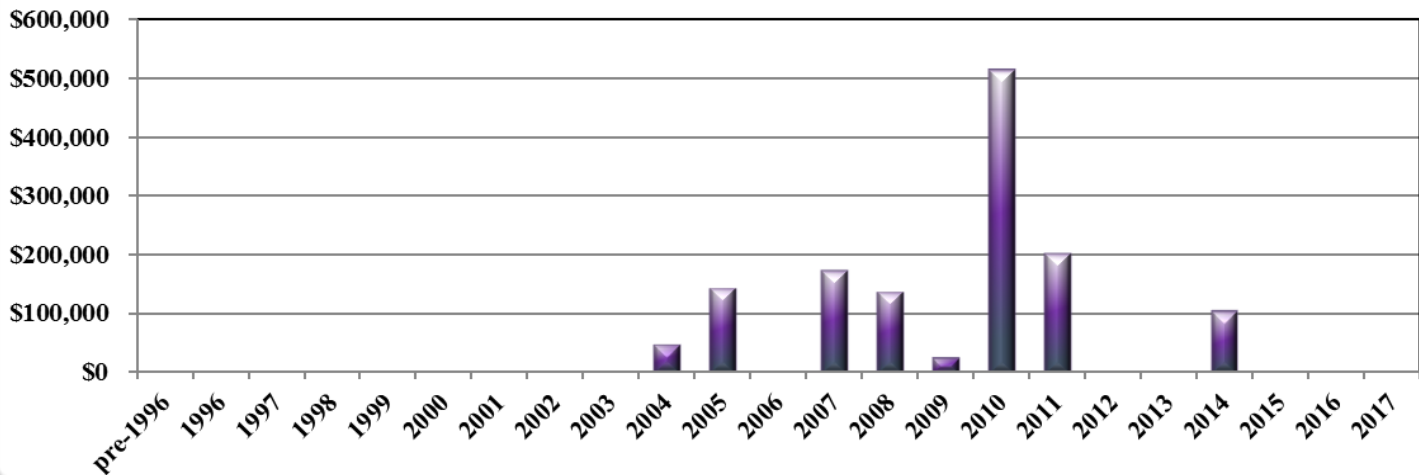
Economic Damages Paid



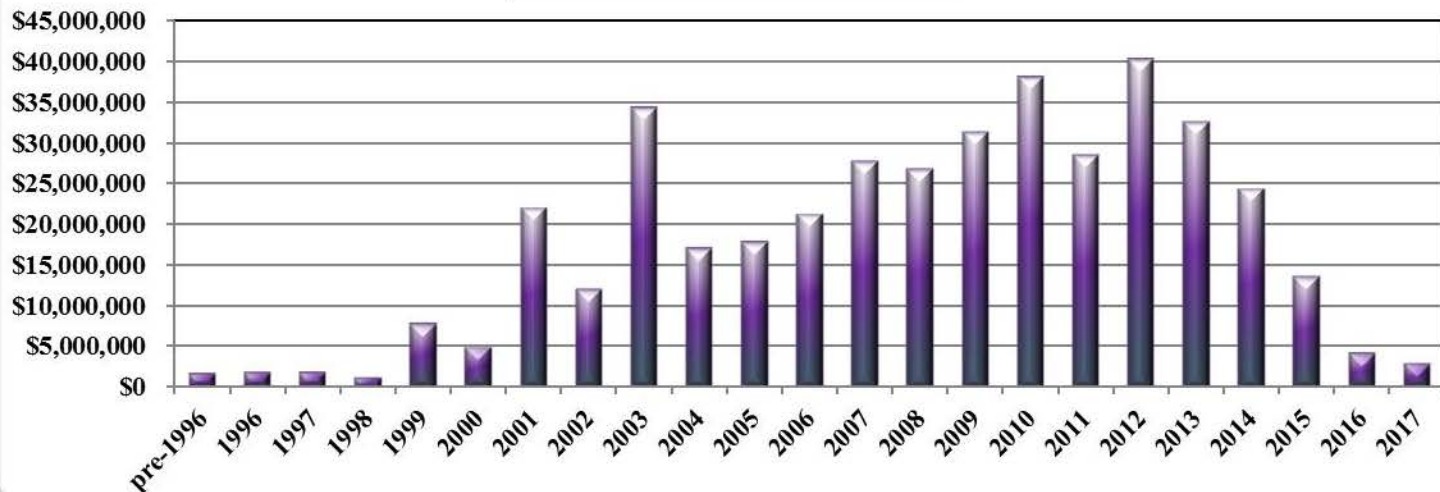
Non-Economic Damages Paid



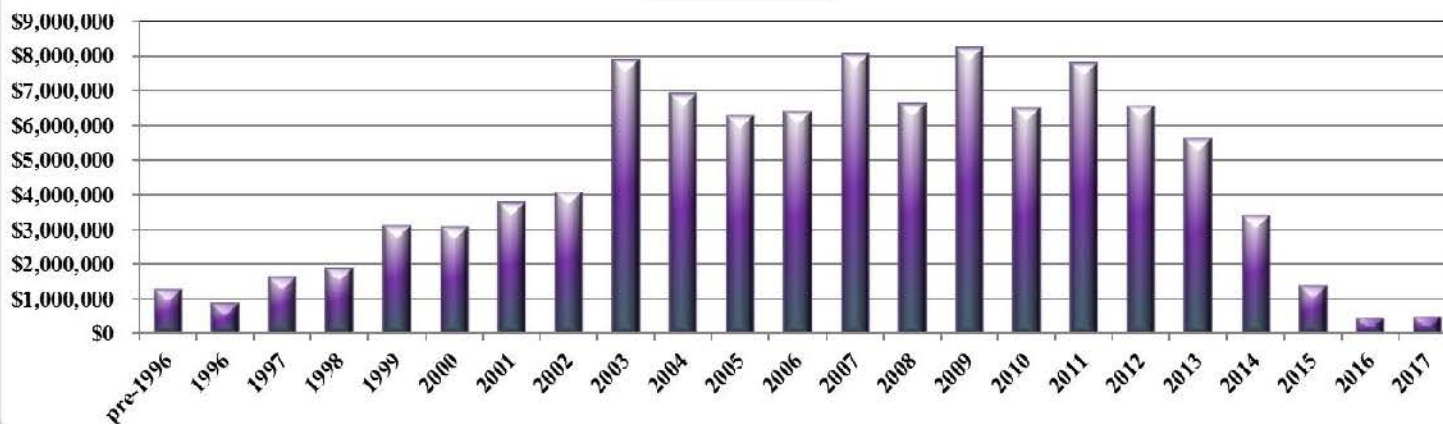
Punitive Damages Paid



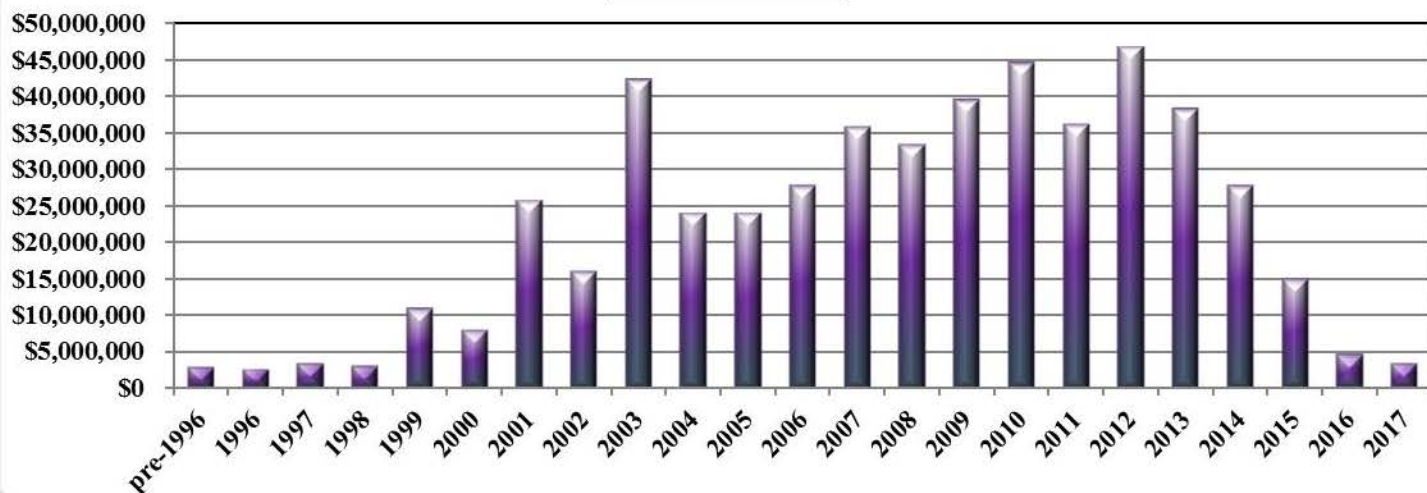
Total Non-LAE Paid



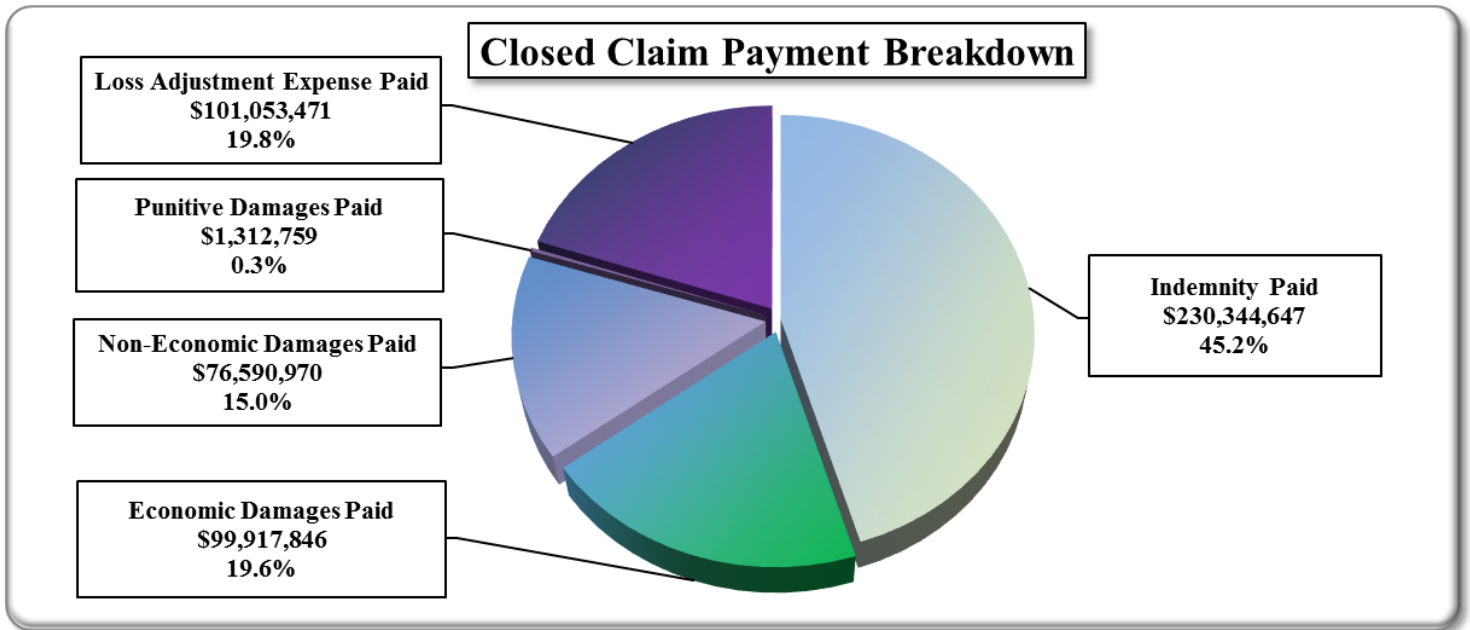
LAE Paid



Total Paid

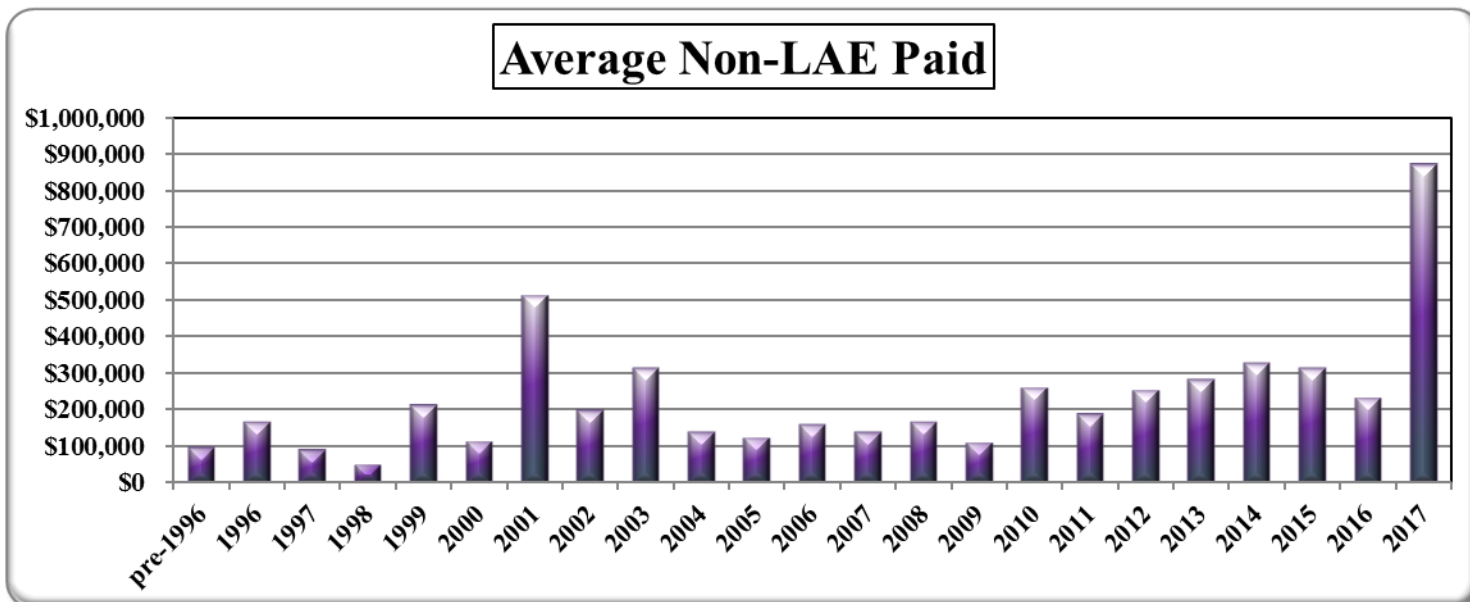


Then from the entire dataset, you can determine how each of the damage types and loss adjustment expenses are related.

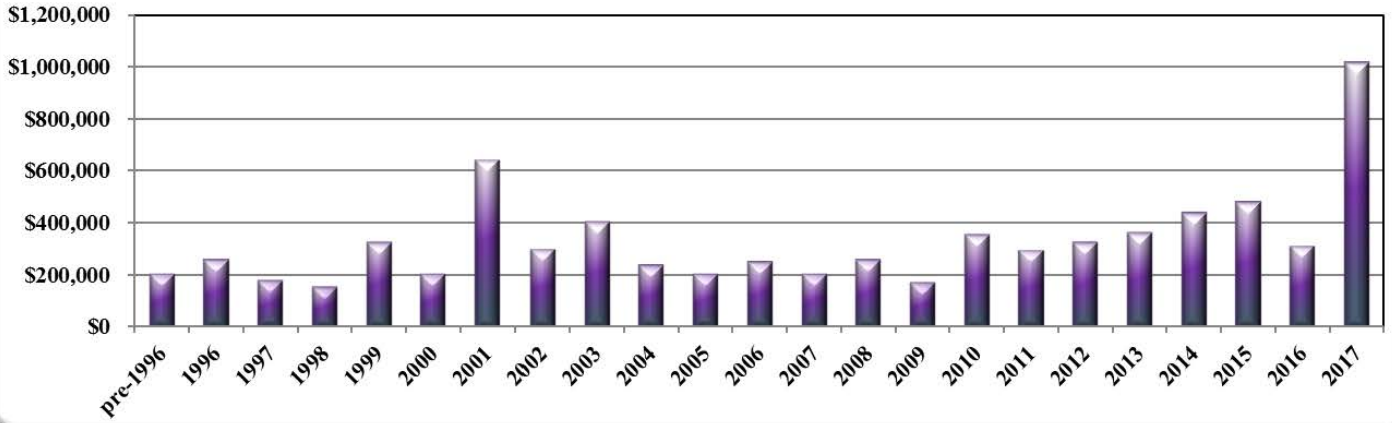


As you may determine, actual punitive damages are shown to constitute a very small portion of total damages, but economic and non-economic damages are shown to be fairly substantial and similar in payment allocation.

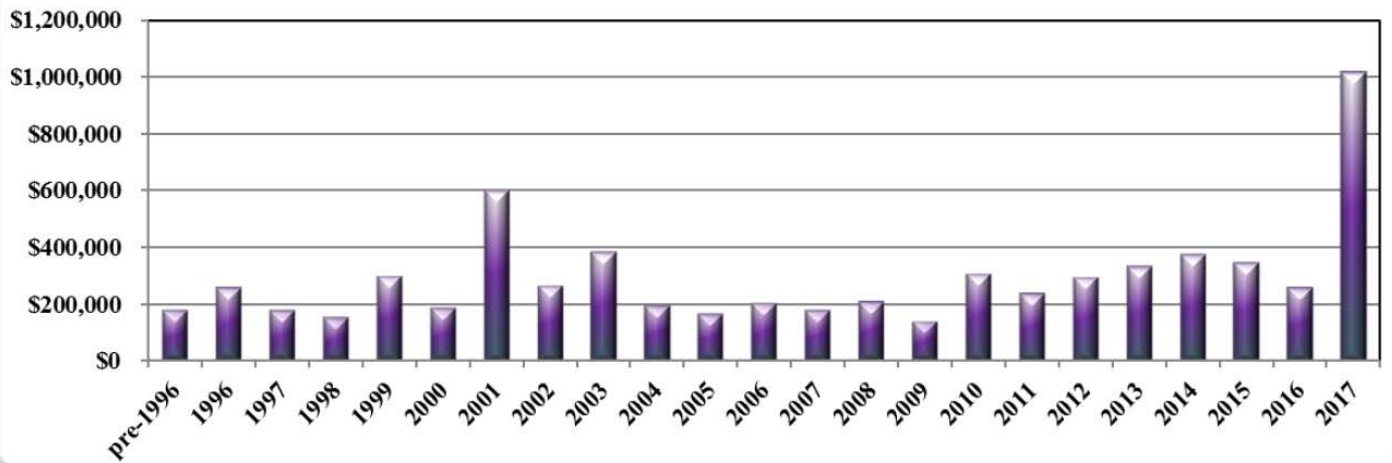
Next, we will look at the averages.



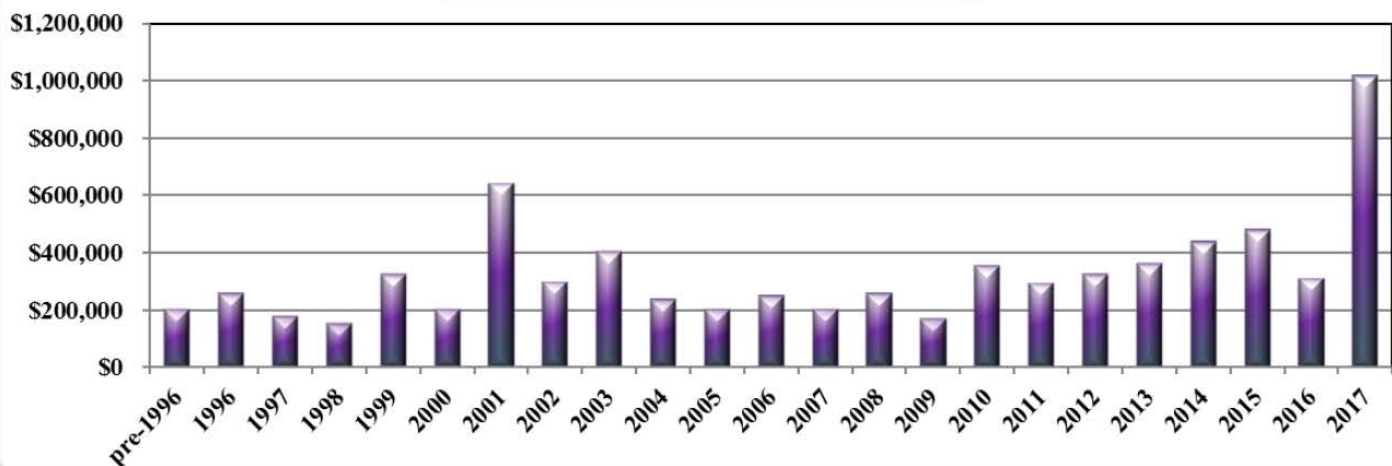
Average Non-\$0 LAE Paid



Average Total Paid



Average Non-\$0 Total Paid



Being that these datasets are on an accident year basis, and that medical malpractice is a long tail line of insurance, it may be likely that the experience of later years will be subject to further adverse development. While these trends are important to understand the medical malpractice insurance and claim dynamics, it is important to realize that malpractice claims may take years to develop and/or be resolved through the litigation process and thus a year to year comparison may not be indicative of future trends or loss development. Further, it is also imperative to understand that due to the relatively small volume of premiums in West Virginia, a few large losses can skew the overall data in an adverse manner.

Similar to the BOM data, we can also consider claim outcomes for those claims under which an outcome was provided by the company. Approximately 1,471 claims (68%) out of the 2,163 claims used in the preceding closed claim section were used in the analysis provided in the following table. The remaining 692 claims that were discarded from the analysis either did not have a claim disposition code provided by the reporting carrier.

Closed Year	Judgment	Settlement	Dismissal
1997	0	1	0
1998	0	0	0
1999	2	2	0
2000	1	0	0
2001	0	4	3
2002	1	7	0
2003	2	3	3
2004	1	4	6
2005	2	8	2
2006	9	48	45
2007	12	64	48
2008	10	83	61
2009	9	59	61
2010	8	132	36
2011	6	139	49
2012	4	41	55
2013	7	69	46
2014	4	72	35
2015	7	74	33
2016	5	53	22
2017	0	6	7
Total	90	869	512

Settlements account for the majority of the claim outcomes with 59.1%, dismissals account for 34.8% and judgments account for 6.1%.

We may also consider costs based upon the outcome type. Specifically:

Claim Outcome	Total Non-LAE Paid	LAE Paid	Count	Avg Non-LAE	Avg LAE
Judgments	\$19,954,516	\$15,617,296	90	\$221,717	\$173,526
Settlements	\$347,609,753	\$53,954,938	869	\$400,011	\$62,089
Dismissals	\$1,327,480	\$19,403,253	512	\$2,593	\$37,897

Claim Outcome	\$0 Non-LAE Count	\$0 LAE Count	Avg Non-\$0 Non-LAE	Avg Non-\$0 LAE	Total Non-\$0 Avg Expenditure
Judgments	67	4	\$867,588	\$181,596	\$1,049,184
Settlements	23	103	\$410,886	\$70,437	\$481,323
Dismissals	502	96	\$132,748	\$46,642	\$179,390

Please note the claims costs provided in the table are not capped at \$1M and are analyzed using the payment level and other claim information reported by the carrier. When comparing the total overall claim costs only, the average judgment is \$395,242 while the average settlement is \$462,100. It would appear that judgment awards are less on average than settlements. Seeing that statistic, one may ask why settlements are the prevailing outcome with nearly ten times the number of judgements? When removing the \$0 Non-LAE and \$0 LAE claim counts, the averages by outcome show a much different account where the average judgment is more than double the average settlement.

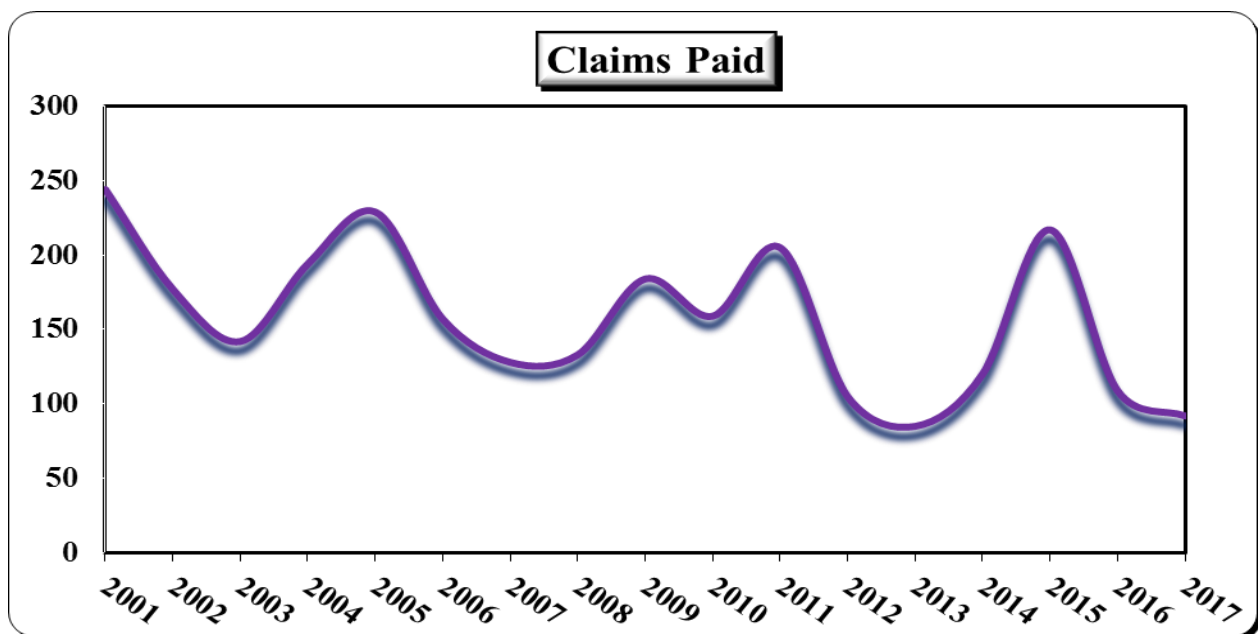
II-E: Paid Data Collection

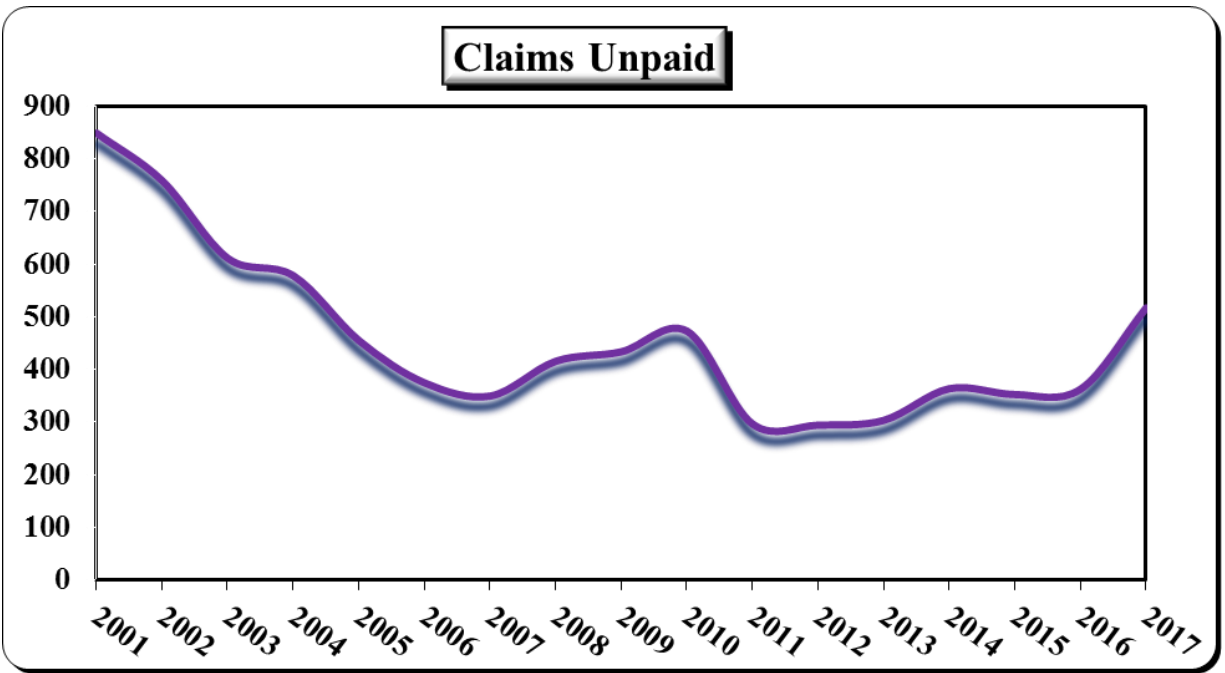
As a further source of information, examining financial statement information provided by insurance companies provides some insight as to the total number of active paid and reserved claims by year. However, these counts do not tie to the claims which are either paid or reserved in the reporting year to the year in which the claim initially occurred.

In looking at the paid and open claim information provided by insurers who write the malpractice insurance Physicians and Surgeons subline the following aggregated data is found.

Year	# of Paid Claims	# of Unpaid Claims	Total Claims
2003	142	611	753
2004	194	578	772
2005	229	455	684
2006	157	375	532
2007	128	350	478
2008	133	416	549
2009	184	434	618
2010	159	473	632
2011	205	297	502
2012	105	295	400
2013	85	304	389
2014	120	364	484
2015	217	353	570
2016	109	363	472
2017	92	517	609

Again, graphical linear representations are provided below:





The large increase in 2017 may be attributed to multi-claimant or class action cases. Some recent systemic cases involve re-use of needles resulting in hepatitis exposures, pill mills and sexual misconduct which may or may not be covered as a part of the medical professional liability policy and is dependent on the allegations.

Section III

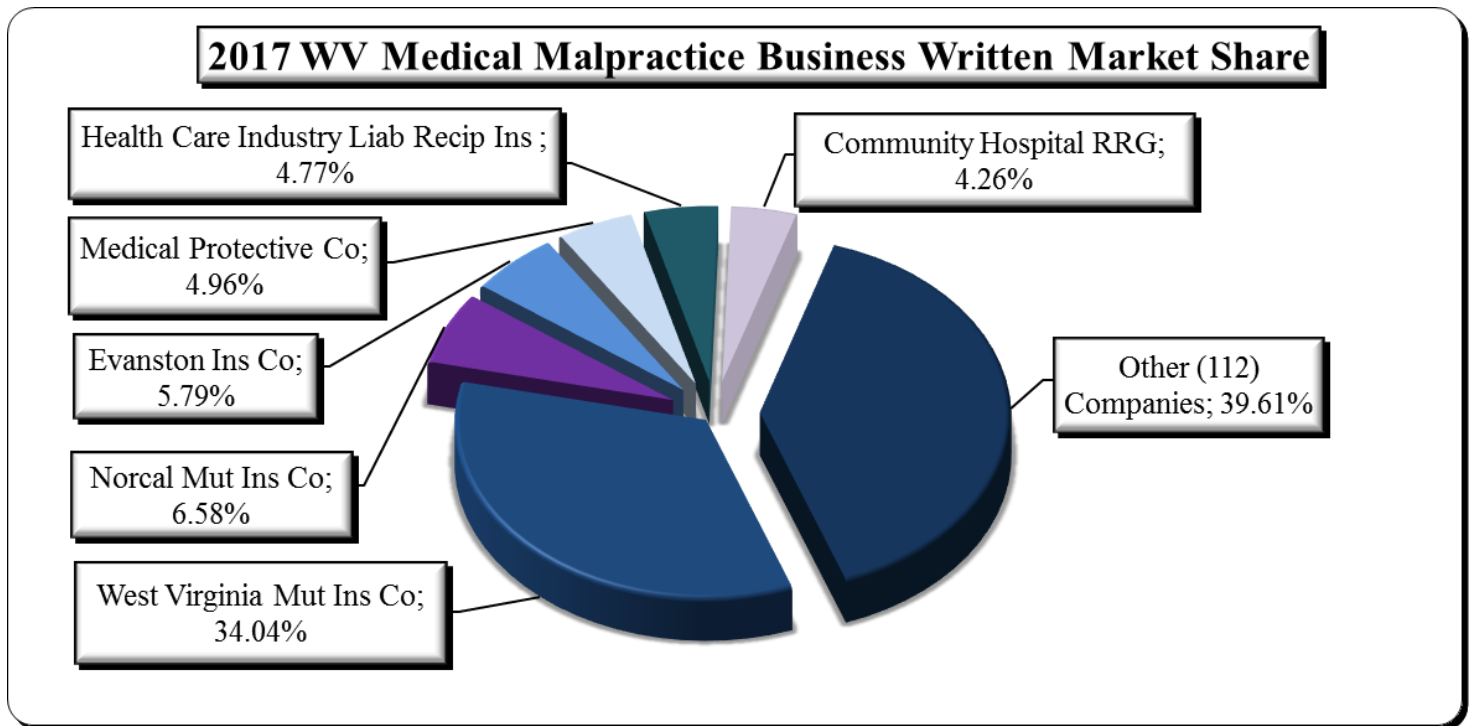
Review of 5% Market

Share Companies

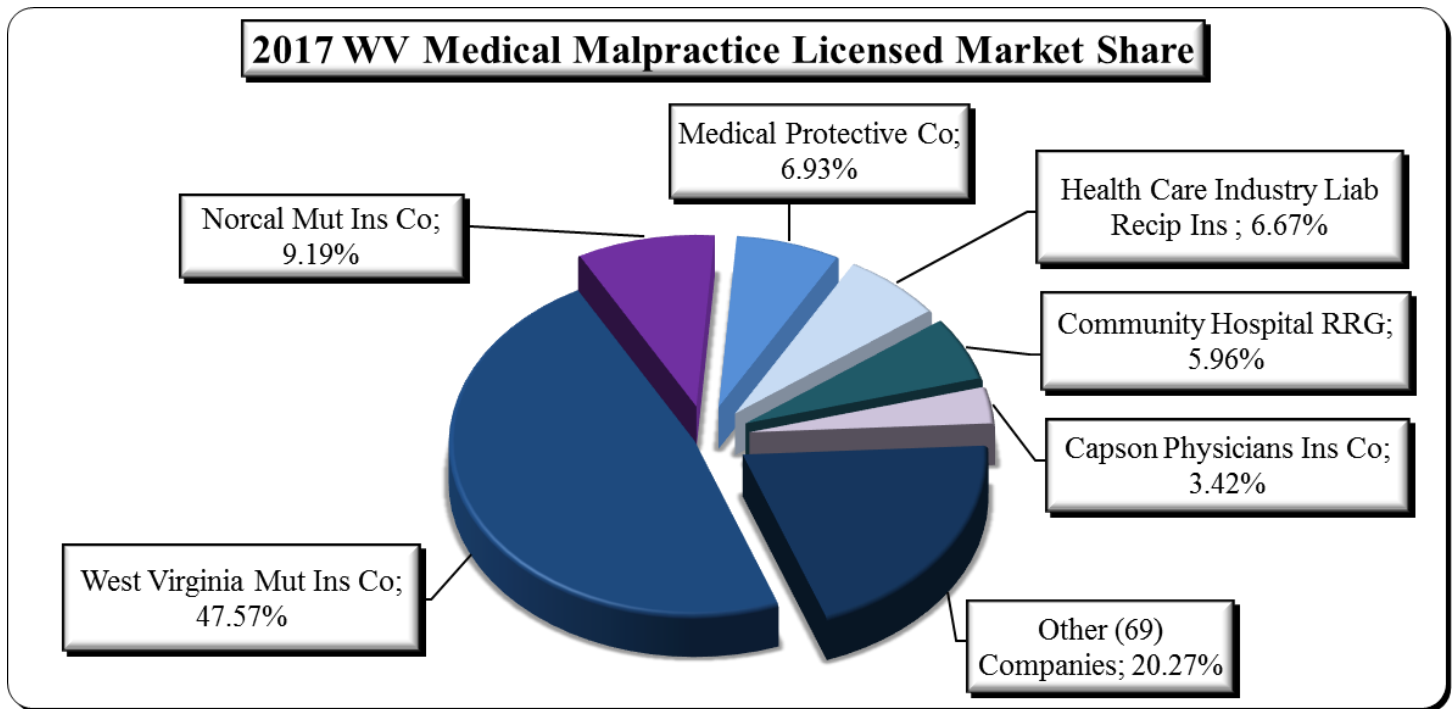
III: Review of Major West Virginia Medical Malpractice Writers

This section of the report reviews the rates and rules of those insurers with 5% or greater market share of medical malpractice liability insurance. There are several ways of looking at market share. Two methods used include market share based on an admitted, or licensed, basis and the other is on a business written basis. Business written includes financial reports from excess and surplus lines carriers, whereas licensed excludes any unlicensed carrier reports. This report utilizes the business written reporting for market share so that a complete and overall view of the medical malpractice market condition is presented. The 5% market share supplemental requirement has historically used licensed carriers as they are regulated by the WVOIC. However, this report requested business written market share companies in order to remain consistent with all other analyses in the report. One of the companies with the 5% or greater requirement was a surplus lines carrier that is unregulated and thus did not receive the market share request to provide supplemental data. It is anticipated that the 2019 medical malpractice report will revert to the prior method of requiring 5% or greater market share of licensed carriers to alleviate this constraint and to receive the supplemental from more carriers.

Based on business written premiums for 2017, the West Virginia medical malpractice market currently consists of the following carriers and the subsequent market share for each:



Based on licensed basis premiums for 2017, the West Virginia medical malpractice market currently consists of the following carriers and the subsequent market share for each:



When evaluating the two systems of market share calculations, you can see there is a large variation in the market share percentages by company. When considering the overall direct written premiums from the separate reports, the difference is more than \$16M (business written is \$59.1M and licensed is \$42.2M).

In the business written companies market share table below, three insurers are shown to have met the statutory 2017 5% reporting requirement threshold for medical professional liability; West Virginia Mutual Insurance Company, NORCAL Mutual Insurance Company and Evanston Insurance Company. However, Evanston Insurance Company is a surplus lines carrier. As such, a notice to respond was not sent to this carrier. The 5% threshold has historically been considered using the licensed percentages due to the excess and/or surplus lines carriers not having regulatory nor statutory oversight.

Total Medical Malpractice Liability Summary

2017 West Virginia Business Written Companies Market Share

Company	Direct Written Premiums	Market Share	Direct Earned Premiums	Direct Incurred Losses	Pure Loss Ratio
<i>West Virginia Mut Ins Co</i>	\$20,115,905	34.04%	\$21,953,132	\$21,136,327	96.28%
<i>Norcal Mut Ins Co</i>	\$3,886,116	6.58%	\$4,129,731	\$2,560,543	62.00%
<i>Evanston Ins Co</i>	\$3,423,707	5.79%	\$3,382,848	\$2,491,123	73.64%
Medical Protective Co	\$2,928,989	4.96%	\$2,139,466	\$3,177,928	148.54%
Health Care Industry Liab Recip	\$2,818,641	4.77%	\$2,606,119	\$1,429,643	54.86%
Community Hospital RRG	\$2,518,774	4.26%	\$2,518,774	\$1,861,676	73.91%
Endurance Amer Specialty Ins	\$2,071,279	3.50%	\$2,268,792	\$4,794,632	211.33%
National Fire & Marine Ins Co	\$1,835,334	3.11%	\$1,601,225	\$1,466,903	91.61%
Professional Security Ins Co	\$1,560,757	2.64%	\$1,349,577	\$517,598	38.35%
Pace RRG Inc	\$1,499,743	2.54%	\$756,035	\$44,088	5.83%
Capson Physicians Ins Co	\$1,447,972	2.45%	\$1,475,923	\$41,882	2.84%
Other (107) Companies	\$14,991,366	25.37%	\$17,799,018	\$16,589,096	93.20%
Total	\$59,098,583	100.00	\$61,980,640	\$56,111,439	90.53%

Source: NAIC Database

2017 West Virginia Licensed Companies Market Share

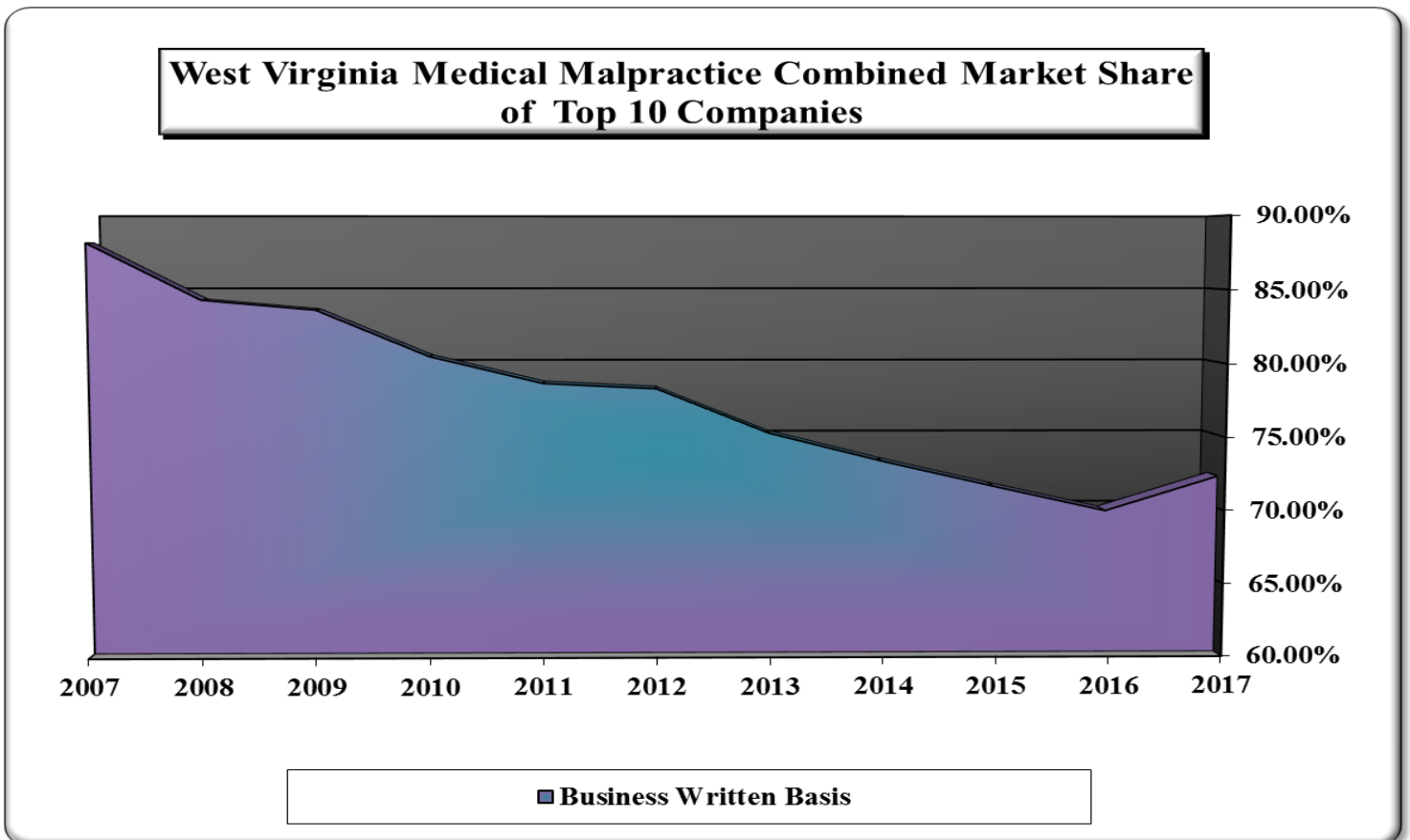
Company	Direct Written Premiums	Market Share	Direct Earned Premiums	Direct Incurred Losses	Pure Loss Ratio
<i>West Virginia Mut Ins Co</i>	\$20,115,905	47.57%	\$21,953,132	\$21,136,327	96.28%
<i>Norcal Mut Ins Co</i>	\$3,886,116	9.19%	\$4,129,731	\$2,560,543	62.00%
<i>Medical Protective Co</i>	\$2,928,989	6.93%	\$2,139,466	\$3,177,928	148.54%
<i>Health Care Ind Liab Recip Ins</i>	\$2,818,641	6.67%	\$2,606,119	\$1,429,643	54.86%
<i>Community Hospital RRG</i>	\$2,518,774	5.96%	\$2,518,774	\$1,861,676	73.91%
Other (70) Companies	\$10,018,723	23.69%	\$12,831,829	\$4,610,420	35.93%
Total	\$42,287,148	100.00%	\$46,179,051	\$34,776,537	75.31%

Source: NAIC Database

Note that as discussed in Section I, reductions to the loss reserves from the experience of prior years' will carry forward on a calendar year basis, and can result in aggregate negative dollar values for direct losses incurred and therefore negative loss ratios as well. For example, in 2017 one carrier who had \$0 reported direct written and earned premium also reported a -\$546,111 direct incurred loss amount which did affect the overall pure loss ratio. Another issue that affects overall market analysis is the instance when a carrier reports negative written premium with an increased incurred loss. For example, in 2017 one carrier who reported -\$10,751 in direct written premium also reported a \$1,644,460 incurred loss amount.

Year	Top 10 Market Share
2008	84.27%
2009	83.60%
2010	80.43%
2011	78.60%
2012	78.23%
2013	75.18%
2014	73.26%
2015	71.51%
2016	69.81%
2017	72.18%

The above chart shows the combined market shares for the top 10 carriers by year on a business written basis. The ten-year average market share for the top 10 writers captures approximately 76.7% of the entire market. 2017 was the first year in the last 11 years that experienced an increase in market share. While the previous decreases may have been an indication of a more competitive marketplace due to more carriers providing coverage and thus spreading the market share margin, it's important to remember that the top 10 carriers retain over 72% of the entire business written market share and the marginal increase from 2016 to 2017 market share is not an indication of less competition.



On the next page is a breakdown, by sub-line, for some of the key malpractice writers in West Virginia:

West Virginia Mut Ins Co	<i>Physicians & Surgeons</i>	\$20,079,754
	<i>Hospitals</i>	\$0
	<i>Other</i>	\$36,151
	Total	\$20,115,905

Norcal Mut Ins Co	<i>Physicians & Surgeons</i>	\$3,886,116
	<i>Hospitals</i>	\$0
	<i>Other</i>	\$0
	Total	\$3,886,116

Evanston Ins Co	<i>Physicians & Surgeons</i>	\$2,682,868
	<i>Hospitals</i>	\$0
	<i>Other</i>	\$740,839
	Total	\$3,423,707

Medical Protective Co	<i>Physicians & Surgeons</i>	\$2,481,800
	<i>Hospitals</i>	\$0
	<i>Other</i>	\$447,189
	Total	\$2,928,989

Health Care Industry Liab Recip Ins	<i>Physicians & Surgeons</i>	\$0
	<i>Hospitals</i>	\$0
	<i>Other</i>	\$2,818,641
	Total	\$2,818,641

Community Hospital RRG	<i>Physicians & Surgeons</i>	\$0
	<i>Hospitals</i>	\$2,518,774
	<i>Other</i>	\$0
	Total	\$2,518,774

Endurance Amer Specialty Ins Co	<i>Physicians & Surgeons</i>	\$0
	<i>Hospitals</i>	\$2,071,279
	<i>Other</i>	\$0
	Total	\$2,071,279

National Fire & Marine Ins Co	<i>Physicians & Surgeons</i>	\$403,936
	<i>Hospitals</i>	\$893,840
	<i>Other</i>	\$537,558
	Total	\$1,835,334

Professional Security Ins Co	<i>Physicians & Surgeons</i>	\$210,830
	<i>Hospitals</i>	\$1,349,927
	<i>Other</i>	\$0
	Total	\$1,560,757

Pace RRG Inc	<i>Physicians & Surgeons</i>	\$0
	<i>Hospitals</i>	\$1,499,743
	<i>Other</i>	\$0
	Total	\$1,499,743

III-A: Enabling Legislation

The reporting of experience for insurance carriers with 5% or more of the West Virginia medical malpractice direct written premium is required by:

[West Virginia Regulation §114CSR22](#)

[West Virginia Regulation §114CSR23](#)

[West Virginia Code §33-20B-6](#)

This section of the report is provided to assist the Commissioner in fulfilling obligations under the above regulations and code section and enhance our knowledgebase.

Pursuant to West Virginia Regulation §114CSR23-6, the Commissioner is required to “...evaluate the information reported pursuant to Section 5 of the rule in order to determine whether the filing insurers have fairly and accurately determined the loss experience and loss expense data in the filing.”

Per West Virginia Code §33-20B-6(a), the Commissioner is required to “...review annually the rules, rates and rating plans filed and in effect for each insurer providing five percent or more of the malpractice insurance coverage in this state in the proceeding calendar year to determine whether such filings continue to meet the requirements of this article and whether such filings are unfair or inappropriate given the loss experience in this state in the preceding year.”

In 1986, the legislature passed §33-20B-7 which required a study of the feasibility and desirability of creating a joint underwriting association (JUA) or alternative pooling agreement to facilitate the issuance and underwriting of malpractice policies in West Virginia. As nothing in Chapter 33 of the Code of West Virginia would expressly prohibit the forming of any such JUA, it can only be assumed that desirability for the same has historically been absent so to this day as no JUA has ever been formed in West Virginia for the purposes of issuing or underwriting policies of medical malpractice insurance.

III-B: Discussion of Market Positions

When considering calendar year 2017 business written market share report, there were three carriers meeting the criteria outlined in West Virginia Code §33-20B-6. These three carriers were West Virginia Mutual Insurance Company, NORCAL Mutual Insurance Company and Evanston Insurance Company. Due to the proximity to the 5% threshold percentage, Medical Protective Company was asked to voluntarily submit supplemental data. The request was not granted, and no data was provided on behalf of the company. Due to the lack of regulatory authority for Evanston Insurance Company, a surplus lines carrier, no data was requested nor received for the group. However, if this company or a risk retention group qualifies in the future, a request will be sent to the company asking for a voluntary submission.

West Virginia Mutual Insurance Company (WVMIC)

As a long-term solution to the availability of coverage for Physicians and Surgeons in West Virginia, §33-20F established WVMIC and all policies previously insured in the BRIM II program novated to the new Company upon inception. The rate history of WVMIC since inception follows:

2017 Market Share	Company	Effective date	%Requested	% Granted*	WV #:
34.04% (business written basis)	<i>West Virginia Mutual Ins Co</i> *fka W.V. Physicians Mutual	1/1/2018	0%	0%	100045368
		1/1/2017	0%	0%	100040549
		1/1/2016	0%	0%	100035423
		1/20/2015	0%	0%	100030006
		1/1/2014	0%	0%	100023353
		1/1/2013	0%	0%	100016727
		1/1/2012	-5%	-5%	100011255
		1/1/2011	0%	0%	100006008
		1/1/2010	0%	0%	90918009
		1/1/2009	0%	0%	80903007
		1/1/2008	0%	0%	70918006
		1/1/2007	-15.00%	-15.00%	60915016
		1/1/2006	-5.00%	-5.00%	50826007
1/1/2005	10.20%	10.20%	41006013		
		7/1/2004	Initial filing	Initial filing	40331017

* Does not include renewal credit adjustments

The company's results continue to be favorable and subsequent changes made to their rating plan establish current rates below those that were utilized upon inception, as per the table above. Their medical malpractice market share averaged 36.8% on a business written basis over the last five years.

As the WVMIC's 2017 market share for licensed companies is 47.57%, their results have a substantial impact on the overall market. In 2017, the pure loss ratio for the WVMIC was 96.28%. This is a substantial increase from the pure loss ratio of 39.74% in 2016. It is presumed that this increased loss ratio is due to multiple systemic cases.

NORCAL Mutual Insurance Company (NORCAL)

Domiciled in California and commenced business operations in November 1975. NORCAL's business operations are focused on long-tail liability lines of business. It primarily writes professional liability to physicians, and medical groups on a claims-made basis. They received their initial Certificate of Authority to write casualty insurance in West Virginia in September 2013.

In 2011, NORCAL purchased Medicus Insurance Company (Medicus). Medicus was the second largest premium writer of medical malpractice liability insurance in West Virginia from 2012 through 2015 and has been a top 10 writer since 2008. On a business written basis, Medicus averaged an 8.2% market share in the last five years. The WVOIC has received and approved a transition plan that would move the entire book of business currently written by Medicus into NORCAL Mutual Insurance Company. The plan stated that if a current Medicus policy expires after May 2016, that policy will be renewed and underwritten by NORCAL Mutual Insurance Company. All new policies will be underwritten by NORCAL Mutual Insurance Company after May 2016. While the market share reports definitively show this movement of premium, Medicus reported a total of \$2M in business written direct premiums for 2016 which accounted for 3.23% of the overall medical malpractice West Virginia market share.

NORCAL experienced a favorable pure loss ratio of 62% in 2017 which represents a 41% decrease from the 105% loss ratio reported for 2016.

The rate history of NORCAL follows:

2017 Market Share	Company	Effective date	%Requested	% Granted*	WV #:
6.58% (business written basis)	<i>Norcal Mut Ins Co</i>	1/1/2018	0%	0%	100044426
		1/1/2017	0%	0%	100039187
		5/1/2016	Initial filing	Initial filing	100035481

It is important to note that the rate filing history for Medicus was unremarkable. After the initial rate filing in 2008, the company filed for a 1% rate decrease in October 2009. All other annual rate filings remained unchanged.

III-C: Rating Plans and Rating Rules

Physicians and Surgeons Programs

Coverage is provided by each of the insurers on a claims-made basis or on an occurrence basis, although occurrence basis is provided infrequently. The coverage provided by all plans is relatively standard. Differences may occur in:

- Number of classes
- Assignment of specialties to class
- Definition of specialties
- Class relativities
- Maturity and tail factors
- Discounts offered

None of these differences produce an unfair advantage or inappropriate rating plan. Physicians and Surgeons rating plans are consistent with other industry plans and are reasonable.

Hospital Programs

Each insurer provides coverage on a claims-made basis or on an occurrence basis, although occurrence basis is provided infrequently. Variations in the rating plans may occur in:

- Exposure base
- Experience rating plan
- Schedule rating plan
- Surcharge programs
- Deductible credits
- Increased limits factors

Other Professionals and Other Facilities coverages are similar to the above.

III-D: Reconciliation of Filed Information to Rate Filing Information

The information below is analyzed and review as required by West Virginia Code §33-20B-3.

1. Reconcile the most recent filed information to the experience reported in the rate filings.

Exhibit I-Sheet 1a – 1b provides the premium and loss for each carrier.

- ✓ WVMIC figures (**Exhibit I-Sheet 1a**) are noted to have undergone favorable development as the experience of the legacy program which they had inherited is now better known. Pure loss and premium experience appears to be favorable and stable for WVMIC.
- ✓ NORCAL data (**Exhibit I-Sheet 1b**) appears to not include the Medicus legacy data. The table shows the data is increasing in credibility but remains immature and should be anticipated to undergo further development. Volatility is still a concern due to the small volume of business written by Medicus and now NORCAL. The experience over the most recent years has not been favorable but the 2016 and 2017 experience is markedly improved. This may be attributed to underwriting improvements as policies transition from Medicus to NORCAL. Due to filing correspondence regarding NORCAL's transition underwriting plans as well as the financial strength of the company, the WVOIC have no concerns at this time regarding loss development and rate stabilization.

2. Compare the assumptions underlying the filed information to the most recent rate filing assumptions or other information.

- ✓ **Exhibit II** compares budgeted expenses by filing.
 - WVMIC has a permissible loss ratio of 55.3% when considering the variable expenses. Fixed expenses were not available. They include a 2.3% profit and contingencies load in the filing.
 - NORCAL has a permissible loss ratio of 51.4% when considering variable expenses. Fixed expenses were not available. They include a 5.0% profit and contingencies load in the filing.

To comprehend the reasonability of the Expense Provisions being employed, we can compare the filed provisions to the expense averages included in the countrywide 2017 A.M. Best’s Aggregates and Averages.

<u>Company</u>	<u>Commissions</u>	<u>General and Acquisition Expenses</u>	<u>Total Underwriting Expenses</u>
WVMIC	6.8%	19.9%	44.7%
NORCAL	8.0%	14.4%	48.6%
Industry Average (A.M. Best)	7.5%	15.6%	25.4%

*NORCAL included a 11.2% ULAE load as part of the variable expenses

* Industry average is pre-dividend and investment percentages and did not include a P&C load

- ✓ **Exhibit III** compares investment income provisions by carrier.

3. Reconcile the experience in the filed information to the most recent experience reported in the company’s financial statements.

- ✓ **Exhibit IV** provides the comparison of Annual Statement information with the filed 5% Report information for all companies. The results are demonstrated to wholly reconcile for both companies participating in the report.

4. Is the filed information filled out correctly and accurately?

- ✓ It is clear that each company has attempted to provide accurate information in response to the mandated 5% Report data call as well as the annual financial reporting and rate filings.

5. Does the filed information support our conclusion on the rates as of December 31, 2017?

- ✓ A review of the by-company rate histories as provided in Section III-B above, demonstrates that premium rates and volumes have generally remained stable in West Virginia. However, with the recent increase in loss ratios as well as the decrease in premium volume, the WVOIC will closely monitor the medical malpractice line for trending and development purposes that may affect future rate stabilization.

III-E: Analysis of Rate Filings

West Virginia Mutual Insurance Company

WVMIC filed for a 0.0% rate change in their annual filing effective January 1, 2019. This filing shows an indicated rate change of + 9.3% which is down from the indicated rate change of +12.8% in the previous annual filing. In this filing WVMIC made no changes to any rating factors. In the previous filing effective January 1, 2018, WVMIC include a provision to decrease the renewal credit from 10% to 5% which is effectively a premium increase for renewed policyholders. One of the factors that caused the lower indication for the January 2019 filing and the resulting no rate change was interest income. In a separate filing also effective January 1, 2018, the company adjusted other underwriting components that will result in a premium decrease for some policyholders. The affected components include increasing the Loss Free Credit percentage and adjusting the ancillary personnel premium from a percentage basis to a fixed dollar amount basis. These two adjustments result in a combined \$850,000 or 4.3% premium savings. The premium adjustments offset the renewal credit decrease in the January 2018 filing. Therefore, the company has not used rate adjustments to improve their financial condition in the prior two years. When considering the surplus of the company compared to the written premium and the declining loss ratio over the past few years, the OIC has no concerns with the company's rates, surplus or operating levels.

NORCAL Insurance Company

In the most recent annual filing effective January 1, 2019, the company received a requested rate increase of 7.0%. They had an indicated need of 31.2%. NORCAL assumed the business of Medicus as noted in previous reports. NORCAL utilized a more stringent underwriting criteria in accepting the Medicus business. In the prior NORCAL filing that went into effect on January 1, 2018, NORCAL stated that the policy transition had been completed with 122 out of 154 policies novated from Medicus. NORCAL at that time stated they non-renewed seven policies and noted additional policies may have cancelled or nonrenewed due to premium differences between Medicus and NORCAL. In the filing effective in January 2018, NORCAL showed an indicated rate of +23.5%. While the 31.2% rate indication is of concern, the 7% rate increase and the continued monitoring of the business by the company leads us to feel that rates are adequate at this time but the OIC will continue to monitor annual financial statements and rate filing for rate adequacy.

III-F: Overall Medical Malpractice Market (Annual Statement Line of Business 11)

Although sub-lines of medical malpractice are considered individually in the Appendix of this report, a detailed view of the entire medical malpractice line of business on a business written basis for 2017 provides the following:

Company Name	\$ Written	Market Share	\$ Earned	Losses Incurred	Loss Ratio
West Virginia Mut Ins Co	\$20,115,905	34.04%	\$21,953,132	\$21,136,327	96.28%
Norcal Mut Ins Co	\$3,886,116	6.58%	\$4,129,731	\$2,560,543	62.00%
Evanston Ins Co	\$3,423,707	5.79%	\$3,382,848	\$2,491,123	73.64%
Medical Protective Co	\$2,928,989	4.96%	\$2,139,466	\$3,177,928	148.54%
Health Care Industry Liab Recip Ins	\$2,818,641	4.77%	\$2,606,119	\$1,429,643	54.86%
Community Hospital RRG	\$2,518,774	4.26%	\$2,518,774	\$1,861,676	73.91%
Endurance Amer Specialty Ins Co	\$2,071,279	3.50%	\$2,268,792	\$4,794,632	211.33%
National Fire & Marine Ins Co	\$1,835,334	3.11%	\$1,601,225	\$1,466,903	91.61%
Professional Security Ins Co	\$1,560,757	2.64%	\$1,349,577	\$517,598	38.35%
Pace RRG Inc	\$1,499,743	2.54%	\$756,035	\$44,088	5.83%
Capson Physicians Ins Co	\$1,447,972	2.45%	\$1,475,923	\$41,882	2.84%
American Cas Co Of Reading PA	\$1,015,824	1.72%	\$1,040,691	\$608,498	58.47%
Applied Medico Legal Solutions RRG	\$871,425	1.47%	\$892,872	\$609,678	68.28%
Ophthalmic Mut Ins Co RRG	\$817,095	1.38%	\$795,652	\$415,343	52.20%
Doctors Co An Interins Exch	\$786,949	1.33%	\$949,124	\$182,916	19.27%
Fair American Select Ins Co	\$701,580	1.19%	\$621,033	\$908,290	146.25%
Illinois Union Ins Co	\$693,469	1.17%	\$646,743	(\$441,297)	(68.23%)
Columbia Cas Co	\$640,130	1.08%	\$307,180	\$164,680	53.61%
Continental Cas Co	\$637,595	1.08%	\$690,279	\$608,665	88.18%
American Excess Ins Exch RRG	\$554,878	0.94%	\$783,219	(\$1,950,637)	(249.05%)
ProAssurance Specialty Ins Co	\$540,658	0.91%	\$536,543	\$248,783	46.37%
Ironshore Specialty Ins Co	\$532,923	0.90%	\$509,158	\$333,012	65.40%
Podiatry Ins Co Of Amer	\$526,799	0.89%	\$522,275	\$174,674	33.44%
Allied World Surplus Lines Ins Co	\$516,767	0.87%	\$591,041	\$344,830	58.34%
The Cincinnati Ins Co	\$506,213	0.86%	\$542,179	\$91,991	16.97%
General Star Ind Co	\$482,919	0.82%	\$499,672	\$336,500	67.34%
Aspen Specialty Ins Co	\$403,134	0.68%	\$286,366	\$1,801	0.63%
TDC Specialty Ins Co	\$366,038	0.62%	\$339,188	\$127,251	37.52%
Oms Natl Ins Co Rrg	\$303,701	0.51%	\$282,549	\$294,715	104.31%
Fair Amer Ins & Reins Co	\$301,275	0.51%	\$309,639	\$35,109	11.34%
All Other 88 Companies	\$3,791,994	6.03%	\$6,653,615	\$13,494,294	202.81%
Total	\$59,098,583	100.00%	\$61,980,640	\$56,111,439	90.53%

The following is a detailed view of the carriers on an admitted company (licensed) basis for 2017:

Company Name	\$ Written	Market Share	\$ Earned	Losses Incurred	Loss Ratio
West Virginia Mut Ins Co	\$20,115,905	47.57%	\$21,953,132	\$21,136,327	96.28%
Norcal Mut Ins Co	\$3,886,116	9.19%	\$4,129,731	\$2,560,543	62.00%
Medical Protective Co	\$2,928,989	6.93%	\$2,139,466	\$3,177,928	148.54%
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Community Hospital RRG	\$2,518,774	5.96%	\$2,518,774	\$1,861,676	73.91%
Capson Physicians Ins Co	\$1,447,972	3.42%	\$1,475,923	\$41,882	2.84%
American Cas Co Of Reading PA	\$1,015,824	2.40%	\$1,040,691	\$608,498	58.47%
Applied Medico Legal Solutions RRG	\$871,425	2.06%	\$892,872	\$609,678	68.28%
Ophthalmic Mut Ins Co RRG	\$817,095	1.93%	\$795,652	\$415,343	52.20%
Doctors Co An Interins Exch	\$786,949	1.86%	\$949,124	\$182,916	19.27%
Continental Cas Co	\$637,595	1.51%	\$690,279	\$608,665	88.18%
American Excess Ins Exch RRG	\$554,878	1.31%	\$783,219	(\$1,950,637)	(249.05%)
Podiatry Ins Co Of Amer	\$526,799	1.25%	\$522,275	\$174,674	33.44%
The Cincinnati Ins Co	\$506,213	1.20%	\$542,179	\$91,991	16.97%
Oms Natl Ins Co Rrg	\$303,701	0.72%	\$282,549	\$294,715	104.31%
Fair Amer Ins & Reins Co	\$301,275	0.71%	\$309,639	\$35,109	11.34%
NCMIC Ins Co	\$282,579	0.67%	\$286,798	\$1,867,325	651.09%
Liberty Ins Underwriters Inc	\$281,536	0.67%	\$276,973	\$72,275	26.09%
Preferred Physicians Medical RRG	\$233,021	0.55%	\$236,030	\$7,443	3.15%
Ace Amer Ins Co	\$193,583	0.46%	\$190,454	\$10,170	5.34%
Cherokee Guar Co Inc a RRG	\$165,156	0.39%	\$165,156	\$47,806	28.95%
Preferred Professional Ins Co	\$157,346	0.37%	\$140,098	\$41,724	29.78%
The Doctors Co RRG a Recip Exch	\$120,631	0.29%	\$90,844	\$0	0.00%
Allied World Ins Co	\$103,001	0.24%	\$105,311	\$21,861	20.76%
Pharmacists Mut Ins Co	\$87,206	0.21%	\$110,744	\$4,950	4.47%
The Cincinnati Ind Co	\$85,651	0.20%	\$81,529	\$22,443	27.53%
American Alt Ins Corp	\$83,911	0.20%	\$76,020	\$7,875	10.36%
Beazley Ins Co Inc	\$80,718	0.19%	\$81,396	\$463,812	569.82%
ProAssurance Ind Co Inc	\$72,710	0.17%	\$137,536	(\$254,984)	(185.39%)
Aspen Amer Ins Co	\$64,044	0.15%	\$6,302	\$14,042	222.82%
All Other 45 Companies	\$237,904	0.56%	\$2,562,236	\$1,170,844	45.70%
Total	\$42,287,148	100.00%	\$46,179,051	\$34,776,537	75.31%

Section IV

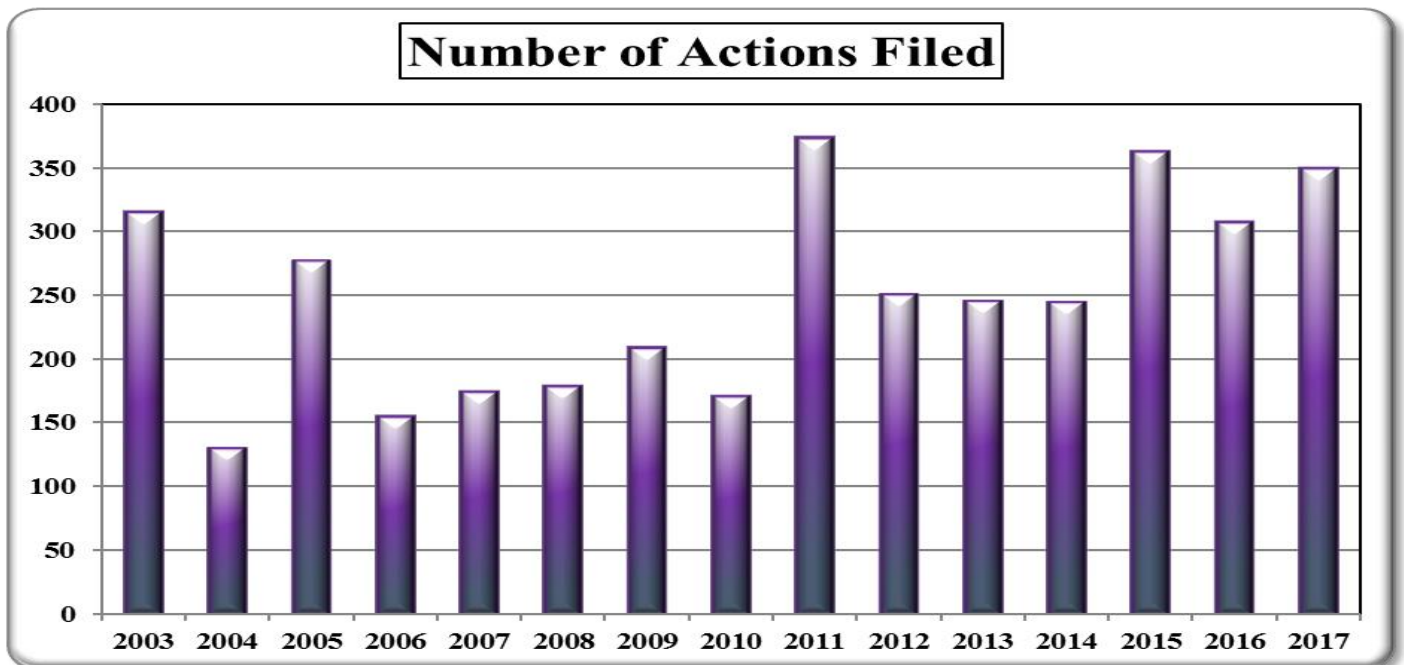
Other Sources of Data

IV: Other Sources of Data

IV-A: Medical Liability Fund Data

Becoming effective on January 1, 2002, HB 601 increased the fee associated with filing a medical professional liability action in part to support the Medical Liability Fund created pursuant to §29-12B-1 et seq. As a part of this change, a portion of the monies received for each filed action is received by the State Treasurers Office. The data associated with these transactions can be examined to establish the total number of actions involving Medical Professional Liability filed in West Virginia per year and as well the total number filed per county of venue. Examining this data in aggregate, the following information is noted:

Year	# of Filed Actions
2003	315
2004	130
2005	277
2006	154
2007	174
2008	178
2009	208
2010	170
2011	373
2012	250
2013	245
2014	244
2015	362
2016	307
2017	349



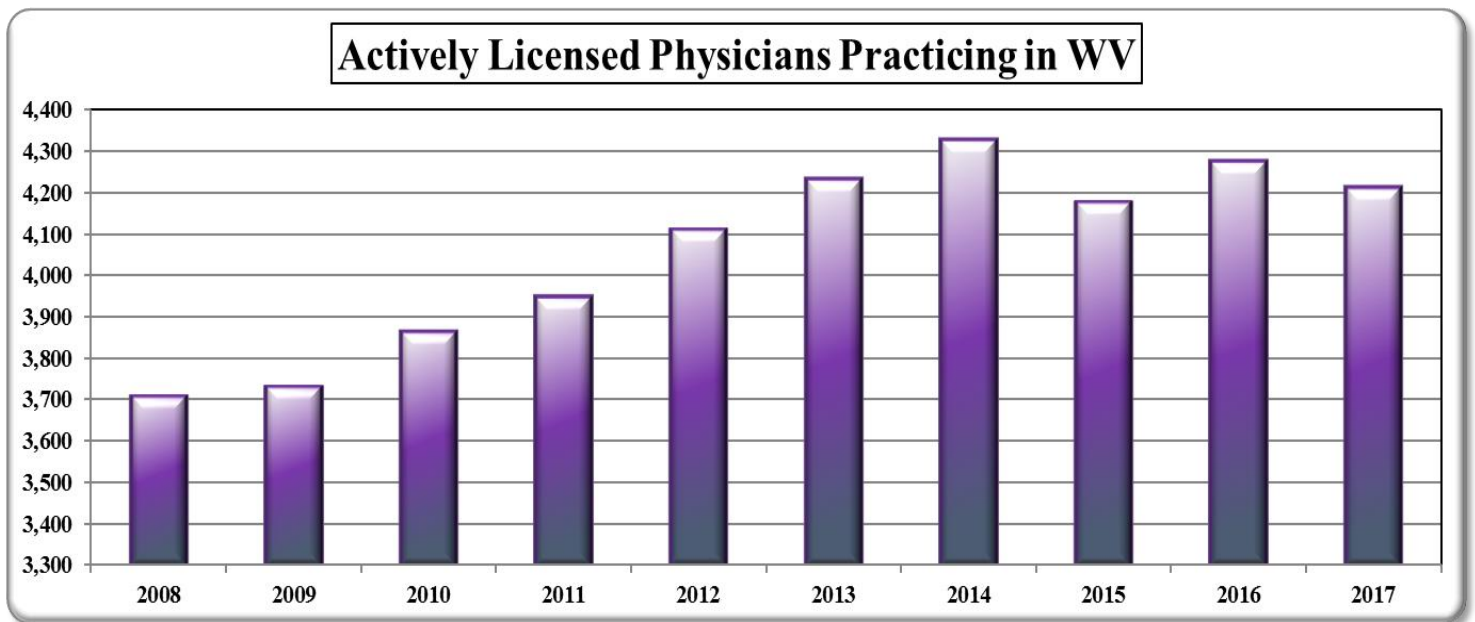
The 2017 number of actions increased by nearly 14% over the 2016 number but remains lower than the 2015 level by 4%. This is yet another indication of the unpredictability this market experiences in any given year. As noted in the graph, counts are volatile with no clear trending indications.

IV-B: Board of Medicine Data

Obtaining data from the West Virginia Board of Medicine regarding physician licensure in West Virginia, the following history is observed.

West Virginia Board of Medicine Licensure Data	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Actively Licensed Physicians (M.D.)	5,594	5,776	5,857	5,962	6,020	6,282	6,636	6,533	6,780	6,945
Inactively Licensed Physicians	650	627	628	628	632	613	484	527	433	432
Actively Licensed Podiatrists (D.P.M.)	104	101	111	101	103	100	101	111	110	120
Inactively Licensed Podiatrists	16	15	14	15	15	12	12	11	8	8
Actively Licensed Physicians Practicing in WV	3,708	3,730	3,864	3,946	4,111	4,231	4,327	4,177	4,276	4,212
Physician Assistants (P.A.)	580	604	658	671	732	781	821	791	891	846
Special Volunteer Medical Licenses	16	15	16	17	16	15	11	11	9	7
Medical School Faculty Limited Licenses	2	3	4	3	3	3	3	4	3	3

Looking at only licensed physicians that report as actively practicing in West Virginia, the 2017 physician count did decrease from the 2016 number by 1.5%. However, this count is above the 2015 counts.



Section V

Summary Observations

V: Summary Observations

- In 2017, medical malpractice insurance in West Virginia continued to demonstrate favorable results, concluding with an overall business written pure loss ratio of 90.5% and admitted pure loss ratio of 75.3%. The premium volume decreased by more than 5.5% reported in 2017 compared to 2016 on a business written basis. This premium decrease may be attributed to the physician coverage transition from single policies to grouped hospital policy or risk retention group coverage.
- During 2017, medical malpractice rates in West Virginia remained relatively unchanged. WVMIC held the substantial majority of the market share and initiated no overall rate changes with the exception of renewal credit and other premium determining adjustments. NORCAL proposed no rate changes for 2017 or 2018 but will have a 7% rate increase in 2019.
- In the entire market for physicians and surgeons, the top five malpractice writers in West Virginia by premium written accounted for 85.0% of the market. When considering incurred losses, it should be noted that five carriers reported 82.3% of the incurred losses with three of the carriers incurring more in losses than in written premium.
- An analysis of West Virginia Board of Medicine data revealed the following:
 - The total number of claims in 2017 (117) is 20% lower than 2016 claims and nearly 70% lower than the 2001 claim count.
 - On average, approximately 8% of claims filed actually go to court.
 - On average, most claims are settled outside of court; approximately 66%.
- A review of the Medical Liability fund data indicates that the number of filed actions in West Virginia increased 13.7% from 307 in 2016 to 349 in 2017. 2017 actions are 3.6% lower than the 2015 reported actions.
- Examination of the 5% market share company data as required by §114CSR22, §114CSR23, and §33-20B-6 notes some loss issues but found no areas of material concern. The WVOIC will continually monitor and trend the companies for future loss development and rate stabilization.

Exhibits

5% Market Share Report - Exhibit I Sheet 1a**Loss and Premium Information/Reconciliation****West Virginia Mutual Insurance Company****Physicians & Surgeons**

2018 Rate Filing	2013	2014	2015	2016	2017
Adj On-Lev EP	\$25,588,000	\$22,561,000	\$22,616,000	\$23,395,000	\$20,504,000
Tr, Dev Ult Loss & ALAE	\$17,440,014	\$18,433,821	\$22,116,499	\$18,979,471	\$14,683,844
Loss & ALAE Ratio	68.2%	81.7%	97.8%	81.1%	71.6%

2017 Rate Filing	2012	2013	2014	2015	2016
Adj On-Lev EP	\$26,120,000	\$25,920,000	\$22,812,000	\$22,821,000	\$23,354,000
Tr, Dev Ult Loss & ALAE	\$16,489,602	\$17,451,615	\$19,539,806	\$20,998,699	\$16,246,687
Loss & ALAE Ratio	63.1%	67.3%	85.7%	92.0%	69.6%

2016 Rate Filing	2011	2012	2013	2014	2015
Adj On-Lev EP	\$29,555,000	\$28,078,000	\$25,198,000	\$26,545,000	\$26,241,000
Tr, Dev Ult Loss & ALAE	\$15,768,966	\$17,497,749	\$18,140,502	\$17,452,882	\$18,715,003
Loss & ALAE Ratio	53.4%	62.3%	72.0%	65.7%	71.3%

2015 Rate Filing	2010	2011	2012	2013	2014
Adj On-Lev EP	\$35,381,537	\$32,665,819	\$30,681,459	\$26,957,703	\$25,609,100
Tr, Dev Ult Loss & ALAE	\$13,155,579	\$16,249,458	\$18,533,201	\$17,924,552	\$22,110,831
Loss & ALAE Ratio	37.2%	49.7%	60.4%	66.5%	86.3%

2014 Rate Filing	2010	2011	2012	2013	2014
Adj On-Lev EP	\$35,381,537	\$32,665,819	\$30,681,459	\$26,957,703	---
Tr, Dev Ult Loss & ALAE	\$14,107,366	\$16,223,241	\$20,193,516	\$20,115,135	---
Loss & ALAE Ratio	39.9%	49.7%	65.8%	74.6%	---

2013 Rate Filing	2010	2011	2012	2013	2014
Adj On-Lev EP	\$37,249,928	\$34,390,162	\$31,446,307	---	---
Tr, Dev Ult Loss & ALAE	\$15,553,561	\$17,936,037	\$19,839,475	---	---
Loss & ALAE Ratio	41.8%	52.2%	63.1%	---	---

5% Market Share Report - Exhibit I Sheet 1b**Loss and Premium Information/Reconciliation****NORCAL Mutual Insurance Company and Medicus Insurance Company****Physicians & Surgeons**

2018 Rate Filing	2013	2014	2015	2016	2017
Adj On-Lev EP	\$6,497,000	\$6,441,000	\$5,445,000	\$3,916,000	\$6,688,000
Tr, Dev Ult Loss & ALAE	\$6,473,000	\$7,916,000	\$7,769,000	\$1,845,000	\$4,172,000
Loss & ALAE Ratio	99.6%	122.9%	142.7%	47.1%	62.4%

2017 Rate Filing	2012	2013	2014	2015	2016
Adj On-Lev EP	\$6,493,000	\$6,497,000	\$6,441,000	\$5,389,000	\$4,142,000
Tr, Dev Ult Loss & ALAE	\$110,000	\$6,473,000	\$7,916,000	\$7,746,000	\$1,852,000
Loss & ALAE Ratio	1.7%	99.6%	122.9%	143.7%	44.7%

2016 Rate Filing	2011	2012	2013	2014	2015
Adj On-Lev EP	\$5,539,000	\$6,493,000	\$6,497,000	\$6,441,000	\$5,389,000
Tr, Dev Ult Loss & ALAE	\$6,930,000	\$110,000	\$6,473,000	\$7,916,000	\$7,746,000
Loss & ALAE Ratio	125.1%	1.7%	99.6%	122.9%	143.7%

2015 Rate Filing	2010	2011	2012	2013	2014
Adj On-Lev EP	\$4,935,000	\$5,539,000	\$6,493,000	\$6,497,000	\$6,441,000
Tr, Dev Ult Loss & ALAE	\$3,256,000	\$6,930,000	\$110,000	\$6,473,000	\$7,916,000
Loss & ALAE Ratio	66.0%	125.1%	1.7%	99.6%	122.9%

2014 Rate Filing	2010	2011	2012	2013	2014
Adj On-Lev EP	\$4,935,000	\$5,539,000	\$6,493,000	\$6,497,000	---
Tr, Dev Ult Loss & ALAE	\$3,256,000	\$6,930,000	\$110,000	\$6,473,000	---
Loss & ALAE Ratio	66.0%	125.1%	1.7%	99.6%	---

2013 Rate Filing	2010	2011	2012	2013	2014
Adj On-Lev EP	\$4,935,000	\$5,539,000	\$6,493,000	---	---
Tr, Dev Ult Loss & ALAE	\$3,256,000	\$6,930,000	\$110,000	---	---
Loss & ALAE Ratio	66.0%	125.1%	1.7%	---	---

2012 Rate Filing	2010	2011	2012	2013	2014
Adj On-Lev EP	\$4,935,000	\$5,539,000	---	---	---
Tr, Dev Ult Loss & ALAE	\$3,256,000	\$6,930,000	---	---	---
Loss & ALAE Ratio	66.0%	125.1%	---	---	---

5% Market Share Report - Exhibit II							
Comparison of Budgeted Expenses							
West Virginia Mutual Insurance Company							
Physicians & Surgeons							

Filing Number	100045368	100040549	100035423	100030006	100023353	100016727	100011255
Effective Date	1/1/2018	1/1/2017	1/1/2016	1/1/2015	1/1/2014	1/1/2013	1/1/2012

Variable Expenses:

Commission	6.80%	6.90%	6.90%	7.00%	7.00%	---	---
Gen & Acq	19.90%	19.50%	19.50%	7.30%	---	7.00%	6.50%
Taxes & Fees	3.70%	3.40%	3.40%	4.20%	4.20%	5.00%	5.00%
Death, Disability and Retire Load	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%
ULAE Load	8.00%	9.75%	---	---	---	1.00%	---
Profit & Cont	2.30%	2.30%	2.30%	2.30%	2.30%	2.25%	6.10%
Total Var Exp	44.70%	45.00%	32.10%	24.80%	17.50%	19.25%	21.60%

Total Exp	44.70%	45.00%	32.10%	24.80%	17.50%	19.25%	21.60%
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--- values were not included within the rate filing.

5% Market Share Report - Exhibit II			
Comparison of Budgeted Expenses			
NORCAL Mutual Insurance Company			
Physicians & Surgeons			
Filing Number	100044426	100039187	100035481
Effective Date	1/1/2018	1/1/2017	5/1/2016

Variable Expenses:

Commission	8.00%	8.00%	8.00%
General & Administrative Expenses	14.40%	14.40%	14.00%
Taxes & Fees	5.00%	5.00%	5.00%
Death, Disability and Retire Load	5.00%	5.00%	5.00%
ULAE Load	11.20%	7.50%	7.50%
Profit & Cont	5.00%	5.00%	5.00%
Total Var Exp	48.60%	44.90%	44.50%
Total Exp	48.60%	48.60%	44.50%

5% Market Share Report - Exhibit III

Investment Income Provisions

	WVMIC	NORCAL
Bonds	\$136,996,580	\$993,825,548
Preferred Stocks	\$0	\$3,862,874
Common Stocks	\$18,809,468	\$465,336,634
Mortgage Loans on Real Estate	\$0	\$0
Real Estate	\$0	\$0
Cash	\$1,554,835	\$3,288,004
Cash Equivalents	\$1,595,871	\$22,130,161
Short-Term Investments	\$0	\$0
Contract Loans	\$0	\$0
Derivatives	\$0	\$0
Other Invested Assets	\$0	\$3,770,625
Receivables for Securities	\$0	\$0
Securities Lending Reinv. Coll. Assets	\$0	\$0
Agg. w/ins for Invested Assets	\$0	\$17,642,795
Total Cash and Invested Assets	\$158,956,754	\$1,509,856,641
Net Investment Income Earned	\$4,014,256	\$39,005,405
Investment Yield	2.53%	2.58%
Total Loss Reserves	\$30,760,237	\$465,624,000
Total LAE Reserves	\$22,150,279	\$173,797,555
Total Loss and LAE Reserves	\$52,910,516	\$639,421,555

5% Market Share Report - Exhibit IV
Premium Reconciliation

<u>Company</u>	<u>Schedule T-Written Premium</u>	<u>Filing Forms</u>
West Virginia Mutual Ins Co	\$20,115,905	\$20,504,000
NORCAL Mutual Ins Co	\$3,886,116	\$3,602,106
Total	\$24,002,021	\$24,106,106

It appears the financial statements and filing forms are consistent and accurate. Any variances may be due to timing of reports or filing but there is no WVOIC concern regarding the above premium reconciliation.

Appendix

2017 Physicians Business Written Totals

Company	Direct Premium Written	Physicians Market Share	Direct Premium Earned	Direct Loss Incurred	Pure Direct Loss Ratio
West Virginia Mut Ins Co	\$20,079,754	55.83%	\$4,129,731	\$2,560,543	62.00%
Norcal Mut Ins Co	\$3,886,116	10.80%	\$2,700,672	\$2,890,534	107.03%
Evanston Ins Co	\$2,682,868	7.46%	\$1,784,990	\$2,874,208	161.02%
Medical Protective Co	\$2,481,800	6.90%	\$1,475,923	\$0	0.00%
Capson Physicians Ins Co	\$1,442,982	4.01%	\$892,872	\$609,678	68.28%
Applied Medico Legal Solutions RRG	\$871,425	2.42%	\$795,652	\$415,343	52.20%
Ophthalmic Mut Ins Co RRG	\$817,095	2.27%	\$944,314	\$182,916	19.37%
Doctors Co An Interins Exch	\$781,002	2.17%	\$499,672	\$346,500	69.35%
General Star Ind Co	\$482,919	1.34%	\$411,729	\$6,044	1.47%
National Fire & Marine Ins Co	\$403,936	1.12%	\$281,834	\$42,338	15.02%
Aspen Specialty Ins Co	\$390,231	1.08%	\$309,639	\$35,109	11.34%
Fair Amer Ins & Reins Co	\$301,275	0.84%	\$236,030	\$7,443	3.15%
Preferred Physicians Medical RRG a M	\$233,021	0.65%	\$152,373	\$0	0.00%
Professional Security Ins Co	\$210,830	0.59%	\$165,156	\$47,806	28.95%
Cherokee Guar Co Inc a RRG	\$165,156	0.46%	\$128,471	\$40,056	31.18%
Preferred Professional Ins Co	\$145,825	0.41%	\$90,844	\$0	0.00%
The Doctors Co RRG a Recip Exch	\$120,631	0.34%	\$79,801	\$3,073	3.85%
TDC Specialty Ins Co	\$99,865	0.28%	\$131,240	\$904,575	689.25%
Admiral Ins Co	\$89,489	0.25%	\$136,266	(\$252,586)	(185.36%)
ProAssurance Ind Co Inc	\$71,440	0.20%	\$76,378	\$29,033	38.01%
Hallmark Specialty Ins Co	\$70,900	0.20%	\$31,077	(\$448,104)	(1,441.92%)
Homeland Ins Co of NY	\$37,856	0.11%	\$16,062	(\$16,821)	(104.73%)
Columbia Cas Co	\$30,861	0.09%	\$5,921	\$267,023	4,509.76%
Ironshore Specialty Ins Co	\$19,125	0.05%	\$19,381	(\$7,679)	(39.62%)
Green Hills Ins Co RRG	\$15,346	0.04%	\$7,964	(\$6,965)	(87.46%)
MT Hawley Ins Co	\$12,742	0.04%	\$11,515	(\$418)	(3.63%)
American Assoc Of Othodontists RRG	\$11,376	0.03%	\$15,225	\$133,543	877.13%
Allied World Specialty Ins Co	\$11,111	0.03%	\$9,019	\$514	5.70%
The Cincinnati Ins Co	\$9,115	0.03%	\$4,473	\$647	14.46%
Academic Medical Professionals Ins E	\$2,924	0.01%	\$0	(\$40,160)	0.00%
NORCAL Specialty Ins Co	\$0	0.00%	\$0	\$486,911	0.00%
Continental Cas Co	\$0	0.00%	\$0	\$5,725	0.00%
Everest Ind Ins Co	\$0	0.00%	\$0	(\$5,365)	0.00%
Interstate Fire & Cas Co	\$0	0.00%	\$0	(\$45,147)	0.00%
Health Care Ind Inc	\$0	0.00%	\$0	(\$546,115)	0.00%
National Guardian RRG Inc	\$0	0.00%	\$0	(\$227)	0.00%
Hudson Specialty Ins Co	\$0	0.00%	\$0	(\$75,655)	0.00%
St Paul Fire & Marine Ins Co	\$0	0.00%	\$0	(\$10,022)	0.00%
National Medical Professional RRG In	\$0	0.00%	\$2	(\$289)	(14,450.00%)
Ace Amer Ins Co	\$0	0.00%	\$0	(\$1)	0.00%
Other 11 Companies	(\$10,751)	(0.03%)	\$20,195,166	\$18,885,976	93.52%
Total	\$35,968,265	100.00%	\$35,739,392	\$29,319,984	82.04%

2017 Hospitals Business Written Totals

Company	Direct Premium Written	Hospitals Market Share	Direct Premium Earned	Direct Loss Incurred	Pure Direct Loss Ratio
Community Hospital RRG	\$2,679,547	24.53%	\$2,679,547	\$1,861,676	69.48%
Endurance Amer Specialty Ins Co	\$2,071,279	18.96%	\$2,268,792	\$4,794,632	211.33%
Pace RRG Inc	\$1,499,743	13.73%	\$756,035	\$44,088	5.83%
Professional Security Ins Co	\$1,349,927	12.36%	\$1,197,204	\$517,598	43.23%
National Fire & Marine Ins Co	\$893,840	8.18%	\$767,036	\$324,681	42.33%
Illinois Union Ins Co	\$666,274	6.10%	\$625,674	(\$407,950)	(65.20%)
American Excess Ins Exch RRG	\$554,878	5.08%	\$783,219	(\$1,950,637)	(249.05%)
ProAssurance Specialty Ins Co	\$346,822	3.18%	\$346,822	\$220,319	63.53%
Allied World Surplus Lines Ins Co	\$330,000	3.02%	\$402,301	\$369,921	91.95%
TDC Specialty Ins Co	\$220,000	2.01%	\$220,000	\$106,920	48.60%
Ironshore Specialty Ins Co	\$122,550	1.12%	\$208,941	(\$171,960)	(82.30%)
Allied World Assur Co US Inc	\$57,000	0.52%	\$57,000	(\$13,256)	(23.26%)
Columbia Cas Co	\$50,000	0.46%	\$50,000	(\$6,898)	(13.80%)
Admiral Ins Co	\$45,381	0.42%	\$59,485	\$39,190	65.88%
Homeland Ins Co of NY	\$28,398	0.26%	\$337,712	\$3,018,779	893.89%
Nautilus Ins Co	\$3,619	0.03%	\$112,735	\$2,823,696	2504.72%
Indian Harbor Ins Co	\$3,500	0.03%	\$3,366	\$334	9.92%
Ace Amer Ins Co	\$126	0.00%	\$126	(\$99)	(78.57%)
St Paul Mercury Ins Co	\$0	0.00%	\$0	(\$675)	0.00%
Health Care Ind Inc	\$0	0.00%	\$0	(\$204,853)	0.00%
Interstate Fire & Cas Co	\$0	0.00%	\$0	\$702	0.00%
Allied World Specialty Ins Co	\$0	0.00%	\$0	\$298	0.00%
First Specialty Ins Corp	\$0	0.00%	\$0	(\$36,049)	0.00%
Lexington Ins Co	\$0	0.00%	\$0	(\$50,000)	0.00%
Zurich Amer Ins Co Of IL	\$0	0.00%	\$0	(\$5,043)	0.00%
St Paul Fire & Marine Ins Co	\$0	0.00%	\$0	(\$26,233)	0.00%
Bankers Standard Ins Co	\$0	0.00%	\$0	\$1	0.00%
Arch Specialty Ins Co	\$0	0.00%	\$0	(\$819,550)	0.00%
Ace Fire Underwriters Ins Co	\$0	0.00%	\$0	\$900,000	0.00%
Steadfast Ins Co	\$0	0.00%	\$0	\$39,474	0.00%
Total	\$10,922,884	100.0%	\$10,875,995	\$11,369,106	104.53%

2017 Other Professionals Business Written Totals

Company	Direct Premium Written	Professionals Market Share	Direct Premium Earned	Direct Loss Incurred	Pure Direct Loss Ratio
American Cas Co Of Reading PA	\$1,015,824	16.91%	\$1,040,691	\$610,266	58.64%
Continental Cas Co	\$637,595	10.62%	\$690,279	\$121,754	17.64%
Evanston Ins Co	\$631,920	10.52%	\$568,846	(\$437,494)	(76.91%)
Podiatry Ins Co Of Amer	\$526,799	8.77%	\$522,275	\$174,674	33.44%
Medical Protective Co	\$447,189	7.45%	\$354,476	\$303,719	85.68%
The Cincinnati Ins Co	\$444,222	7.40%	\$477,964	\$15,871	3.32%
Oms Natl Ins Co Rrg	\$303,701	5.06%	\$282,549	\$294,715	104.31%
Western World Ins Co	\$283,810	4.73%	\$288,704	\$22,974	7.96%
Landmark Amer Ins Co	\$283,009	4.71%	\$259,514	\$382,476	147.38%
NCMIC Ins Co	\$282,579	4.70%	\$286,798	\$1,867,325	651.09%
Liberty Ins Underwriters Inc	\$281,536	4.69%	\$276,973	\$72,275	26.09%
Ace Amer Ins Co	\$193,457	3.22%	\$190,325	\$10,558	5.55%
Columbia Cas Co	\$112,890	1.88%	\$125,239	\$2,391	1.91%
Pharmacists Mut Ins Co	\$87,206	1.45%	\$110,744	\$4,950	4.47%
Beazley Ins Co Inc	\$80,718	1.34%	\$81,396	\$463,812	569.82%
Admiral Ins Co	\$76,167	1.27%	\$116,595	(\$22,998)	(19.72%)
Aspen Amer Ins Co	\$64,044	1.07%	\$6,302	\$2,997	47.56%
The Cincinnati Specialty Underwriter	\$25,164	0.42%	\$22,810	(\$1,133)	(4.97%)
Great Divide Ins Co	\$23,217	0.39%	\$22,834	\$9,609	42.08%
Liberty Surplus Ins Corp	\$22,050	0.37%	\$13,708	(\$352,428)	(2,570.97%)
State Farm Fire & Cas Co	\$21,618	0.36%	\$22,730	\$362	1.59%
Allied Professionals Ins Co RRG	\$18,064	0.30%	\$19,714	(\$460)	(2.33%)
Fortress Ins Co	\$16,980	0.28%	\$15,977	\$2,396	15.00%
NORCAL Specialty Ins Co	\$16,335	0.27%	\$14,149	\$0	0.00%
National Fire & Marine Ins Co	\$16,240	0.27%	\$11,636	\$6,726	57.80%
The Cincinnati Cas Co	\$14,326	0.24%	\$13,250	\$2,614	19.73%
The Cincinnati Ind Co	\$13,531	0.23%	\$12,414	\$3,238	26.08%
PACO Assur Co Inc	\$13,310	0.22%	\$11,596	\$2,228	19.21%
Aspen Specialty Ins Co	\$12,903	0.21%	\$4,532	\$531	11.72%
Preferred Professional Ins Co	\$11,521	0.19%	\$11,627	\$1,668	14.35%
Other 31 Companies	\$28,152	0.47%	\$26,082	(\$956,188)	(3,666.08%)
Total	\$6,006,077	100.00%	\$5,902,729	\$2,609,428	44.21%

2017 Other Healthcare Facilities Business Written Totals

Company	Direct Premium Written	Facilities Market Share	Direct Premium Earned	Direct Loss Incurred	Pure Direct Loss Ratio
Health Care Industry Liab Recip Ins	\$2,818,641	50.72%	\$2,606,119	\$1,419,635	54.47%
National Fire & Marine Ins Co	\$521,318	9.38%	\$410,824	\$1,129,452	274.92%
Columbia Cas Co	\$446,379	8.03%	\$115,879	\$186,008	160.52%
Ironshore Specialty Ins Co	\$391,248	7.04%	\$294,297	\$235,170	79.91%
Allied World Surplus Lines Ins Co	\$186,767	3.36%	\$188,740	\$26,316	13.94%
ProAssurance Specialty Ins Co	\$186,703	3.36%	\$180,265	\$30,757	17.06%
Arch Specialty Ins Co	\$140,085	2.52%	\$145,623	\$1,162,619	798.38%
Evanston Ins Co	\$108,919	1.96%	\$113,331	\$38,083	33.60%
AXIS Surplus Ins Co	\$107,638	1.94%	\$115,859	\$58,806	50.76%
Lexington Ins Co	\$102,157	1.84%	\$103,786	\$127,545	122.89%
American Alt Ins Corp	\$83,911	1.51%	\$76,020	\$7,875	10.36%
The Cincinnati Ind Co	\$72,120	1.30%	\$69,115	\$19,205	27.79%
The Cincinnati Ins Co	\$52,876	0.95%	\$55,197	\$75,607	136.98%
Capitol Specialty Ins Corp	\$52,870	0.95%	\$63,896	\$879	1.38%
Church Mut Ins Co	\$50,729	0.91%	\$45,068	\$163,647	363.11%
TDC Specialty Ins Co	\$46,173	0.83%	\$35,509	\$17,257	48.60%
Travelers Prop Cas Co Of Amer	\$42,097	0.76%	\$42,097	\$0	0.00%
Allied World Assur Co US Inc	\$40,000	0.72%	\$37,831	\$17,181	45.42%
West Virginia Mut Ins Co	\$36,151	0.65%	\$36,726	\$0	0.00%
Homeland Ins Co of NY	\$35,024	0.63%	\$46,193	\$35,642	77.16%
Illinois Union Ins Co	\$27,195	0.49%	\$21,070	(\$33,330)	(158.19%)
Hallmark Specialty Ins Co	\$6,200	0.11%	\$6,213	\$84	1.35%
Hudson Ins Co	\$2,011	0.04%	\$1,910	\$1,353	70.84%
Affiliates Ins Recip a RRG	\$337	0.01%	\$337	\$27	8.01%
St Paul Mercury Ins Co	\$0	0.00%	\$0	(\$202)	0.00%
Zurich Amer Ins Co	\$0	0.00%	\$0	(\$9)	0.00%
Interstate Fire & Cas Co	\$0	0.00%	\$0	\$31,343	0.00%
Nationwide Mut Fire Ins Co	\$0	0.00%	\$0	(\$20)	0.00%
Nationwide Mut Ins Co	\$0	0.00%	\$0	(\$183)	0.00%
MT Hawley Ins Co	\$0	0.00%	\$33,625	\$674,966	2007.33%
Princeton Excess & Surplus Lines Ins	\$0	0.00%	\$0	(\$584)	0.00%
Capitol Ind Corp	\$0	0.00%	\$4,717	(\$5,623)	(119.21%)
St Paul Fire & Marine Ins Co	\$0	0.00%	\$0	(\$1,784)	0.00%
The Cincinnati Specialty Underwriter	\$0	0.00%	\$0	\$28,217	0.00%
Granite State Ins Co	\$0	0.00%	\$0	(\$4,098)	0.00%
AIG Specialty Ins Co	\$0	0.00%	\$0	(\$5,499)	0.00%
James River Ins Co	\$0	0.00%	\$0	\$114	0.00%
Atlantic Specialty Ins Co	\$0	0.00%	\$0	\$4,340	0.00%
General Star Ind Co	\$0	0.00%	\$0	(\$10,000)	0.00%
American Home Assur Co	\$0	0.00%	\$0	(\$657)	0.00%
Catlin Specialty Ins Co	\$0	0.00%	\$0	(\$7)	0.00%
Chicago Ins Co	\$0	0.00%	\$0	\$8,624	0.00%
Total	\$5,557,549	100.00%	\$4,850,247	\$5,438,756	112.13%

2017 Malpractice Actions Filed by County

County	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Total
Barbour	1	0	0	0	0	0	2	1	0	7	11
Berkeley	2	2	2	5	12	9	9	6	7	20	74
Boone	0	1	1	0	4	6	5	1	4	2	24
Braxton	0	0	1	0	0	0	1	0	0	1	3
Brooke	3	2	1	4	3	4	7	1	8	3	36
Cabell	13	27	17	18	18	13	9	27	18	24	184
Calhoun	0	0	0	0	1	0	0	0	0	0	1
Clay	0	0	0	0	0	0	0	0	0	0	0
Doddridge	0	0	0	0	0	0	0	0	0	0	0
Fayette	2	5	0	9	1	6	2	1	1	2	29
Gilmer	0	0	0	0	0	0	0	0	0	0	0
Grant	1	0	0	0	0	2	1	0	0	0	4
Greenbrier	5	6	5	4	5	3	2	4	6	7	47
Hampshire	0	0	0	0	0	0	0	0	0	1	1
Hancock	1	0	0	0	0	0	0	0	1	0	2
Hardy	0	0	0	0	0	0	0	0	0	0	0
Harrison	6	5	7	6	8	5	14	12	3	8	74
Jackson	1	5	1	2	1	0	1	2	0	0	13
Jefferson	3	2	1	2	2	2	3	2	3	8	28
Kanawha	49	53	57	84	100	102	74	126	131	107	883
Lewis	0	0	0	0	0	0	0	1	1	2	4
Lincoln	0	0	0	0	0	0	0	0	0	0	0
Logan	6	7	9	6	9	8	6	3	5	12	71
Marion	4	4	2	3	6	3	8	5	4	8	47
Marshall	0	0	0	1	1	1	3	1	8	2	17
Mason	5	3	2	3	0	1	1	2	3	2	22
McDowell	3	4	0	1	2	1	8	4	4	3	30
Mercer	8	15	5	11	7	8	11	11	9	15	100
Mineral	0	1	1	1	1	1	1	0	1	1	8
Mingo	2	4	3	5	6	1	1	0	2	1	25
Monongalia	14	17	15	16	21	6	16	16	15	19	155
Monroe	0	0	0	0	0	0	3	0	0	1	4
Morgan	0	1	0	1	0	0	0	0	0	0	2
Nicholas	1	5	0	3	4	3	4	1	9	5	35
Ohio	5	4	11	9	8	14	15	9	4	10	89
Pendleton	0	0	0	0	0	0	0	0	0	0	0
Pleasants	0	0	0	0	0	0	0	1	0	0	1
Pocahontas	0	0	0	0	0	0	0	0	0	1	1
Preston	0	0	0	1	1	1	0	1	3	2	9
Putnam	7	6	5	15	3	5	3	1	7	3	55
Raleigh	18	13	6	135	14	20	18	95	32	52	403
Randolph	3	4	4	2	1	1	2	1	4	2	24
Ritchie	0	0	0	0	0	0	0	0	0	0	0
Roane	1	0	0	1	1	1	2	0	1	1	8
Summers	0	1	0	2	0	0	0	0	0	1	4
Taylor	1	0	0	0	0	0	0	0	1	1	3
Tucker	0	0	0	0	0	0	0	0	0	0	0
Tyler	0	0	0	1	0	0	0	2	0	0	3
Upshur	1	0	4	3	3	2	2	0	0	1	16
Wayne	0	0	0	0	0	0	0	1	1	0	2
Webster	0	1	0	1	0	0	0	0	0	1	3
Wetzel	1	1	1	1	1	0	1	1	1	2	10
Wirt	0	0	0	0	0	0	0	0	0	0	0
Wood	11	8	9	15	5	15	8	21	9	11	112
Wyoming	0	1	0	2	1	1	1	2	1	0	9
Total	178	208	170	373	250	245	244	362	307	349	2,686