

2025 medical malpractice annual report

Claims closed 2020 through 2024
September 2025

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www.insurance.wa.gov

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About this report

Early in the 2000s, a “hard market” emerged nationally for most types of insurance. During this period, medical professional liability insurance became expensive and hard to find for many types of medical providers and facilities.

In 2006, the Washington state Legislature enacted comprehensive health care liability reform legislation ([2SHB 2292](#)) to address a number of concerns, including the cost and availability of medical professional liability insurance. This law also created reporting requirements for medical malpractice claims that are resolved and closed, with the intent to collect data to support policy decisions. The Office of the Insurance Commissioner (OIC) began publishing annual reports in 2010 that summarize the data.

This report has three sections:

1. The current condition of the medical professional liability insurance market.
2. Summary data for closed claims reported by insurers, risk retention groups and self-insurers.¹
3. Summary data for lawsuits reported by attorneys.

¹ For simplicity, we will use the term “insurers” when referring to admitted insurers, surplus line insurers and risk retention groups.

Key statistics

This section includes premium, loss and defense cost data reported by insurers and self-insurers to the National Association of Insurance Commissioners (NAIC), closed claim data reported by insurers and self-insurers to the OIC, and lawsuit data reported by attorneys to the OIC.

About the medical professional liability insurance market

- In Washington state, the incurred loss and defense cost ratio for 2024 was 63.6%. This was the lowest incurred loss and defense cost ratio since 2012.
- Defense costs decreased to 16.4% of earned premium in 2024. For the five-year period from 2019 to 2023, this ratio was 19.7%.
- Direct written premiums continued to increase in 2024, reaching \$250 million. This was the highest total since 2006.
- Loss development was favorable overall but continued to show signs of flattening. For example, Physicians Insurance decreased its reserves by \$34 million over its original estimates, but this is lower than the \$61 million decrease in last year's report and the \$89 million decrease two years ago. When insurers lower their reserves² for older claims, this translates to profit for the current year.
- Profitability improved. The operating ratio for Physicians Insurance A Mutual Company, the admitted insurer with the largest market share in Washington state, decreased from 102.5% in 2023 to 95.9% in 2024. For The Doctors Company, the admitted insurer with the second largest market share, the operating ratio decreased from 84.8% in 2023 to 75.5% in 2024.³

² Claim reserves are money set aside to meet future payments associated with claims incurred but not settled on a given date. If a claim reserve is too high or an investigation shows there is no legal responsibility to pay the claim, the insurer either lowers the reserve or removes the claim reserve from its books. If an insurer lowers total claim reserves for past years, this decreases incurred losses in the current year.

³ Operating ratios measure overall profitability from underwriting and investment activities. Operating ratios are calculated using countrywide data.

About claim data submitted by insurers and self-insurers

Total claims

Insurers and self-insurers reported closing 2,994 claims between 2020 and 2024 with indemnity payments, defense costs, or both types of payments.⁴ ⁵ Commercial insurers and risk retention groups reported 1,782 claims, while self-insured entities reported 1,212 claims.⁶

Payments to claimants

Insurers and self-insurers closed 47.7% of all claims with an indemnity payment to a claimant.

- Indemnity payments totaled \$1.1 billion on 1,428 claims over the five-year period, averaging \$777,650 per paid claim. For claims closed in 2024, the average indemnity payment increased to \$956,032 per paid claim.
- Economic loss payments totaled \$603 million, averaging \$422,490 per paid claim. On average, insurers and self-insurers attributed 54.3% of each claim payment to economic loss.
- Of the claims closed with an indemnity payment, 21.1% closed with a payment of \$1 million or more. These claims account for 77.4% of the total paid indemnity over the five-year period.

Defense costs

Insurers and self-insurers paid \$241 million to defend 2,754 claims, an average of \$87,338 per claim. The average defense cost increased by 7.2% from 2023 to 2024, but the median defense cost increased by just 0.9% over the same period.

Lawsuits

Lawsuits have been filed more frequently in recent years. Lawsuits were filed on 63.3% of claims closed from 2020 to 2024, as compared to 55.2% of claims closed from 2015 to 2019.

- Indemnity payments tend to be significantly higher for claims involving lawsuits. The average indemnity payment was \$1.1 million when a lawsuit was filed. For claims without lawsuits, the average indemnity payment was \$231,259.
- Defense costs are also significantly higher when a lawsuit is filed. The average defense cost was \$120,371 when a lawsuit was filed. For claims without lawsuits, the average defense cost was \$16,994.

⁴ This report includes claims data reported through March 30, 2025, and audited through Aug. 1, 2025.

⁵ For simplicity, this report substitutes “defense costs” for the technical phrase “defense and cost containment expenses.” Defense and cost containment expenses are expenses allocated to a specific claim to defend an insured, including court costs, fees paid to defense attorneys, and fees for expert witnesses. These expenses do not include the internal costs to operate a claims department.

⁶ Commercial insurers include admitted (licensed) insurers, surplus line insurers and joint underwriting associations.

Method of settlement

Insurers and self-insurers settled most claims with paid indemnity by negotiation between the claimant and the insurer. Of the claims with an indemnity payment, insurers and self-insurers settled 64.3% by negotiation and 30.9% by alternative dispute resolution.⁷ Negotiations comprised 55.3% of the total paid indemnity, while alternative dispute resolutions comprised 42.1%.

Claim duration

Claims continue to take longer to settle. Claims closed in 2024 were open for an average of 27.1 months, the highest average duration since the OIC began collecting data in 2008.

- The longer a claim takes to be settled, the higher the indemnity payment tends to be. Claims closed within the first year had average paid indemnity of \$309,301. Claims that took at least three years to settle had average indemnity payments of \$1.2 million.
- Defense costs also increased with the age of the claim. Claims closed within the first year had average defense costs of \$14,481. Claims that took at least three years had average defense costs of \$190,023.

Payments by type of medical provider

Insurers and self-insurers identified the type of medical provider in 72% of the closed claim reports.⁸ Claimants made the remaining claims against an organization, not an individual medical provider.

- Nursing accounted for the most closed claims at 244. Of these claims, 157 resulted in paid indemnity averaging \$565,767.
- For physician specialties, emergency medicine accounted for the most closed claims at 193, with 73 paid claims resulting in paid indemnity averaging \$993,865.
- Pediatrics had the highest average paid indemnity at \$2.9 million.
- Podiatry had the highest average defense cost at \$315,780.

Allegations

- "Vicarious liability" was the most common allegation, with 682 claims and 263 indemnity payments averaging \$736,030.
- "Improper performance" was the second-most common allegation, with 488 claims and 214 indemnity payments averaging \$514,017.
- "Failure to identify fetal distress" was the allegation with the highest average paid indemnity at \$3.4 million.
- "Failure to order appropriate test" was the allegation with the highest average defense cost at \$410,217.

⁷ Alternative dispute resolutions include arbitration, mediation and private trials.

⁸ Physician specialties, dental specialties and other types of medical providers.

Regional comparisons

King County had the most claims (857) and the highest average economic loss (\$590,864 per paid claim). Pierce County had the highest average paid indemnity (\$1.1 million) and the highest average defense cost (\$104,121).

Gender of claimant

The average indemnity payment was significantly higher for female claimants (\$833,320) than for male claimants (\$704,174). For claims closed in 2024, the average indemnity payment was \$1.1 million for female claimants and \$781,005 for male claimants.

Age of claimant

Indemnity payments and defense costs tend to be significantly higher for younger claimants.

- For claimants under 21 years old, the average indemnity payment was \$2 million and the average defense cost was \$155,274.
- For claimants 21 and older, the average indemnity payment was \$571,292 and the average defense cost was \$77,674.

About lawsuits filed and settled by attorneys

If an attorney files a lawsuit to resolve a medical malpractice incident, they should report data about the lawsuit to the OIC once the litigation is resolved.

For settlements resolved between 2020 and 2024⁹:

Compensation to claimants

Attorneys reported claimants received \$141 million in total compensation on 68 settlements, averaging \$2.1 million per paid settlement. Attorney fees totaled \$39 million, averaging \$580,126 per paid settlement. On average, attorney fees were 28.1% of the total compensation paid to the claimant.

How lawsuits settled

Verdicts resulted in the highest average paid indemnity at \$3 million. Lawsuits settled between the parties had the highest average legal expense at \$673,689.

Gender of claimant

Settlements for male claimants were significantly more costly than settlements for female claimants. Average indemnity payments to male claimants were 124% higher than payments to female claimants, and average legal expenses were 95.3% higher.

Age of claimant

Settlements involving claimants 21-40 years old had the highest average paid indemnity at \$4.4 million. Settlements involving claimants under 21 years old had the highest average legal expense at \$1.6 million.

Regional comparisons

King County had the largest number of lawsuits filed, with 27 lawsuits or 37.5% of the statewide total. King County also had the highest average legal expense at \$923,270. The “Puget Sound Metro” region (Kitsap, Pierce and Thurston Counties) had the highest average paid indemnity at \$3.6 million.

⁹ This report includes data submitted on or before March 30, 2025, and audited through Aug. 6, 2025.

Introduction

Under the [Revised Code of Washington \(RCW\) 48.140](#), insurers, risk retention groups (collectively “insurers”) and self-insurers must submit a report to the insurance commissioner every time they close a medical malpractice claim.¹⁰ Under [RCW 7.70.140](#), attorneys must report aggregate settlement data from all defendants after they resolve all claims related to a medical malpractice lawsuit. This report includes data submitted by insurers, self-insurers and attorneys in summary form that protects the confidentiality of people and organizations involved in the claim or settlement process.¹¹

Insurers, self-insurers and attorneys must report claim data for the prior year to the OIC by March 1 each year.¹² Attorneys’ compliance with the reporting law has been low, and the insurance commissioner does not have enforcement mechanisms to improve compliance.¹³ As a result, this report provides very few summary exhibits for settlement data reported by attorneys, since the data is incomplete. Most of the exhibits in this report focus on data reported by insurers and self-insurers.¹⁴

This report has three sections:

1. Market analysis
2. Summary data for closed claims reported by insurers and self-insurers
3. Summary data for lawsuits reported by attorneys

Market analysis

This section is an overview of the medical professional liability insurance market in Washington state and around the country that includes:

- An analysis of the profitability of the largest authorized medical malpractice insurers in Washington state.
- Information about premiums, incurred losses and defense costs for medical professional liability insurance.

¹⁰ A risk retention group (RRG) is an owner-controlled insurance company authorized by the Federal Risk Retention Act of 1986. An RRG provides liability insurance to members who are in similar or related business or activities. The federal act allows one state to charter an RRG and allows the RRG to engage in the business of insurance in all states. The federal act pre-empts state law in many significant ways. See [RCW 48.92.030\(1\)](#). For simplicity, and to protect the confidentiality of data, we include them with all other insurers in this report.

¹¹ [RCW 48.140.040\(3\)](#) says the OIC must take steps to protect the confidentiality of claim data, and [RCW 48.140.060](#) required the OIC to adopt rules to achieve this result.

¹² See [RCW 48.140.020\(2\)](#) and [WAC 284-24E-090](#).

¹³ In 2010, the OIC proposed legislation, which the Legislature did not enact, that would have added enforcement mechanisms to the existing law. These bills were introduced as [SB 6412](#) and [HB 2963](#).

¹⁴ [RCW 48.140.050](#) lists information that must be provided by this report.

Summary data for closed claims reported by insurers and self-insurers

Insurers and self-insurers report claims with an indemnity payment and/or defense costs.¹⁵ ¹⁶ Each closed claim report is associated with one defendant.¹⁷ Claims can be made for a variety of allegations. People can make allegations against an organization, a medical provider or both.

Insurers and self-insurers reported three primary types of closed claim data:

1. **Defense costs:** These are expenses paid to defend claims and include expenses allocated to a specific claim, such as court costs and fees paid to defense attorneys or expert witnesses. They do not include internal costs to settle claims, such as salaries for claims staff or operating overhead for a claims department.¹⁸
2. **Economic damages:** Most of these amounts are estimates of the claimant's economic damages made by the insurer or self-insurer when it makes a payment to settle the claim.¹⁹ In a few cases, a court itemized economic damages when it issued a verdict.
3. **Paid indemnity:** The amount the insurer or self-insurer paid to the claimant to resolve the claim.

Summary data for lawsuits reported by attorneys

If an attorney files a lawsuit alleging medical malpractice, the attorney must report data after the lawsuit is resolved. Many attorneys, however, do not comply with RCW 7.70.140, so data in this report is incomplete. Therefore, this section of the report is less detailed than the closed claim section.

Attorneys reported two primary types of settlement data:

1. **Total paid indemnity:** Total compensation paid by all defendants to the claimant. Indemnity payments may come from several defendants if a lawsuit named more than one party.²⁰
2. **Legal expenses:** All sums paid by the claimant to the attorney, including attorney fees, expert witness fees, court costs and all other legal expenses.²¹ ²²

¹⁵ [RCW 48.140.010\(1\)](#) defines a claim.

¹⁶ Under [WAC 284-24D-060](#), if an insurer or self-insurer closes a claim without an indemnity payment or defense costs, it is not required to report the claim to the OIC.

¹⁷ [RCW 48.140.010\(3\)](#) defines a closed claim.

¹⁸ See [WAC 284-24D-020\(1\)](#), [WAC 284-24D-330](#) and [WAC 284-24D-340](#).

¹⁹ See [WAC 284-24D-350](#), [WAC 284-24D-360](#), [WAC 284-24D-362](#), [WAC 284-24D-364](#), and [WAC 284-24D-370](#).

²⁰ See [WAC 284-24E-150](#).

²¹ Attorney fees for legal representation are generally contingent fees that are payable if indemnity payments are made by one or more defendants.

²² See [RCW 7.70.140\(2\)\(b\)\(v\)](#).

Closed claim and lawsuit statistics are different

One cannot compare data reported by insurers, self-insurers and risk retention groups to the data reported by attorneys because:

- Insurers, self-insurers and risk retention groups report all closed claims in which they make payments or incur expenses to defend the claim. Attorneys report data only if they filed a lawsuit against one or more defendants.
- Insurers, self-insurers and risk retention groups report data separately for each defendant. Attorneys submit one final settlement report that includes payments made by all defendants they sued.
- Insurers, self-insurers and risk retention groups are more diligent in reporting closed claim data.

Example: If an attorney sues several medical providers for their actions related to an incident with a poor medical outcome, some providers may resolve the litigation early, while others may be involved in the dispute resolution process for years. Insurers and self-insurers report claims as they resolve the claims against their customers, while an attorney waits until claims against all defendants are resolved to report the settlement.

Market analysis

This is an overview of the medical malpractice market in Washington state primarily using calendar year premium and loss data from the National Association of Insurance Commissioners (NAIC).

Market participants

The medical professional liability insurance market has three primary types of participants:

1. Admitted insurers regulated by the insurance commissioner.
2. Unregulated surplus lines insurers.
3. Risk retention groups regulated by their home state.

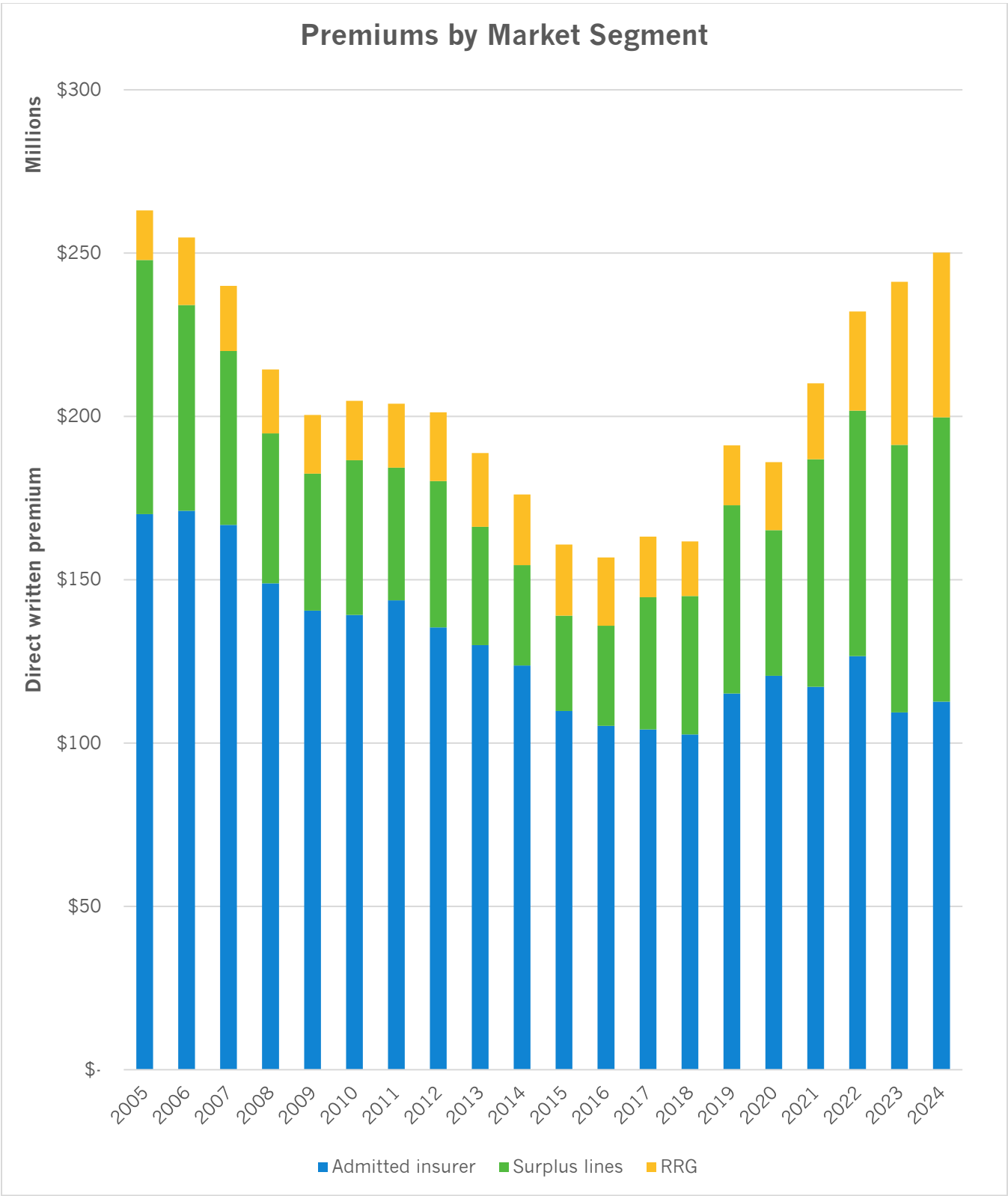
In 2000, admitted insurers wrote 95.4% of medical professional liability insurance premiums in Washington state. Physicians Insurance Group led the market with 52.7% of the admitted market share and 50.3% of the total market share.²³ In 2024, admitted insurers wrote only 45.1% of premiums, and the remainder of the market was written by surplus line insurers and risk retention groups. Physicians Insurance Group still had more than half of the admitted market share at 51.8%, but its share of the overall market was much lower, at 32%.²⁴

Medical professional liability insurance has been a profitable line of business for insurers in Washington state, but profit results have been mixed in recent years. For Physicians Insurance A Mutual Company, the admitted insurer with the largest market share in Washington state, the operating ratio for 2020-2024 was 100.6%, a significant decline from its 2015-2019 ratio of 91.4%. However, for The Doctors Company, the admitted insurer with the second largest market share, this ratio improved from 97.7% to 86.5% over the same period.

²³ In 2000, Physicians Insurance Group sold insurance through three companies: Physicians Insurance A Mutual Company; Western Professional Insurance Company; and Northwest Dentists Insurance Company. Western Professional Insurance Company is no longer actively writing insurance, and a group including the ODS Companies and the Washington State Dental Association purchased Northwest Dentists Insurance Company in 2007.

²⁴ As of 2024, Physicians Insurance Group sells insurance through two companies: Physicians Insurance A Mutual Company, an admitted insurer domiciled in the state of Washington, and Physicians Insurance Risk Retention Group Inc., a risk retention group domiciled in the state of Vermont.

This chart shows the distribution of written premiums for each segment of the medical professional liability insurance market.



Loss history

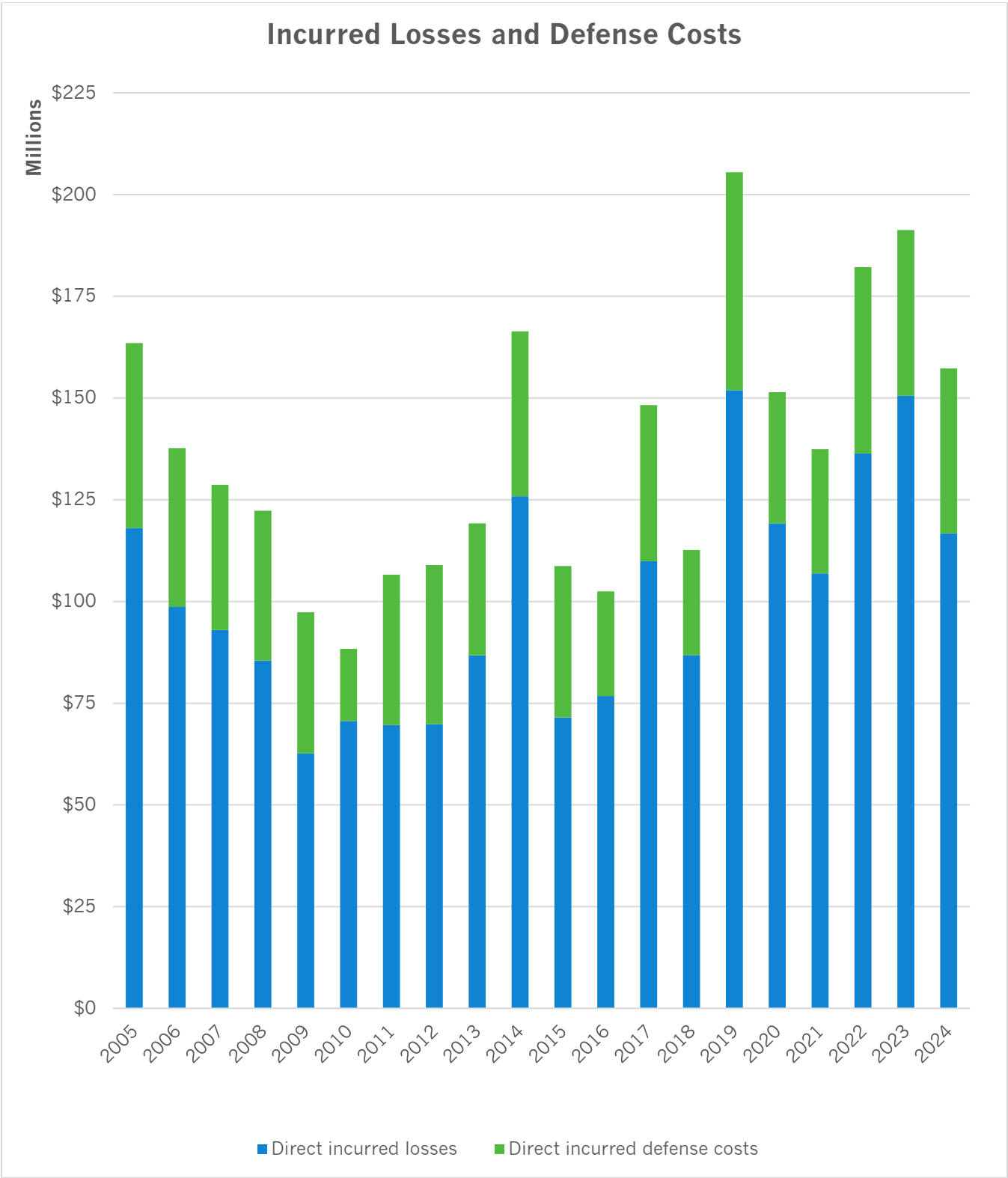
The following table shows data for the total Washington state market, which includes admitted insurers, surplus line insurers and risk retention groups. The pure loss ratio is the ratio of direct incurred losses (excluding defense costs) to direct earned premium. The defense cost ratio is the ratio of direct incurred defense costs to direct earned premium.

The overall incurred loss and defense cost ratio for medical professional liability insurance in Washington state was 63.6% in 2024, a significant improvement from recent years. For the five-year period from 2019 to 2023, this ratio was 84.1%.

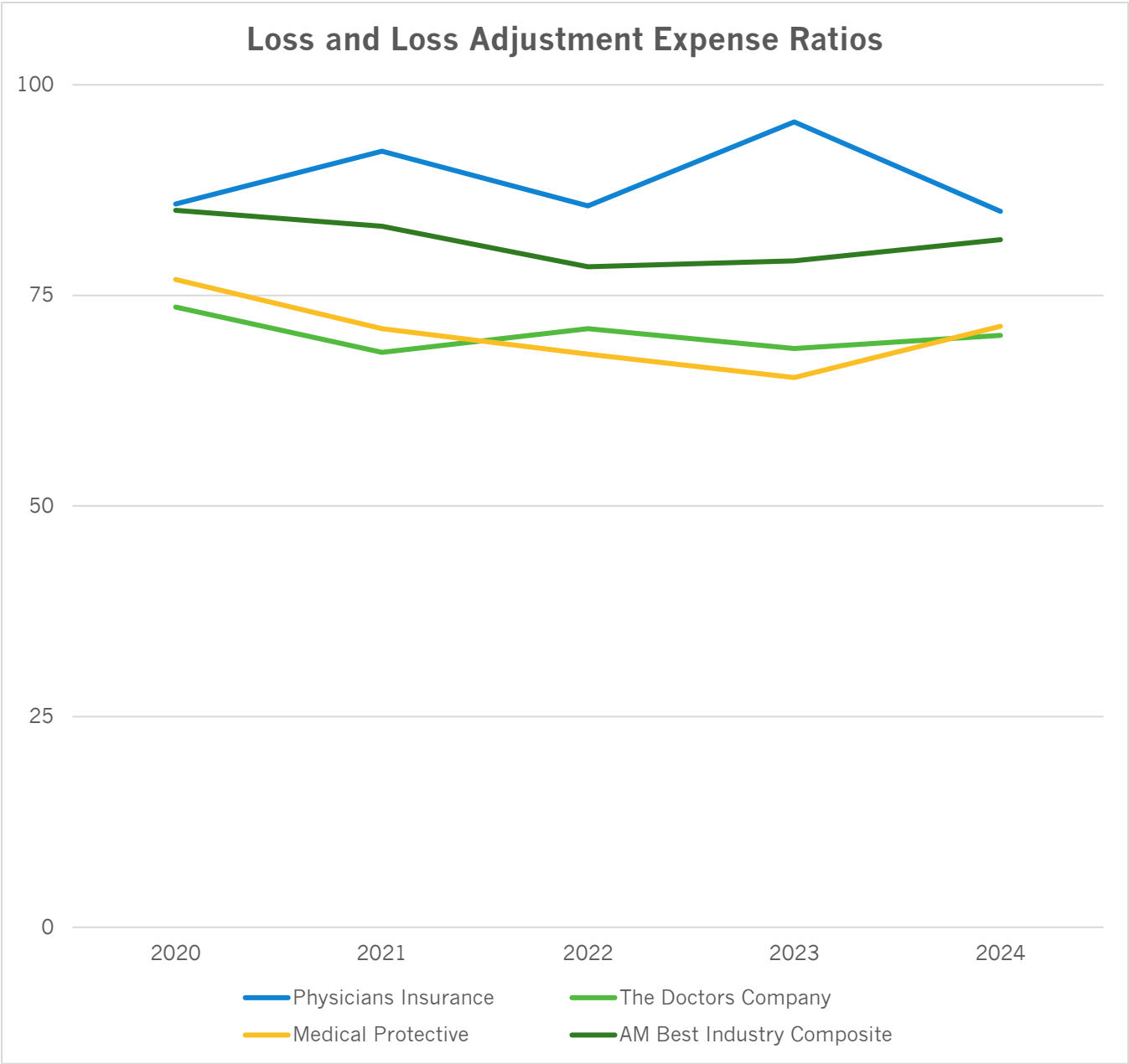
Overall Washington state medical malpractice insurance market loss experience

Year	Direct written premium	Direct earned premium	Pure loss ratio	Defense cost ratio	Incurred loss & defense cost ratio
2005	\$263,090,674	\$258,403,214	45.7%	17.6%	63.3%
2006	\$254,759,071	\$253,104,467	39.0%	15.4%	54.4%
2007	\$239,959,432	\$241,654,054	38.5%	14.8%	53.2%
2008	\$214,357,164	\$218,726,595	39.1%	16.8%	55.9%
2009	\$200,445,437	\$202,466,303	30.9%	17.1%	48.1%
2010	\$204,786,151	\$199,165,328	35.5%	8.9%	44.4%
2011	\$203,869,400	\$201,195,699	34.6%	18.4%	53.0%
2012	\$201,288,240	\$193,926,182	36.0%	20.1%	56.2%
2013	\$188,761,301	\$187,007,042	46.4%	17.3%	63.7%
2014	\$176,091,879	\$182,705,913	68.9%	22.2%	91.1%
2015	\$160,752,756	\$164,616,659	43.4%	22.6%	66.0%
2016	\$156,825,836	\$158,126,354	48.5%	16.2%	64.8%
2017	\$163,187,482	\$157,522,013	69.7%	24.4%	94.1%
2018	\$161,729,173	\$164,622,766	52.7%	15.7%	68.4%
2019	\$191,108,177	\$192,612,461	78.9%	27.8%	106.7%
2020	\$186,040,296	\$176,978,799	67.3%	18.2%	85.6%
2021	\$210,111,147	\$208,682,922	51.2%	14.6%	65.8%
2022	\$232,144,024	\$224,149,078	60.8%	20.4%	81.3%
2023	\$241,201,894	\$229,313,172	65.7%	17.8%	83.4%
2024	\$250,172,971	\$247,086,649	47.2%	16.4%	63.6%
Total	\$4,100,682,505	\$4,062,065,670	49.4%	17.9%	67.4%

This chart shows statewide industry incurred losses and defense costs by calendar year.



This chart compares loss and defense cost ratios for Physicians Insurance A Mutual Company, The Doctors Company and Medical Protective Company to industrywide data obtained from A.M. Best.²⁵ The Doctors Company and Medical Protective Company are two of the largest writers of medical professional liability insurance in the United States. The loss and defense cost ratio for Physicians Insurance continues to be higher than for the market overall.



²⁵ Best's Market Segment Report – Medical Professional Liability: Underwriting Results Pressured by Evolving and Complex Landscape (May 13, 2025)

Claim reserves

Loss development is the change in the estimated cost of a particular group of claims between the beginning and end of a period in time. Favorable loss development means losses and defense costs decreased from the beginning to the end of the period.²⁶ Reserves released from prior years translate into profit for the current year.

Appendix B shows data from the 2024 annual statement for Physicians Insurance A Mutual Company.²⁷ The first table shows the change in incurred loss and defense cost reserves over time. The second table shows the cumulative loss development for different time periods. Overall, Physicians Insurance had favorable incurred loss development and returned some of its profits to policyholders in the form of dividends totaling \$30 million from 2015 to 2020. However, since then, loss development has been less favorable, and no dividends have been paid.

Appendix B also shows loss development for The Doctors Company and Medical Protective Company. As compared to Physicians Insurance, loss development has been more favorable for both of these companies.

²⁶ Insurers compile the first estimate of incurred losses three months after the end of the year. Medical malpractice claims often take a long time to resolve and the first estimate of incurred losses may be very inaccurate and subject to revisions in later years. There will be changes to total incurred losses from one period to the next, as more claims are paid and the insurer revises reserves for other claims using new information. “Loss development” is the technical term for the change in incurred losses from period to period.

²⁷ Consolidated data from Schedule P, Part 2, Sections 1 and 2 for medical professional liability occurrence and claims made policies written in all states. Washington state-specific information is not available.

Washington state market in 2024

Physicians Insurance dominates the admitted medical professional liability insurance market in Washington. The Doctors Company and Medical Protective are also important participants in the market due to both their premium volume and their strong position in the national medical professional liability marketplace. Premiums written by Physicians Insurance best indicate the profitability of this type of insurance in Washington state, whereas premiums written by The Doctors Company and Medical Protective Company indicate profitability nationwide.

The following table shows direct written premiums for these companies in 2024, both in Washington state and nationwide.

Insurer direct written premiums

Insurer	Washington direct written premium	Nationwide direct written premium	WA % of Nationwide
Physicians Ins A Mutual Co	\$58,428,059	\$76,355,023	76.5%
Doctors Co An Interins Exch	\$12,472,426	\$825,442,433	1.5%
Medical Protective Co	\$10,611,191	\$770,125,900	1.4%

Washington state direct written premiums for the state's 10 largest admitted insurers

Admitted insurer	Washington direct written premium	Admitted market share
Physicians Ins A Mut Co	\$58,428,059	51.8%
Doctors Co An Interins Exch	\$12,472,426	11.1%
Medical Protective Co	\$10,611,191	9.4%
American Cas Co Of Reading PA	\$6,575,414	5.8%
Dentists Ins Co	\$4,049,714	3.6%
Proselect Ins Co	\$3,837,343	3.4%
MAG Mut Ins Co	\$2,623,295	2.3%
Aspen Amer Ins Co	\$2,486,929	2.2%
NCMIC Ins Co	\$2,033,391	1.8%
Liberty Ins Underwriters Inc	\$1,551,120	1.4%
All other admitted insurers	\$8,051,410	7.1%
Total	\$112,720,292	100.0%

National market in 2024

Appendix A shows the profitability for Physicians Insurance A Mutual Company, The Doctors Company and Medical Protective Company for the 10-year period ending Dec. 31, 2024, using two ratios:

- The operating ratio, which is the combined ratio minus the net investment income ratio.^{28 29}
- The combined ratio, which is the sum of the expense ratio, loss ratio, and dividend ratio.^{30 31 32}

The following table summarizes overall profitability by operating ratios.³³ Following a significant decline in 2023, the operating ratio for Physicians Insurance A Mutual Company improved to 95.9% in 2024. Meanwhile, The Doctors Company posted an operating ratio under 100% for the eighth consecutive year. Of the three companies, Medical Protective Company continues to have the lowest operating ratio.

Operating ratios by company

Year	Physicians Insurance	Doctors Company	Medical Protective
2015	89.5%	98.1%	37.2%
2016	90.6%	101.6%	49.3%
2017	88.7%	93.6%	46.7%
2018	90.8%	95.7%	47.9%
2019	96.0%	99.3%	48.8%
2020	105.5%	94.1%	60.9%
2021	105.1%	89.9%	57.3%
2022	95.2%	91.0%	56.1%
2023	102.5%	84.8%	53.1%
2024	95.9%	75.5%	44.5%

²⁸ The operating ratio measures a company’s overall operational profitability from underwriting and investment activities. If an operating ratio is below 100%, the company is making a profit from its underwriting and investment activities.

²⁹ The net investment income ratio is calculated by dividing net investment income by net earned premiums.

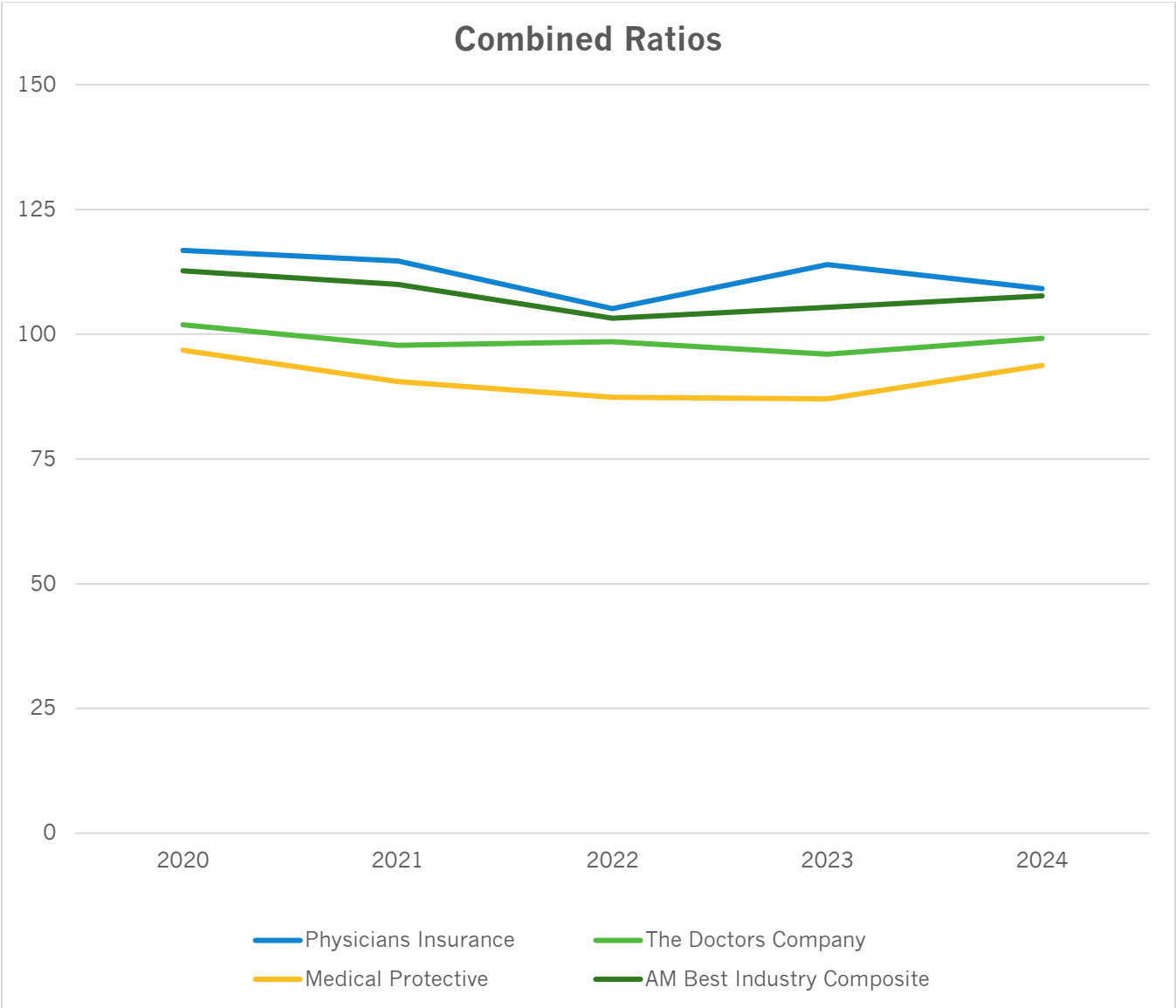
³⁰ The expense ratio is calculated by dividing incurred underwriting expenses by net written premiums.

³¹ The loss ratio is calculated by dividing losses and defense costs by net earned premiums.

³² The dividend ratio is calculated by dividing policyholder dividends by net earned premiums.

³³ Loss portfolio transfers between Medical Protective and its affiliates distorted its operating ratio in 2015.

This chart compares combined ratios from Physicians Insurance, The Doctors Company and Medical Protective Company to cumulative data obtained from A.M. Best.^{34 35}



³⁴ Best’s Market Segment Report – Medical Professional Liability: Underwriting Results Pressured by Evolving and Complex Landscape (May 13, 2025)

³⁵ The combined ratio measures how well an insurance company is performing in its daily operations. A ratio below 100% means the company is making an underwriting profit. A company can make an operating profit if the combined ratio is above 100%, because the ratio does not include investment income.

Summary data for closed claims reported by insurers and self-insurers

Overall summary of closed claim data by year closed

Item	2020	2021	2022	2023	2024
Claims closed	603	558	637	574	622
Claims paid	263	278	309	282	296
Paid indemnity	\$156,515,864	\$152,391,343	\$264,228,875	\$254,362,373	\$282,985,542
Average indemnity payment	\$595,117	\$548,170	\$855,110	\$901,994	\$956,032
Median indemnity payment	\$125,000	\$155,000	\$250,000	\$262,500	\$350,000
Economic loss	\$98,547,791	\$60,457,224	\$155,870,575	\$144,158,828	\$144,281,285
Average economic loss	\$374,706	\$217,472	\$504,436	\$511,202	\$487,437
Claims with defense costs	557	495	586	534	582
Defense costs	\$35,717,097	\$34,033,583	\$66,612,052	\$48,048,646	\$56,118,684
Average defense cost	\$64,124	\$68,755	\$113,672	\$89,979	\$96,424
Median defense cost	\$17,341	\$24,018	\$30,567	\$34,966	\$35,296

From 2020 to 2024, insurers and self-insurers paid \$1.1 billion on 1,428 claims, or \$777,650 per paid claim.³⁶ The average indemnity payment increased for the third consecutive year, reaching \$956,032 in 2024. The median indemnity payment increased by 33.3% from 2023 to 2024, reaching \$350,000.

The total economic loss was \$603 million, or \$422,490 per paid claim. On average, insurers and self-insurers attributed 54.3% of indemnity payments to economic loss.

Claims reported by insurers and self-insurers included defense costs 92% of the time. Insurers and self-insurers paid \$241 million to defend 2,754 claims, an average defense cost of \$87,338. The average defense cost increased by 7.2% from 2023 to 2024, but the median defense cost increased by just 0.9% over the same period.

³⁶ These amounts differ from what we reported in prior reports, because reporting entities can edit their data. For example, a reporting entity can re-open a claim, make additional payments and edit the report to show it closed a year later than earlier reported.

Related claims

Insurers and self-insurers identified medical incidents for which they defended more than one claim. This happens if a claimant alleges more than one medical provider or facility is responsible for their injury and the insurer covers both parties.

From 2008³⁷ to 2024, insurers and self-insurers reported 1,707 multiclaim incidents. 53.8% of the multiclaim incidents resulted in indemnity payments. The aggregate average indemnity payment per incident was \$801,187, which is 103.2% higher than the average per-claim indemnity payment for the same period.

Often, related claims from a single incident are resolved at different times, so there can be a lag between the insurer's or self-insurer's first claim report related to an incident and its final report that closes the series of related claims. This means average indemnity payments at the incident level will increase over time as additional claims related to previously reported incidents are resolved.

³⁷ Because claims related to the same incident can be closed on different dates, this discussion of incident-level information uses all available closed claim data, which insurers started reporting to the OIC in 2008. The remainder of our analysis of closed claim data uses information related to claims closed between 2020 and 2024.

Lawsuit status

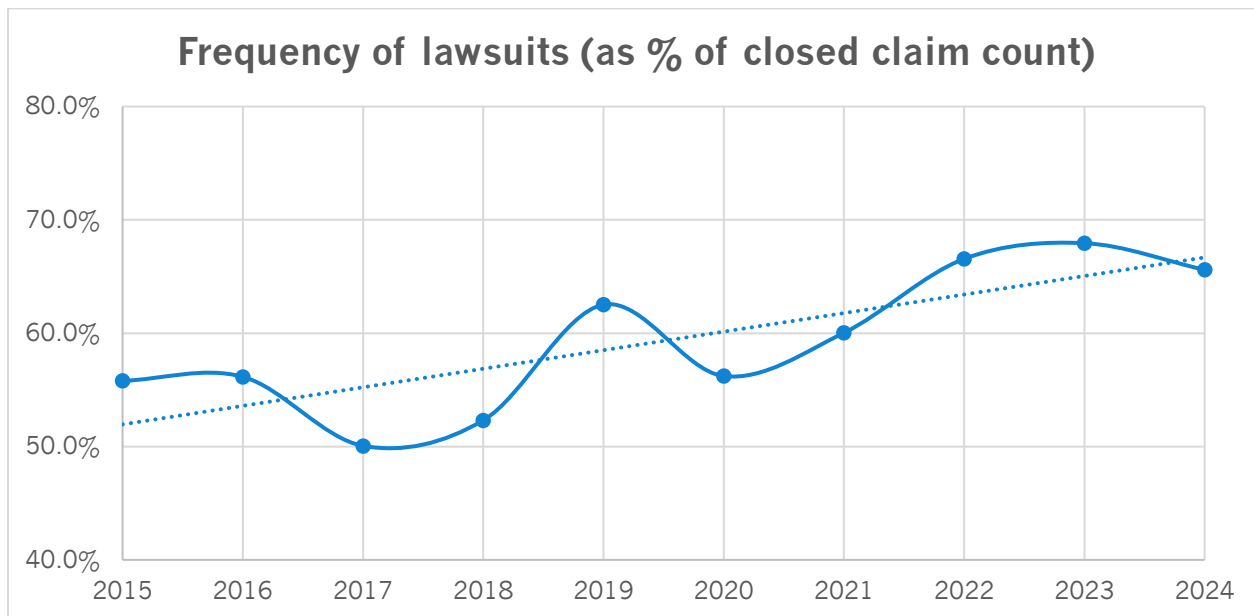
This table summarizes litigation data.³⁸ Indemnity payments and defense costs tend to be significantly higher for claims involving lawsuits.

Closed claim data by lawsuit status

Lawsuit status	Claims closed	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Lawsuit filed	1,896	886	\$1,111,898	1,874	\$120,371
No lawsuit filed	1,098	542	\$231,259	880	\$16,994
Total	2,994	1,428	\$777,650	2,754	\$87,338

Of the 2,994 claims reported, claimants filed lawsuits 63.3% of the time. Insurers and self-insurers incurred defense costs in 98.8% of the claims in which the plaintiff filed a lawsuit. Lawsuits resulted in indemnity payments 46.7% of the time, whereas 49.4% of claims without litigation resulted in indemnity payments.

The following chart shows that claimants have filed lawsuits more frequently in recent years.



³⁸ These amounts are not comparable to lawsuit settlement data reported by attorneys. Insurers and self-insurers report data for each defendant. Attorneys submit one settlement report that includes payments made by all defendants named in the lawsuit.

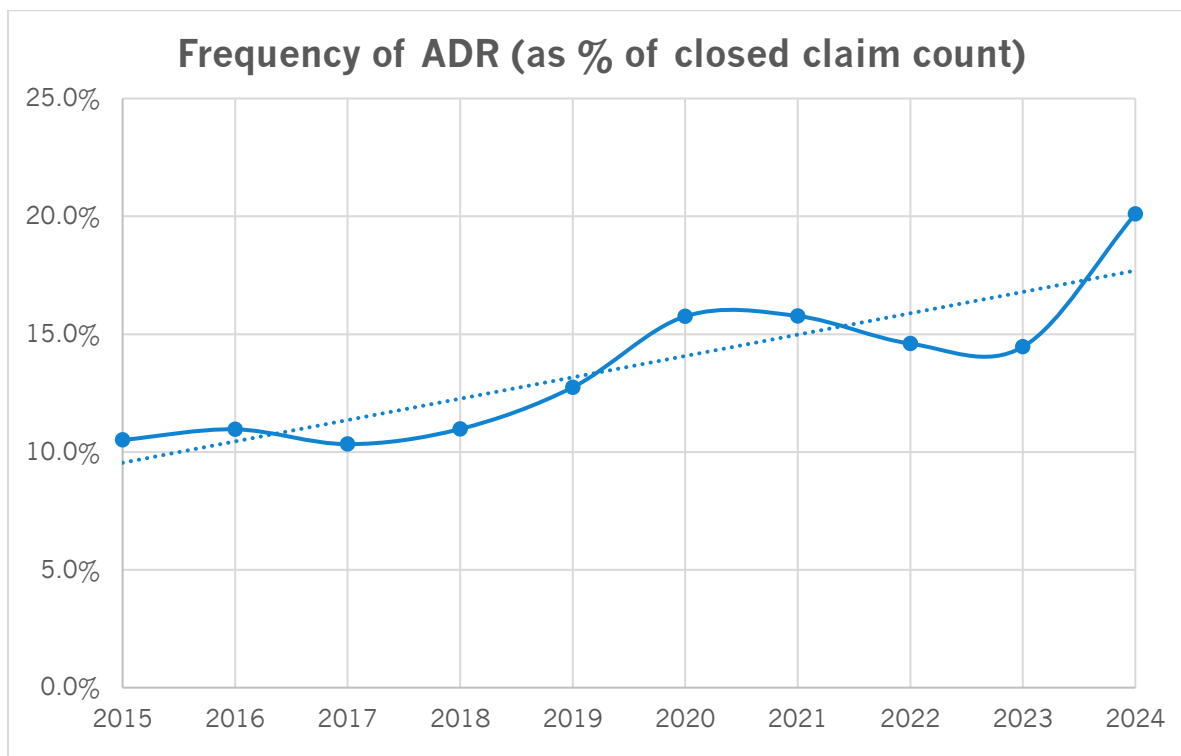
Method of settlement

Closed claim data by settlement method

Method of settlement	Claims closed	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Settled by parties	1,075	918	\$669,217	876	\$99,776
Abandoned by claimant	887	47	\$48,719	856	\$28,129
Court disposed claim	548	22	\$1,175,966	545	\$103,915
Alternative dispute resolution	484	441	\$1,061,182	477	\$151,811
Total	2,994	1,428	\$777,650	2,754	\$87,338

Alternative dispute resolutions ("ADR") include arbitration, mediation and private trials. Of the claims settled by ADR, 91.1% resulted in an indemnity payment, and those payments averaged \$1.1 million. By comparison, negotiations between parties resulted in an indemnity payment 85.4% of time, and those payments averaged \$669,217.

The following chart shows how the usage of ADR changed over the last 10 years.



Size of indemnity payments

This table shows that insurers and self-insurers settled 52.3% of claims without making an indemnity payment. Of the remaining claims, 48.8% had indemnity payments of \$200,000 or less.

Closed claim data based on the size of the indemnity payment

Range of paid indemnity	Claims reported	% of claims reported	Paid Indemnity	% of paid indemnity	Average paid indemnity
\$0	1,566	52.3%	\$0	0.0%	\$0
\$1 - \$200,000	697	23.3%	\$45,195,133	4.1%	\$64,842
\$200,001 - \$400,000	212	7.1%	\$63,715,331	5.7%	\$300,544
\$400,001 - \$600,000	99	3.3%	\$49,658,455	4.5%	\$501,601
\$601,000 - \$800,000	81	2.7%	\$58,937,191	5.3%	\$727,620
\$800,001 - \$999,999	38	1.3%	\$33,897,507	3.1%	\$892,040
\$1 million or more	301	10.1%	\$859,080,380	77.4%	\$2,854,088
Total	2,994	100.0%	\$1,110,483,997	100.0%	\$777,650

This next table shows how defense costs are related to the size of the indemnity payment.

Defense cost data based on the size of the indemnity payment

Range of paid indemnity	Claims with defense costs	% of claims with defense costs	Defense costs	% of total defense costs	Average defense cost
\$0	1,566	56.9%	\$93,789,962	39.0%	\$59,891
\$1 - \$200,000	485	17.6%	\$29,123,360	12.1%	\$60,048
\$200,001 - \$400,000	205	7.4%	\$21,761,381	9.0%	\$106,153
\$400,001 - \$600,000	90	3.3%	\$13,570,189	5.6%	\$150,780
\$600,001 - \$800,000	80	2.9%	\$9,209,542	3.8%	\$115,119
\$800,001 - \$999,999	37	1.3%	\$2,916,481	1.2%	\$78,824
\$1 million or more	291	10.6%	\$70,159,147	29.2%	\$241,097
Total	2,754	100.0%	\$240,530,062	100.0%	\$87,338

Claim duration

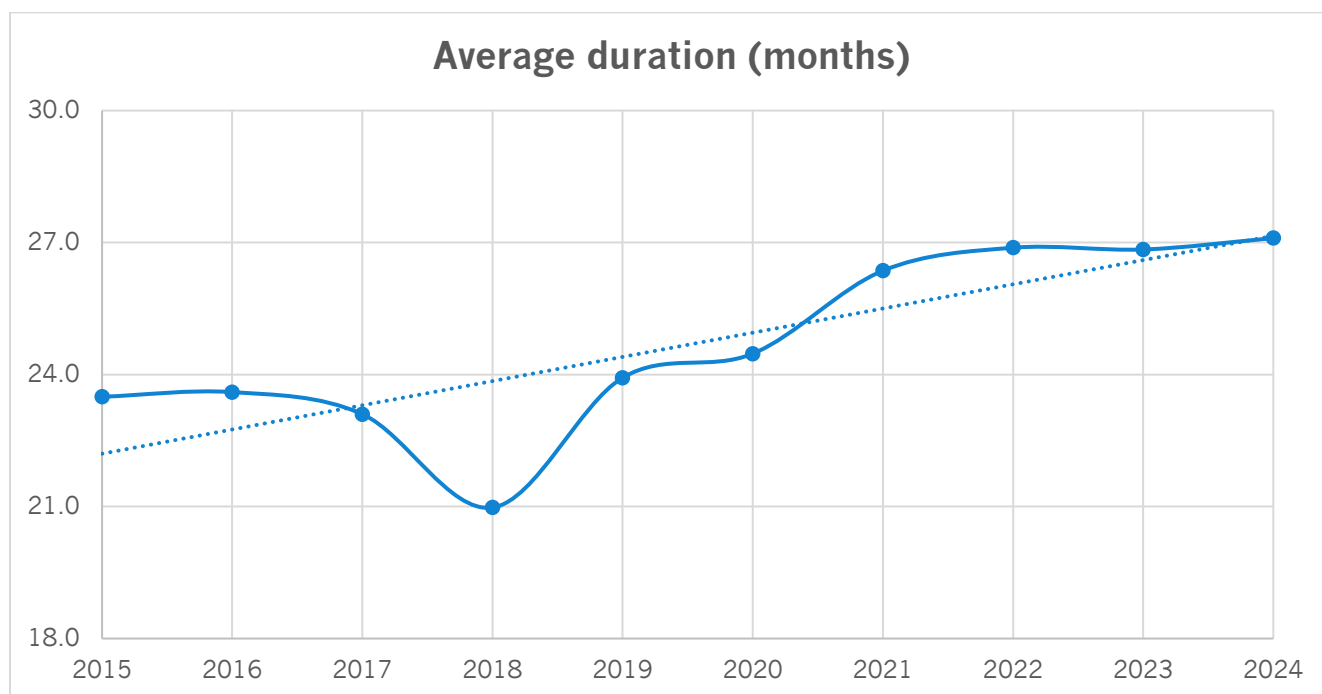
This table shows claims by age on the date they were closed. Average indemnity payments and defense costs tend to increase with the age of the claim.

Closed claim data by claim duration

Notice date to closed date	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
0-12 months	731	286	\$309,301	570	\$14,481
12-24 months	954	445	\$687,684	907	\$49,988
24-36 months	580	326	\$830,598	559	\$90,341
36-48 months	335	176	\$875,964	332	\$152,160
48-60 months	191	99	\$758,643	187	\$154,384
60-72 months	104	51	\$1,500,768	102	\$244,355
Over 72 months	99	45	\$3,098,111	97	\$331,189
Total	2,994	1,428	\$777,650	2,754	\$87,338

Insurers and self-insurers closed 75.7% of claims within 36 months, but these claims accounted for just 59.9% of total paid indemnity and 43.3% of total defense costs.

The following chart shows how the average claim duration changed over the last 10 years.

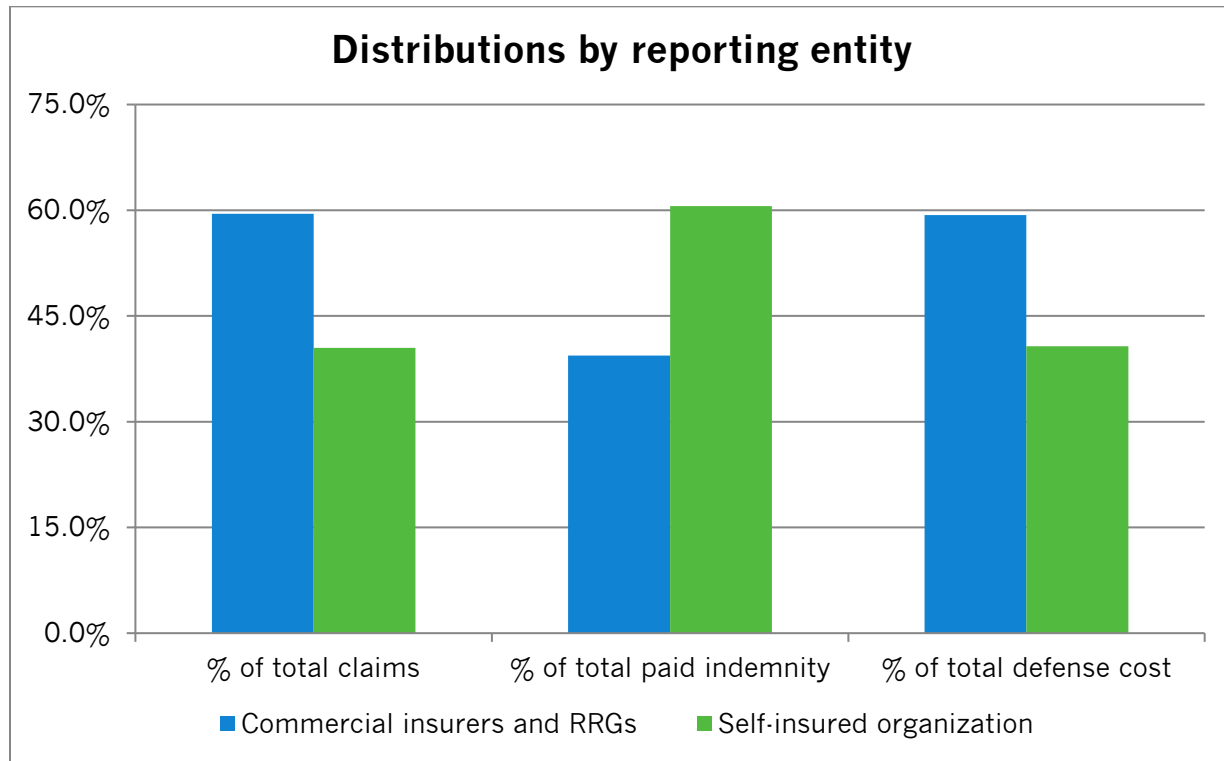


Type of reporting entity

Commercial insurers³⁹ and risk retention groups ("RRGs") reported the highest number of claims, but only 39.6% of those claims resulted in indemnity payments. By comparison, self-insured organizations reported indemnity payments for 59.6% of claims. Self-insured organizations also reported significantly higher indemnity payments.

Closed claim data by reporting entity type

Reporting entity	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Commercial insurers and RRGs	1,782	706	\$619,854	1,730	\$82,440
Self-insured organization	1,212	722	\$931,949	1,024	\$95,614
Total	2,994	1,428	\$777,650	2,754	\$87,338



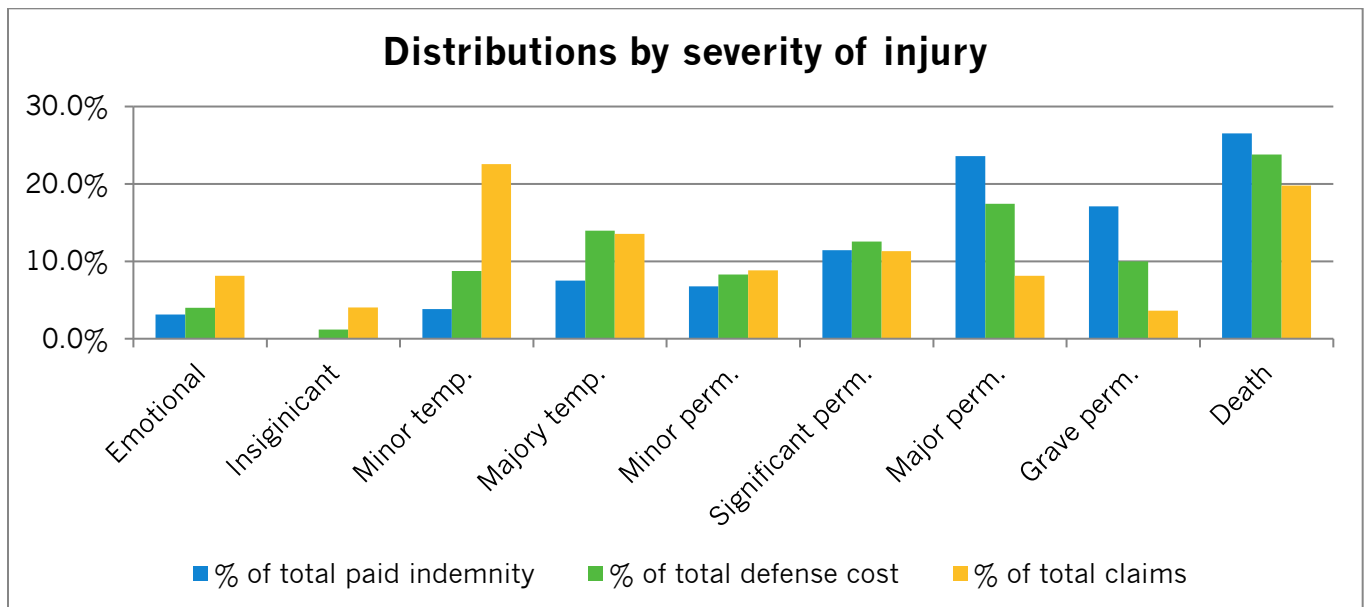
³⁹ Commercial insurers include admitted (licensed) insurers, surplus line insurers and joint underwriting associations.

Injury outcome

This exhibit shows compensation and defense costs by severity of injury.⁴⁰ Injuries were most often classified as minor and temporary, but these claims comprised only 3.8% of total paid indemnity and 8.8% of total defense costs. Grave permanent injuries⁴¹ had the highest average paid indemnity and average defense costs, followed by major permanent injuries in both respects.

Closed claim data by injury outcome

Injury outcome	Claims reported	Claims paid	Average paid indemnity	Average Economic Loss	Claims with defense costs	Average defense cost
Emotional injury only	244	103	\$336,655	\$78,103	216	\$44,569
Insignificant injury	121	29	\$30,729	\$14,290	109	\$26,341
Minor temporary injury	676	323	\$132,120	\$59,633	559	\$37,660
Major temporary injury	405	200	\$416,040	\$183,818	368	\$91,332
Minor permanent injury	265	126	\$594,518	\$287,875	255	\$78,075
Significant permanent injury	339	142	\$894,490	\$393,199	327	\$92,204
Major permanent injury	243	146	\$1,795,709	\$1,123,322	234	\$179,336
Grave permanent injury	108	58	\$3,278,113	\$2,724,339	107	\$225,007
Death	593	301	\$979,414	\$414,314	579	\$98,911
Total	2,994	1,428	\$777,650	\$422,490	2,754	\$87,338



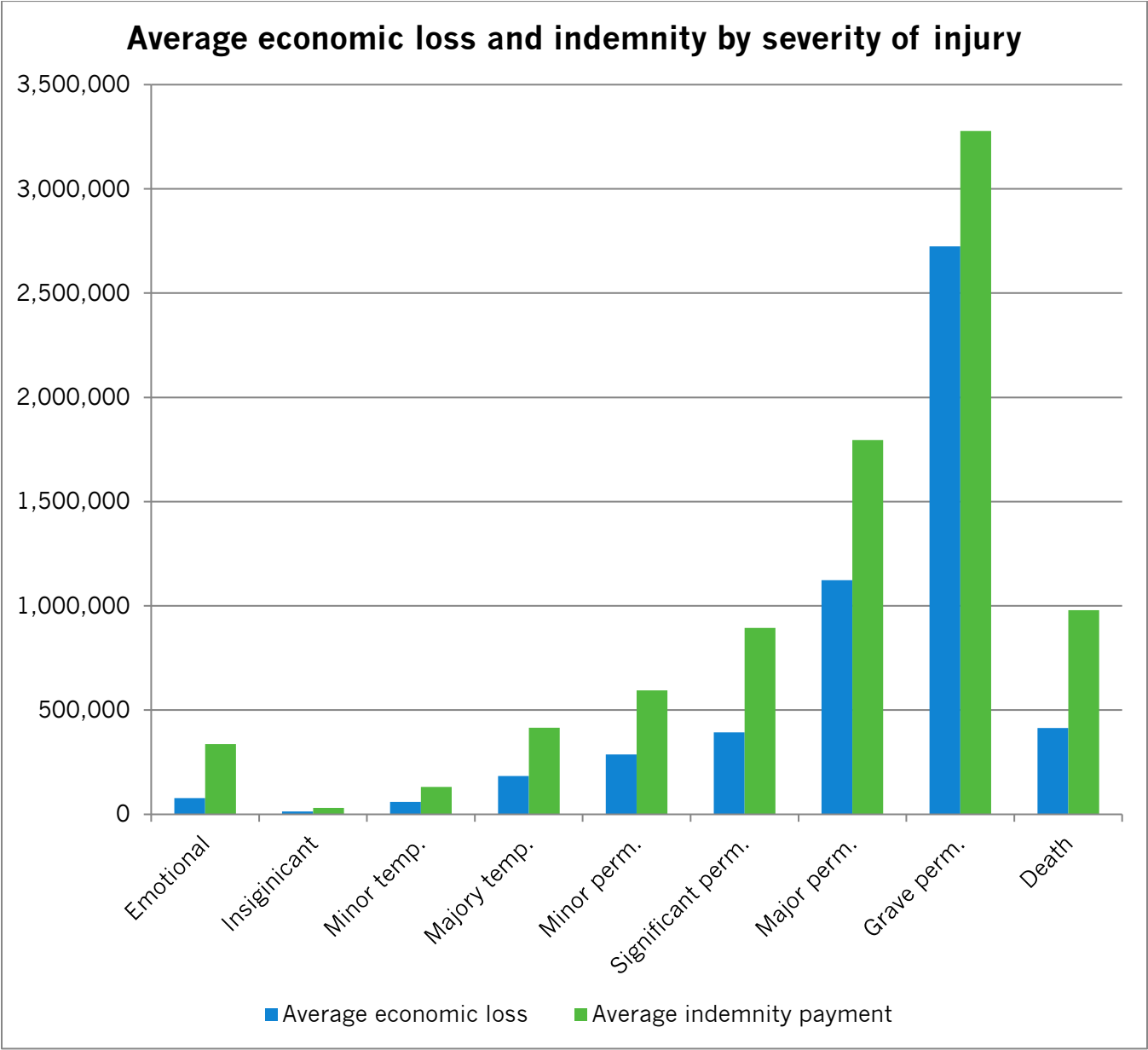
⁴⁰ For a description of each type of injury outcome, see [WAC 284-24D-220](#).

⁴¹ Grave permanent injuries include quadriplegia and severe brain damage, requiring lifelong dependent care.

If they made an indemnity payment, insurers and self-insurers reported the economic loss related to the injury.⁴² The insurer or self-insurer either estimated the economic loss or reported the amount of economic loss awarded by a court.

Patient death claims had a lower average economic loss than claims for significant permanent injury, major permanent injury, or grave permanent injury. If a patient dies, compensation for economic loss is largely calculated based on lost income and services the patient would have provided.

This chart shows the relationship between injury outcome, average paid indemnity and average economic loss.



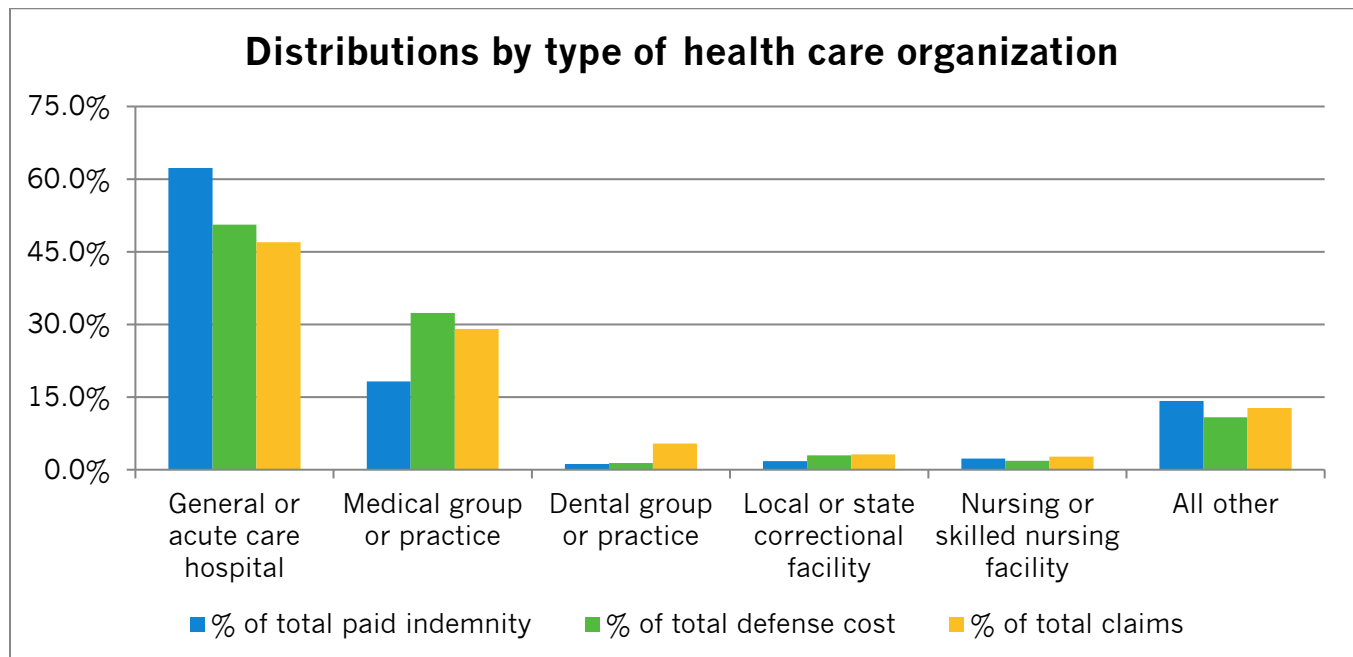
⁴² The components of economic losses are described in [WAC 284-24D-360](#).

Type of health care organization

This exhibit shows data segmented by the type of health care organization or provider group.⁴³

Closed claim data by health care organization or provider group type

Health care organization	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
General or acute care hospital	1,406	726	\$952,836	1,277	\$95,366
Medical group or practice	871	326	\$620,245	836	\$93,064
Dental group or practice	162	74	\$176,613	150	\$22,248
Local or state correctional facility	94	30	\$658,321	82	\$86,915
Nursing or skilled nursing facility	80	51	\$505,365	78	\$57,101
Chiropractic group or practice	34	20	\$503,950	33	\$105,226
Radiology or imaging center	30	10	\$280,314	29	\$43,250
Podiatric group or practice	29	11	\$340,455	29	\$49,682
Ambulatory clinic or center	23	11	\$754,969	22	\$110,949
All other organizations	265	169	\$786,989	218	\$79,905
Total	2,994	1,428	\$777,650	2,754	\$87,338



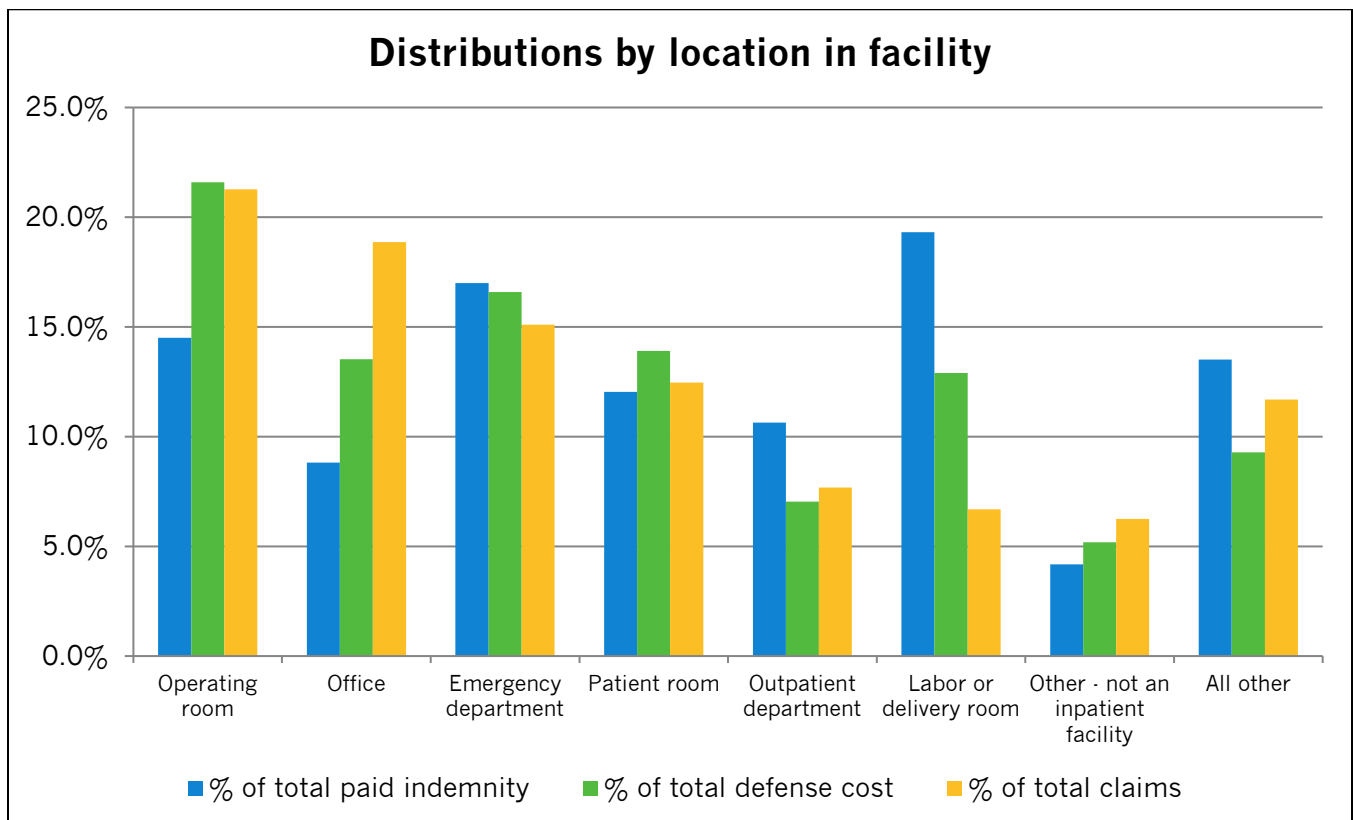
⁴³ Under [RCW 48.140.060](#) and [RCW 42.56.400\(10\)](#), the insurance commissioner must protect the identify of each insuring entity, self-insurer, claimant, health care provider, or health care facility involved in a particular claim or collection of claims. For this reason, types of organizations with few claims are grouped together.

Location within the facility

This exhibit shows data by location within the facility where the incident leading to the claim occurred.

Closed claim data by location within the facility

Location within facility	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Operating room	637	292	\$551,383	594	\$87,420
Office	565	228	\$429,378	547	\$59,460
Emergency department	452	193	\$978,238	422	\$94,529
Patient room	373	212	\$630,711	330	\$101,328
Outpatient department	230	134	\$881,525	190	\$89,009
Labor or delivery room	200	112	\$1,915,200	195	\$159,144
Other - not an inpatient facility	187	82	\$566,206	171	\$72,925
Radiology department	90	36	\$1,731,665	83	\$78,948
Laboratory	34	14	\$2,400,120	33	\$68,366
All other locations	226	125	\$432,594	189	\$71,559
Total	2,994	1,428	\$777,650	2,754	\$87,338

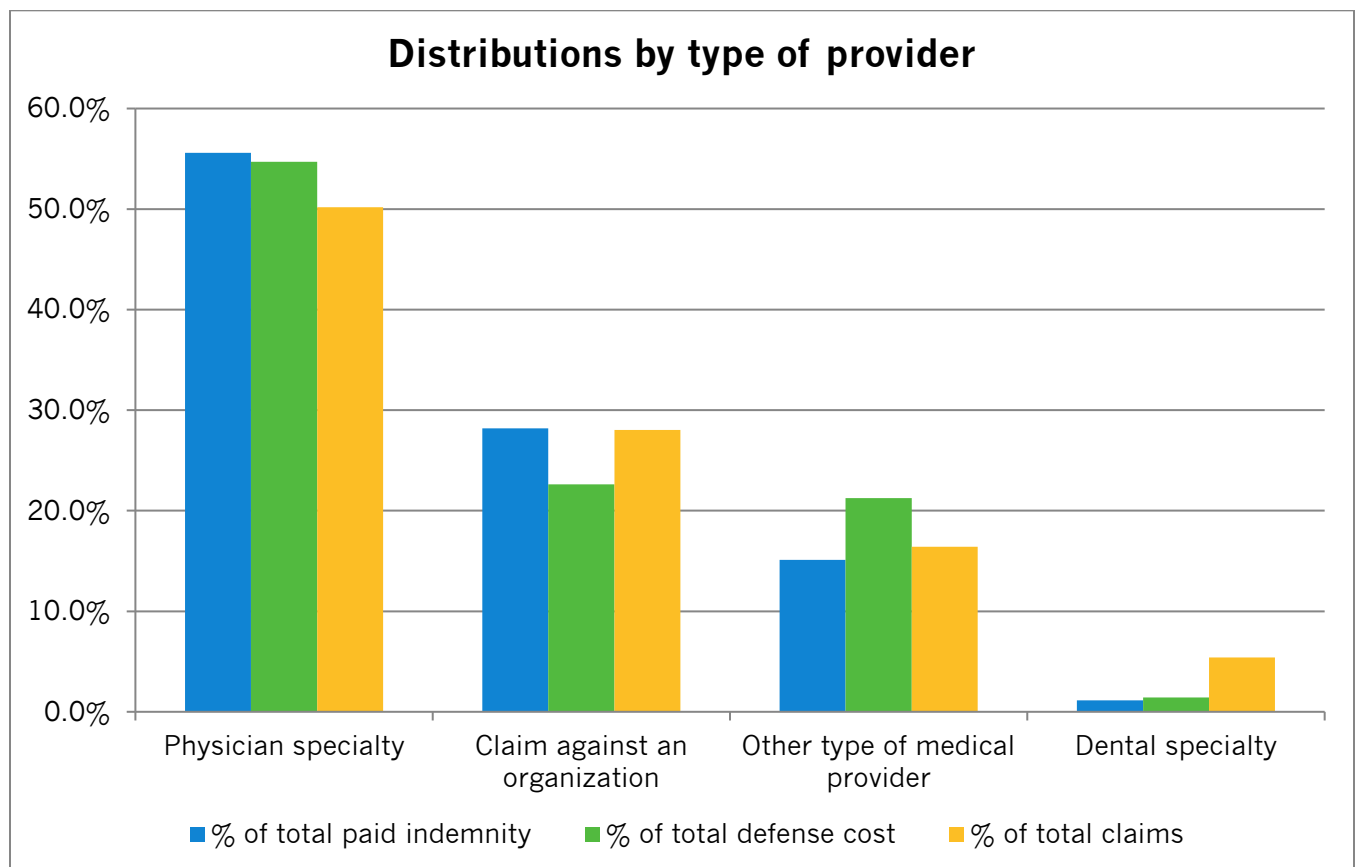


Type of medical provider

This exhibit shows data by type of medical provider. The “physician specialty” category includes surgeons, general practice physicians, radiologists, neurologists, psychiatrists and many more. The “other type of medical provider” category includes nursing, physician assistants, technicians, pharmacy, podiatry and psychology, among others.

Closed claim data by provider type

Provider type	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Physician specialty	1,502	670	\$921,460	1,421	\$92,584
Claim against an organization	839	389	\$804,361	769	\$70,727
Other type of medical provider	491	293	\$572,245	415	\$123,186
Dental specialty	162	76	\$165,023	149	\$23,206
Total	2,994	1,428	\$777,650	2,754	\$87,338



This table shows claim data for physician specialties that had the largest number of claims.⁴⁴

Closed claim data by physician type

Provider specialty	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Emergency medicine	193	73	\$993,865	179	\$95,840
Obstetrics and gynecology	187	96	\$1,227,120	183	\$119,927
Family practice	141	60	\$620,835	128	\$94,047
General surgery	132	71	\$364,675	125	\$76,270
Orthopedic surgery	131	57	\$455,854	122	\$63,692
Radiology	124	57	\$1,290,266	121	\$101,179
Internal medicine	74	28	\$1,671,571	71	\$80,423
Neurological surgery	72	27	\$1,397,304	72	\$85,652
Anesthesiology	61	37	\$690,927	51	\$93,670
Plastic surgery	45	12	\$285,417	44	\$40,001
Cardiovascular diseases	41	24	\$1,410,983	39	\$111,212
Gastroenterology	41	21	\$678,290	36	\$145,277
Pediatrics	38	14	\$2,891,741	36	\$207,596
Urological surgery	33	14	\$567,213	33	\$54,434
All other physician types	189	79	\$687,316	181	\$75,265
Total	1,502	670	\$921,460	1,421	\$92,584

The largest number of claims against physician specialties were for emergency medicine. The most common allegations against this specialty were “failure to diagnose” with 80 claims, “delay in diagnosis” with 18 claims, and “failure to treat” with 10 claims.

Pediatrics ranked highest among physician specialties in average paid indemnity and defense costs. The most common allegation against this specialty was “failure to diagnose” with five claims.

⁴⁴ Under [RCW 48.140.060](#) and [RCW 42.56.400\(10\)](#), some specialties are grouped together to maintain confidentiality.

This table shows claim data for other types of medical providers.⁴⁵ Nursing staff accounted for the majority of these claims. The most common allegation against nursing staff was “failure to ensure patient safety” with 34 claims, followed by “failure to monitor” and “failure to diagnose” with 18 claims each. Physician assistants had the second-highest number of claims, and the most common allegation against this type was “failure to diagnose” with 23 claims.

Closed claim data for other types of medical providers

Provider type	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Nursing	244	157	\$565,767	191	\$68,682
Physician assistant	72	35	\$478,353	66	\$179,603
Podiatry	39	15	\$386,166	39	\$315,780
Chiropractic	30	19	\$527,842	29	\$117,757
Midwifery	24	13	\$1,211,538	24	\$86,419
All other types	82	54	\$565,344	66	\$126,449
Total	491	293	\$572,245	415	\$123,186

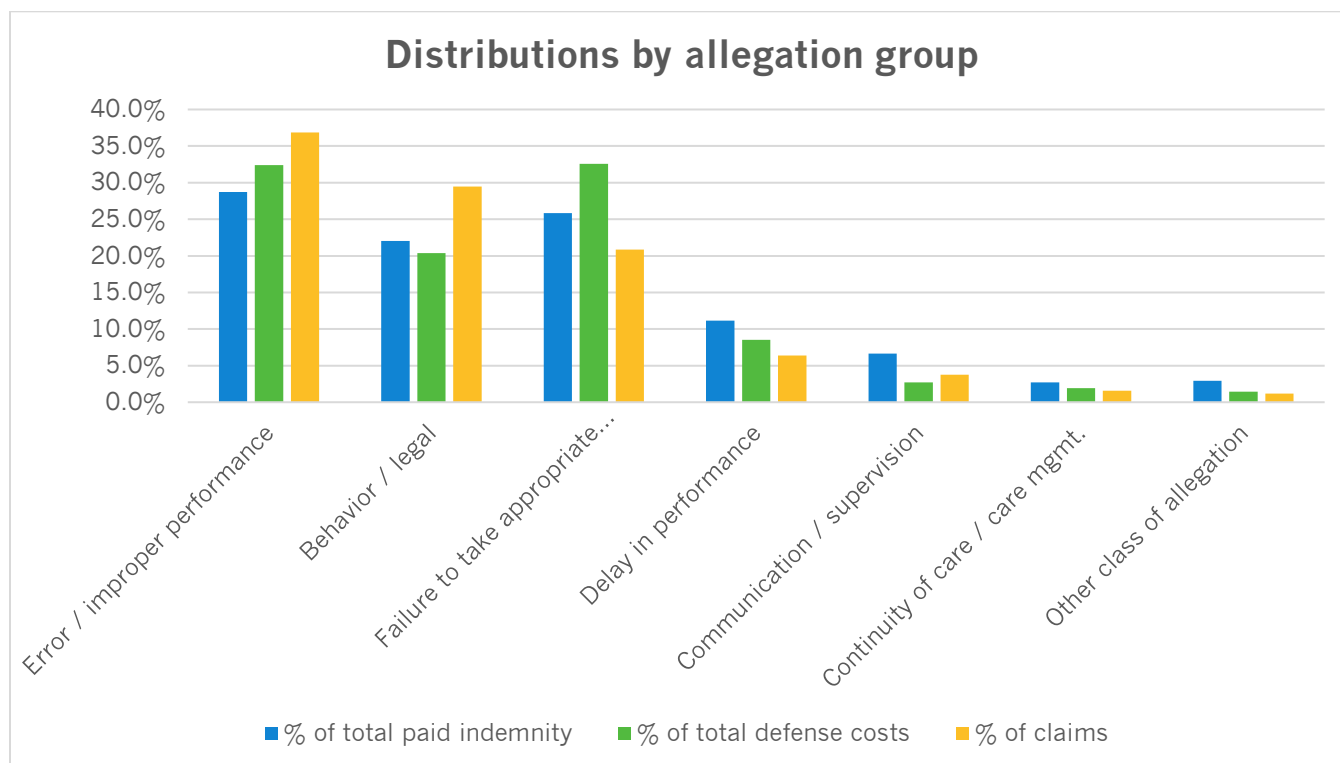
⁴⁵ Under [RCW 48.140.060](#) and [RCW 42.56.400\(10\)](#), some types of providers are grouped together to maintain confidentiality.

Claim allegations

Insurers and self-insurers identified the primary complaint that led to the medical malpractice claim. This table shows the most common classes of allegations.⁴⁶

Closed claim data by claim allegation group

Allegation group	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Error / improper performance	1,103	553	\$576,760	1,004	\$77,594
Behavior / legal	882	381	\$641,654	807	\$60,784
Failure to take appropriate action	624	282	\$1,017,730	589	\$133,042
Delay in performance	191	100	\$1,238,728	183	\$112,215
Communication / supervision	112	69	\$1,067,437	95	\$68,773
Continuity of care / care mgmt.	47	27	\$1,114,238	42	\$110,758
Other class of allegation	35	16	\$2,028,448	34	\$102,678
Total	2,994	1,428	\$777,650	2,754	\$87,338



⁴⁶ Under [RCW 48.140.060](#) and [RCW 42.56.400\(10\)](#), some allegation classes are grouped together to maintain confidentiality.

The next two pages show the most common specific allegations for each major class of allegation.

Closed claim data for specific allegations

	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Error / improper performance					
Improper performance	488	214	\$514,017	465	\$66,742
Improper management	159	75	\$903,733	152	\$124,010
Improper technique	157	86	\$354,600	129	\$58,479
Wrong diagnosis or misdiagnosis	39	18	\$721,667	38	\$87,542
Surgical or other foreign body retained	24	17	\$333,207	22	\$64,138
Equipment utilization problem	20	16	\$355,859	17	\$40,546
Wrong body part	17	12	\$130,956	13	\$35,737
Patient positioning problem	17	11	\$435,796	12	\$102,844
	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Behavior / legal					
Vicarious liability	682	263	\$736,030	634	\$62,408
Failure to ensure patient safety	81	62	\$260,889	61	\$59,243
Sexual misconduct	37	24	\$726,000	34	\$51,563
	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Failure to take appropriate action					
Failure to diagnose	341	158	\$857,509	327	\$87,982
Failure to treat	76	22	\$389,750	71	\$236,323
Failure to monitor	60	30	\$645,318	50	\$96,191
Failure to order appropriate test	38	21	\$2,377,407	38	\$410,217
Failure to recognize a complication	34	17	\$706,837	32	\$399,020
Failure to identify fetal distress	19	11	\$3,445,455	19	\$170,294

Closed claim data for specific allegations

	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Delay in performance					
Delay in diagnosis	108	50	\$1,220,428	103	\$114,341
Delay in treatment	46	24	\$1,025,586	45	\$99,680
Delay in performance	26	17	\$824,253	24	\$67,112
	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Communication / supervision					
Failure to instruct or communicate w/patient	42	26	\$1,520,493	32	\$51,352
Communication problem btwn. practitioners	21	16	\$1,647,565	18	\$113,718
Improper supervision	17	10	\$210,513	15	\$61,651
Failure to supervise	15	10	\$277,165	14	\$45,894
	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Continuity of care / care management					
Failure or delay in referral or consultation	17	11	\$1,456,864	14	\$140,362

This table shows the most common allegations against physician specialties.

Closed claim data based on allegations against physicians

Allegation made against physician specialty	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Improper performance	300	123	\$695,736	294	\$81,475
Failure to diagnose	288	134	\$896,626	276	\$92,200
Improper technique	119	56	\$503,869	102	\$61,872
Improper management	106	45	\$863,848	101	\$128,079
Delay in diagnosis	86	39	\$1,206,790	83	\$114,153
Failure to treat	44	13	\$528,846	43	\$139,068
Wrong diagnosis or misdiagnosis	33	17	\$735,294	32	\$96,239
Failure to order appropriate test	31	18	\$2,579,167	31	\$139,828
Delay in treatment	30	12	\$1,405,804	29	\$123,018
Failure to instruct or communicate w/patient	25	16	\$867,876	20	\$43,140
Surgical or other foreign body retained	18	13	\$411,165	17	\$74,514
Delay in performance	17	10	\$905,500	16	\$83,172
Communication problem btwn. practitioners	15	11	\$914,986	13	\$68,004
Equipment utilization problem	13	11	\$389,447	12	\$46,015
Intubation problem	12	10	\$2,722,929	9	\$180,332

This table shows the most common allegation against dental specialties. "Improper performance" was alleged in more than half of these claims.

Closed claim data based on allegations against dental providers

Allegation made against dental provider	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Improper performance	101	43	\$173,539	95	\$20,091
Improper technique	12	10	\$78,750	10	\$44,090

This table shows the most common allegations made against other types of medical providers.

Closed claim data based on allegations against other types of medical providers

Allegation made against other type of provider	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Improper performance	78	42	\$334,001	69	\$71,092
Failure to diagnose	46	22	\$594,995	44	\$70,550
Failure to ensure patient safety	38	32	\$149,881	23	\$38,498
Improper management	35	23	\$443,427	35	\$111,351
Improper technique	24	20	\$74,571	15	\$50,660
Failure to monitor	22	14	\$300,599	13	\$89,066
Sexual misconduct	16	12	\$395,417	14	\$24,422

This table shows the most common allegations made against an organization. The most common allegation, “vicarious liability,” is secondary liability in which the organization becomes responsible for the acts of an employee or another third party when it had the right, ability or duty to control those actions.

Closed claim data based on allegations against organizations

Allegation made against an organization	Claims reported	Claims paid	Average paid indemnity	Claims with defense costs	Average defense cost
Vicarious liability	633	254	\$735,141	587	\$62,735
Failure to ensure patient safety	37	28	\$398,963	32	\$58,466
Failure to monitor	18	11	\$534,152	17	\$132,105

Counties

Insurers and self-insurers reported the county where the medical incident occurred.⁴⁷ To provide information about differences by location, we divided the state into 10 regions.⁴⁸ A few claims were reported as occurring outside of Washington state (not shown).

Closed claim data by county/region

County/region	Claims reported	Claims paid	Average paid indemnity	Average economic loss	Claims with defense costs	Average defense cost
King	857	454	\$923,538	\$590,864	773	\$100,959
Spokane	393	159	\$547,047	\$316,644	360	\$93,340
Pierce	342	162	\$1,051,099	\$538,650	331	\$104,121
Snohomish	239	100	\$1,014,906	\$439,723	220	\$65,767
Yakima/Tri-Cities	227	102	\$425,692	\$192,733	213	\$54,236
East balance	203	91	\$628,910	\$302,921	184	\$51,217
Puget Sound Metro	195	90	\$872,608	\$313,020	192	\$101,335
Clark	186	103	\$455,268	\$223,221	160	\$80,942
West balance	170	87	\$657,774	\$279,076	151	\$93,176
North Sound	165	73	\$634,519	\$411,341	155	\$75,484

King County had more than twice as many claims as any other county/region. Pierce County had the highest average paid indemnity and the highest average defense cost. The “Yakima/Tri-Cities” region had the lowest average paid indemnity, and the “east balance” region had the lowest average defense cost.

The proportion of indemnity payments attributed to economic damages varied significantly by region, ranging from a high of 64.8% in the “North Sound” region to a low of 35.9% in the “Puget Sound Metro” region.

⁴⁷ Under [RCW 48.140.060](#) and [RCW 42.56.400\(10\)](#), some counties are grouped together to maintain confidentiality.

⁴⁸ **Yakima/Tri-Cities** includes Benton, Franklin and Yakima counties. **East balance** includes Adams, Asotin, Chelan, Columbia, Douglas, Ferry, Garfield, Grant, Kittitas, Lincoln, Okanogan, Pend Oreille, Stevens, Walla Walla and Whitman counties. **Puget Sound Metro** includes Kitsap and Thurston counties. **West balance** includes Clallam, Cowlitz, Grays Harbor, Jefferson, Klickitat, Lewis, Mason, Pacific, Skamania and Wahkiakum counties. **North Sound** includes Island, San Juan, Skagit and Whatcom counties.

Gender of claimant

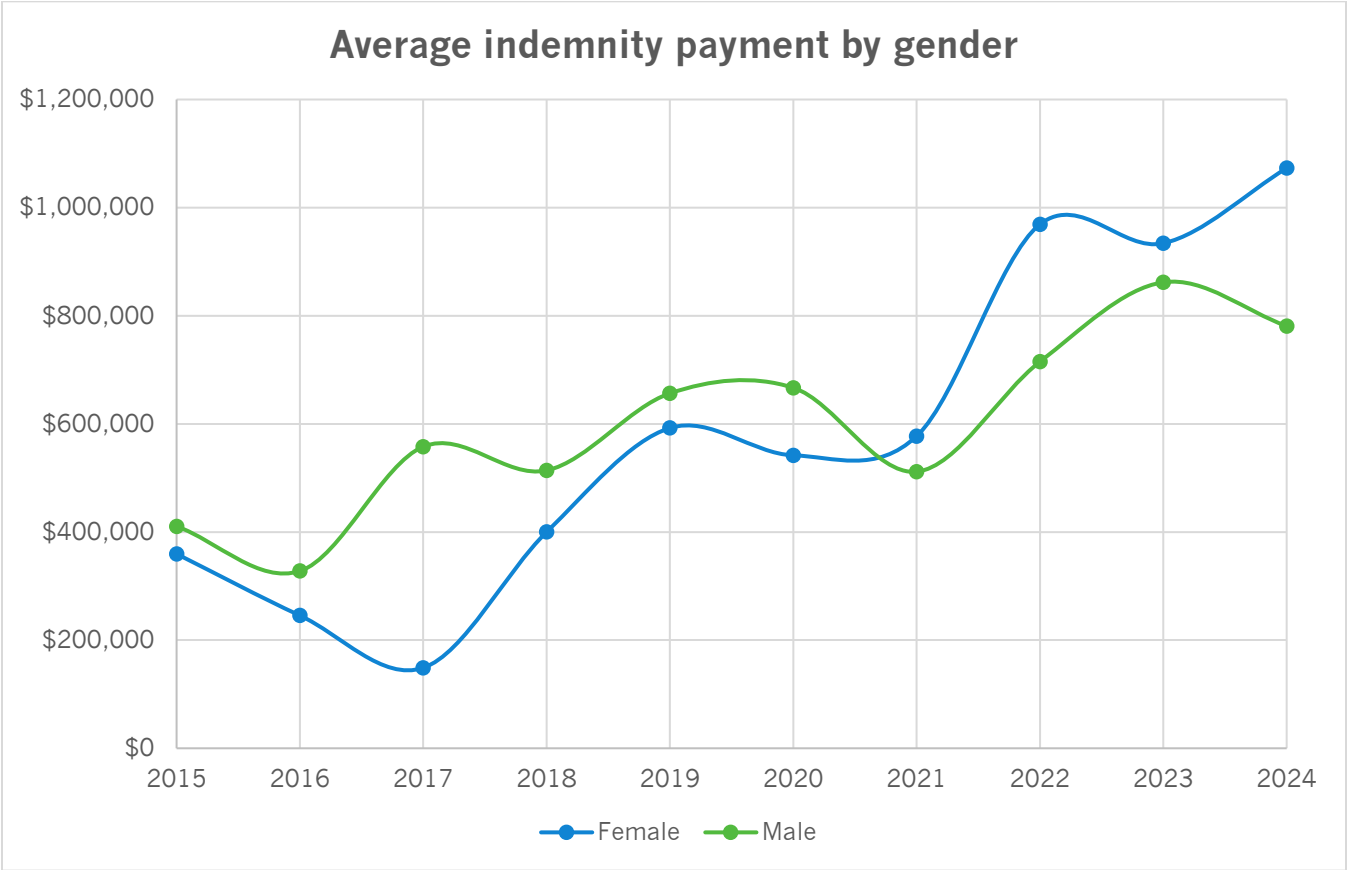
This exhibit shows data by gender. For a few claims, the gender was reported as unknown (not shown).

Closed claim data by gender of claimant

Gender	Claims reported	Claims paid	Average paid indemnity	Average economic loss	Claims with defense costs	Average defense cost
Female	1,737	841	\$833,320	\$440,310	1,602	\$89,405
Male	1,247	581	\$704,174	\$448,464	1,142	\$85,129

Average indemnity payments were significantly higher when the claimant was female, while average economic losses and defense costs were similar across genders.

The following chart compares average indemnity payments by gender over the last ten years.

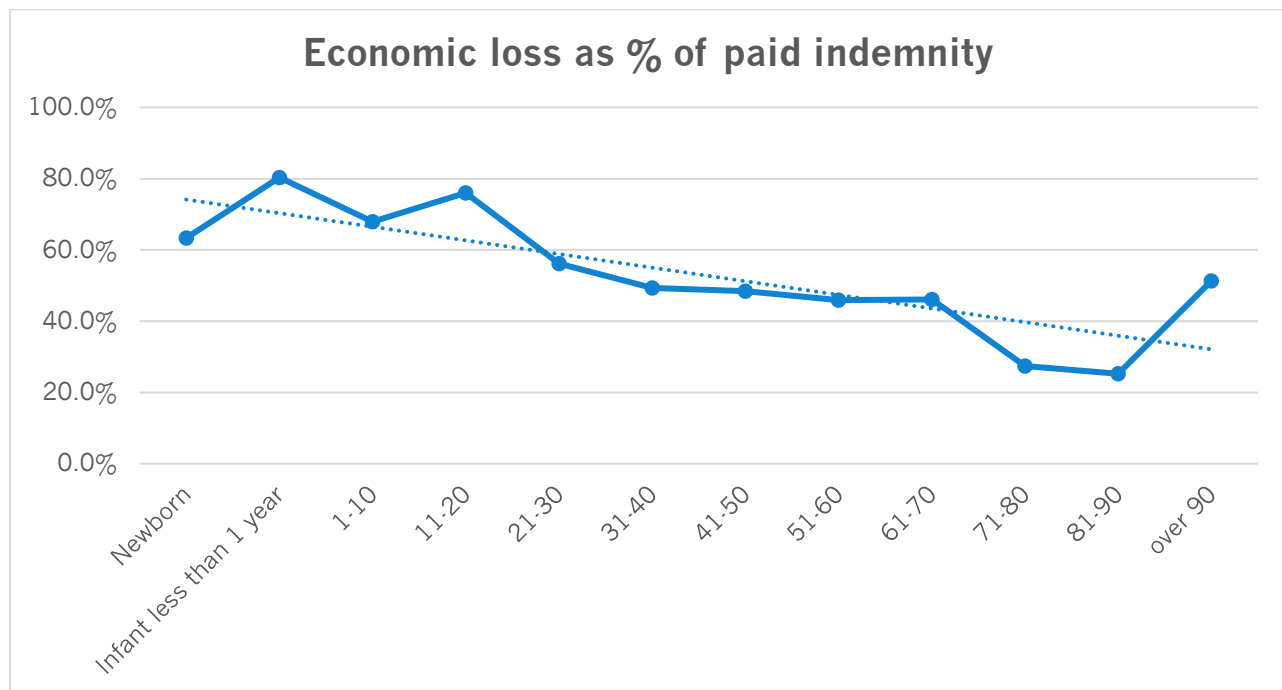


Age of claimant

Insurers and self-insurers reported the age group of the claimant.

Closed claim data by claimant age group

Age group	Claims reported	Claims paid	Average paid indemnity	Average economic loss	Claims with defense costs	Average defense cost
Newborn	149	90	\$2,544,737	\$1,612,899	147	\$207,269
Infant less than 1 year	35	17	\$4,055,882	\$3,258,529	33	\$140,702
1-10	88	47	\$1,113,014	\$755,699	79	\$106,711
11-20	95	56	\$1,149,325	\$873,691	84	\$115,679
21-30	257	114	\$772,921	\$433,721	238	\$93,710
31-40	385	164	\$710,642	\$350,802	351	\$73,709
41-50	452	182	\$690,603	\$334,221	417	\$62,676
51-60	694	308	\$539,218	\$247,638	642	\$88,111
61-70	446	215	\$477,360	\$220,152	410	\$83,718
71-80	256	143	\$465,736	\$127,807	235	\$64,477
81-90	105	72	\$365,103	\$92,183	92	\$57,503
over 90	32	20	\$194,335	\$99,640	26	\$62,543
Total	2,994	1,428	\$777,650	\$422,490	2,754	\$87,338



Trends

This chart shows estimates of trends in frequency and severity.⁴⁹

Ten-year and five-year fitted trends

Year closed	Average paid indemnity	Average limited indemnity	Average defense cost	Average of limited indemnity + defense costs	Number of claims closed
2015	\$379,443	\$222,156	\$65,547	\$147,899	1,018
2016	\$281,475	\$219,375	\$66,183	\$155,416	894
2017	\$330,787	\$195,279	\$62,103	\$138,894	813
2018	\$452,684	\$275,698	\$73,921	\$203,511	820
2019	\$619,126	\$290,427	\$75,141	\$200,059	667
2020	\$595,117	\$317,553	\$64,124	\$197,734	603
2021	\$548,170	\$332,812	\$68,755	\$226,802	558
2022	\$855,110	\$408,309	\$113,672	\$302,636	637
2023	\$901,994	\$420,993	\$89,979	\$290,538	574
2024	\$956,032	\$444,183	\$96,424	\$301,603	622
Annual trend (2015-2024)	14.1%	9.6%	5.1%	9.5%	-5.9%
Annual trend (2020-2024)	15.6%	9.5%	11.5%	11.5%	0.9%

Average limited indemnity amounts were calculated by restricting individual claims to a maximum of \$1 million, which is a way to reduce volatility in the trend estimate. The estimated trend in the number of claims closed is low due to late-reported claims. There will likely be more claims than the 622 already reported for 2024.

These trends in medical malpractice insurance costs are not reliable estimates of changes over time for several reasons. Medical malpractice claims can take several years to close, and the averages shown for each closed-year include data from incidents that occurred over many years. Thus, trends estimated using closed-year data can be distorted by changes in claim settlement rates. Because of these distortions, the trend in the number of claims closed is a poor estimate of frequency trend. A frequency is calculated as the number of claims per exposure (e.g., per policy or per physician). Since insurers do not report policy counts, physician counts or other exposure data, we cannot calculate a true frequency trend. These trend estimates could also be distorted by changes in data reporting compliance over time.

⁴⁹ An analysis of trends in frequency and severity is required by [RCW 48.140.050\(1\)\(a\)\(i\)](#). Trends shown are based on exponential least squares regression.

Summary data for lawsuits reported by attorneys

This section of the report presents data submitted by plaintiffs' attorneys following the resolution of lawsuits against health care providers and facilities.

Overall summary of lawsuit settlement data by year settled

Item	2020	2021	2022	2023	2024
Lawsuits reported by attorneys	11	15	12	21	13
Total legal expenses	\$4,818,014	\$11,883,351	\$5,307,299	\$13,207,690	\$7,931,223
Average legal expense per lawsuit	\$438,001	\$792,223	\$442,275	\$628,938	\$610,094
Lawsuits with paid indemnity	11	14	11	20	12
Total paid indemnity	\$12,520,000	\$30,144,287	\$16,325,000	\$61,185,000	\$20,440,000
Average payment to claimant	\$1,138,182	\$2,153,163	\$1,484,091	\$3,059,250	\$1,703,333
Lawsuits with attorney fees	11	14	11	20	12
Total attorney fees	\$4,321,180	\$10,931,815	\$4,901,279	\$11,819,525	\$7,474,739
Average fee paid to attorney	\$392,835	\$780,844	\$445,571	\$590,976	\$622,895
Average fee ÷ average indemnity	34.5%	36.3%	30.0%	19.3%	36.6%

From 2020 to 2024, claimants received \$141 million in compensation on 68 settlements, averaging \$2.1 per paid settlement.

Claimants paid \$43 million for legal expenses, averaging \$599,272 per lawsuit. Claimants also paid \$39 million in attorney fees, averaging \$580,126 per settlement with paid indemnity.⁵⁰ On average, the attorney fee was 28.1% of the total compensation paid to the claimant.

The average indemnity payment per settlement reported by attorneys was much higher than the average indemnity payment reported by insurers on a per-defendant basis. Per-lawsuit averages are expected to be higher than per-defendant averages, since settlements reported by attorneys can involve multiple defendants. Averages reported by attorneys may be biased high; attorneys might be less likely to report data to the OIC for lawsuits resulting in small indemnity payments.

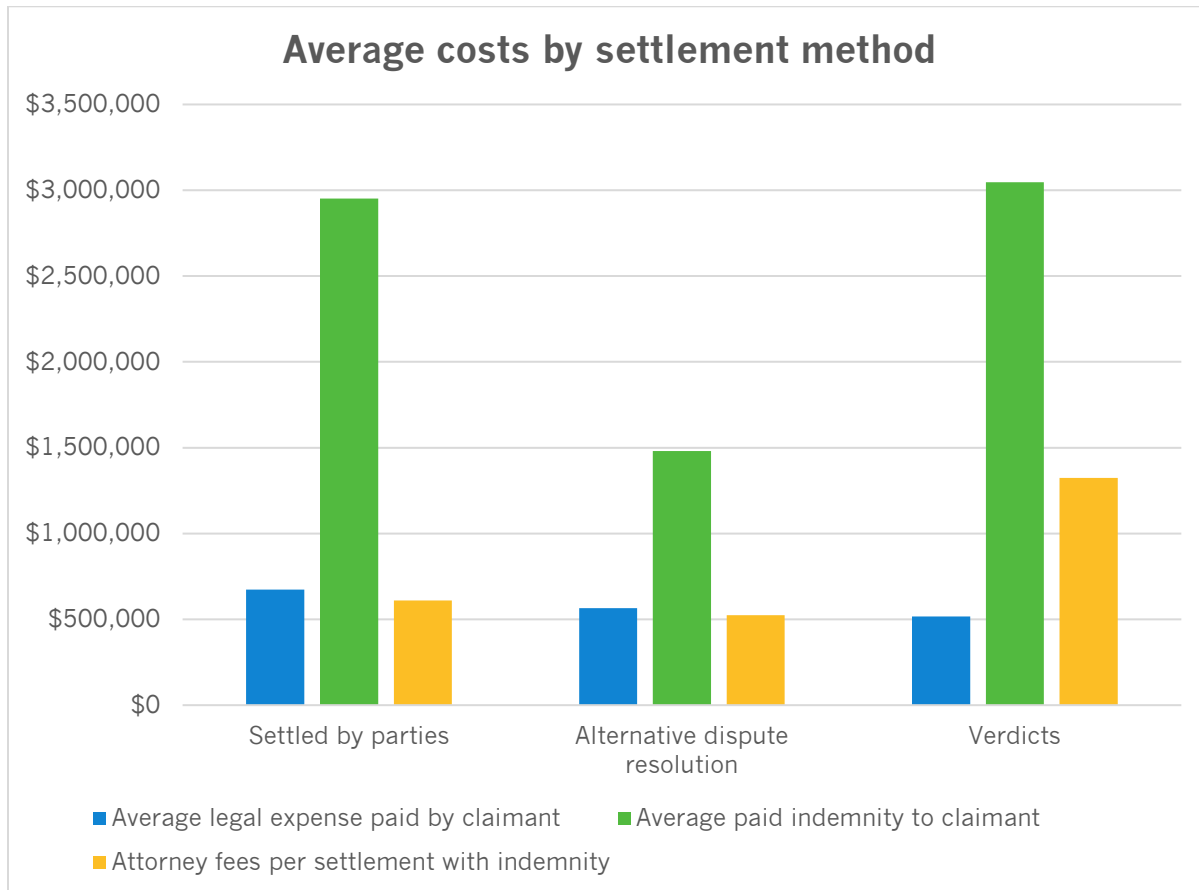
⁵⁰ Attorneys in this area of litigation typically work on a contingency basis and receive fees if one or more defendants compensate the claimant.

Method of settlement

This exhibit shows data segmented by lawsuit settlement method.

Lawsuit settlement data by settlement method

Lawsuit settlement method	Average legal expense paid by claimant	Average paid indemnity to claimant	Attorney fees per settlement with indemnity	Attorney fee as % of indemnity
Settled by parties	\$673,689	\$2,951,800	\$610,813	20.7%
Alternative dispute resolution	\$565,837	\$1,481,098	\$525,121	35.5%
Verdicts	\$517,673	\$3,047,144	\$1,324,134	43.5%
Total	\$599,272	\$2,067,857	\$580,126	28.1%

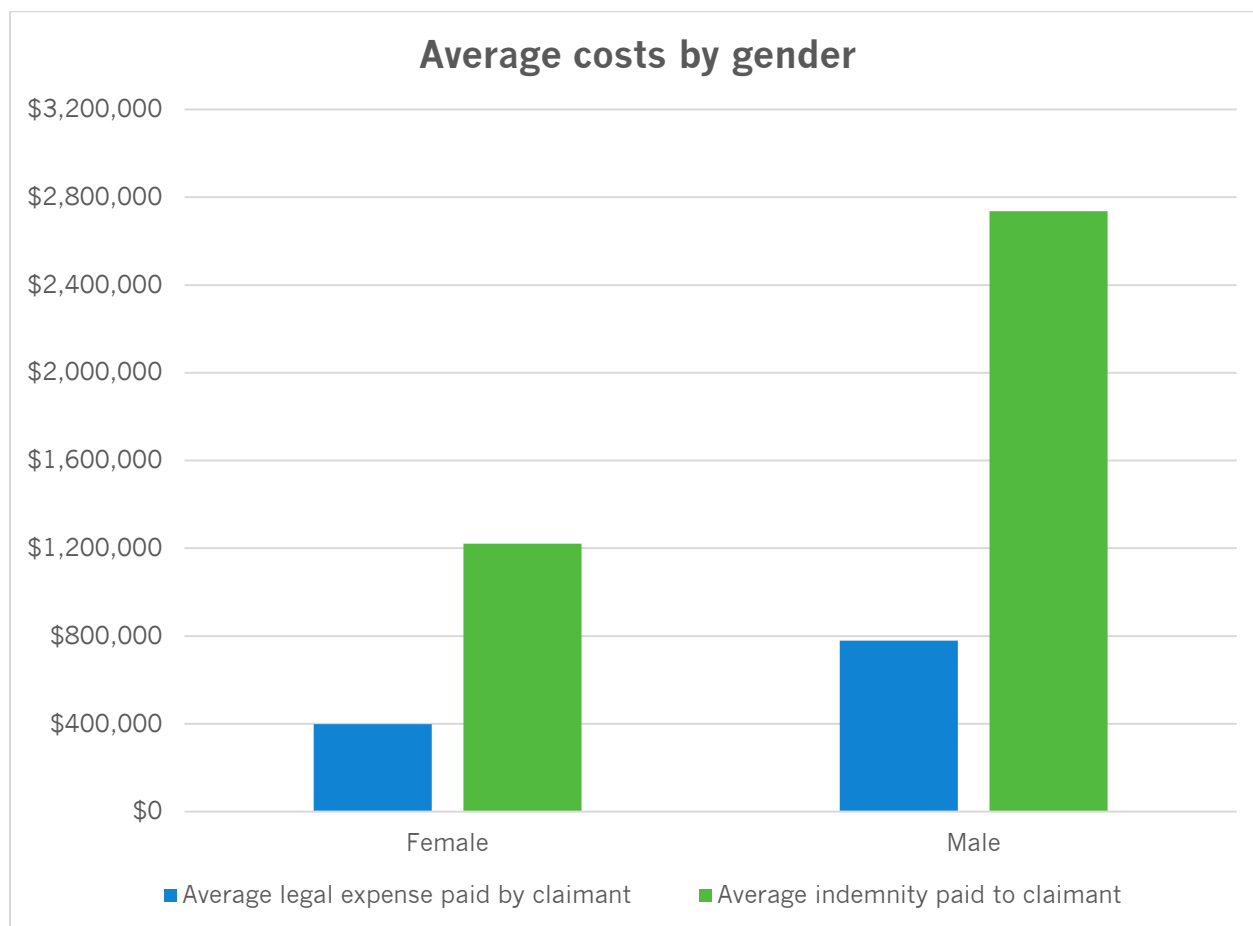


Gender of claimant

Male claimants accounted for 52.8% of the settlement count, 73.9% of the total paid indemnity and 68.6% of the total legal expense.

Lawsuit settlement data by gender

Gender	Settlements with legal expenses	Total legal expenses	Average legal expense paid by claimant	Settlements with paid indemnity	Total paid indemnity	Average indemnity paid to claimant
Female	34	\$13,554,405	\$398,659	30	\$36,645,000	\$1,221,500
Male	38	\$29,593,172	\$778,768	38	\$103,969,287	\$2,736,034
Total	72	\$43,147,577	\$599,272	68	\$140,614,287	\$2,067,857

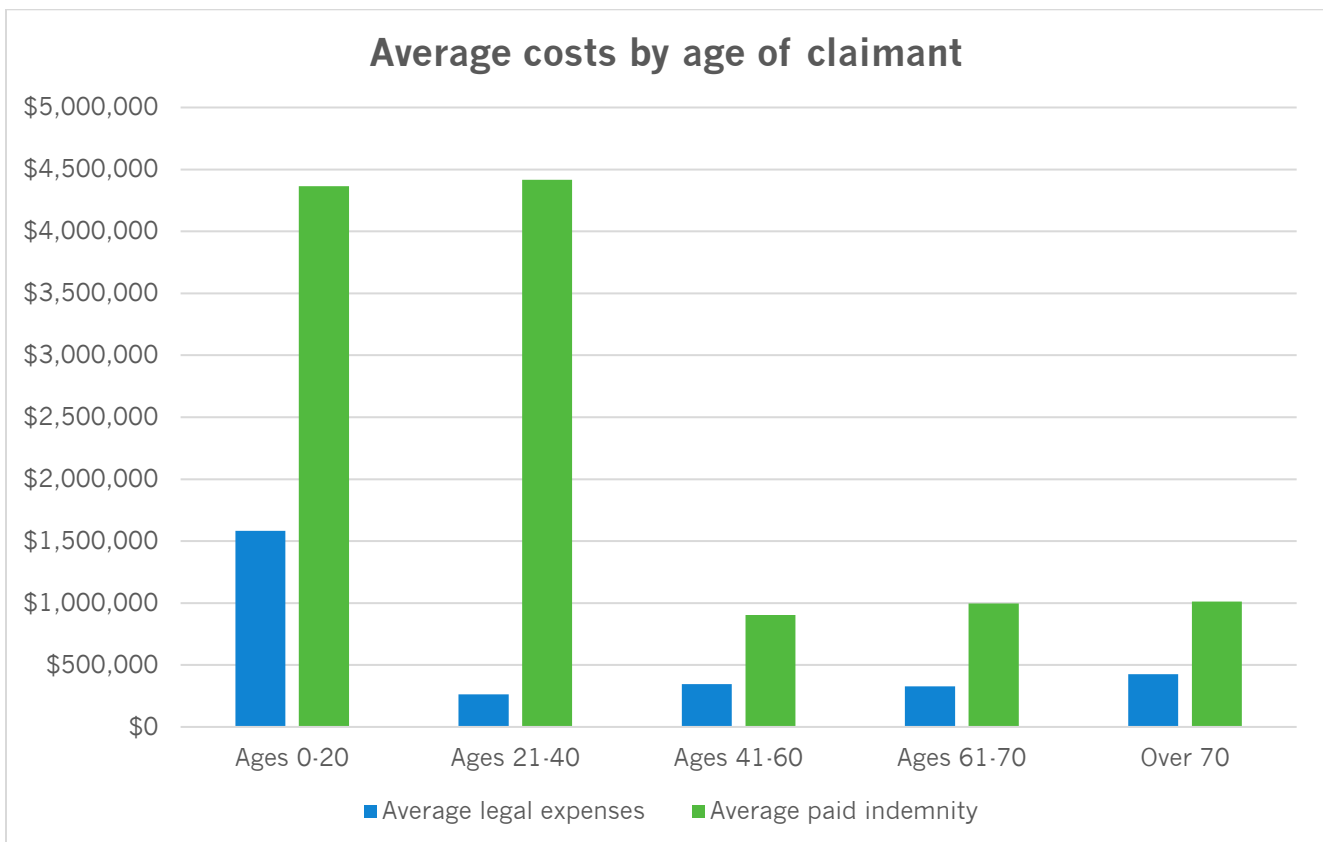


Age of claimant

This table shows data segmented by the age of the claimant. Average legal expenses were highest for lawsuits involving claimants in the youngest age group, while settlements involving claimants aged 21-40 years had the highest average indemnity payment.

Lawsuit settlement data by claimant age group

Age group	Settlements with legal expenses	Total legal expenses	Average legal expenses	Settlements with paid indemnity	Total paid indemnity	Average paid indemnity
Ages 0-20	15	\$23,742,447	\$1,582,830	14	\$61,094,287	\$4,363,878
Ages 21-40	9	\$2,366,274	\$262,919	8	\$35,325,000	\$4,415,625
Ages 41-60	20	\$6,906,466	\$345,323	19	\$17,160,000	\$903,158
Ages 61-70	18	\$5,874,707	\$326,373	17	\$16,925,000	\$995,588
Over 70	10	\$4,257,683	\$425,768	10	\$10,110,000	\$1,011,000
Total	72	\$43,147,577	\$599,272	68	\$140,614,287	\$2,067,857

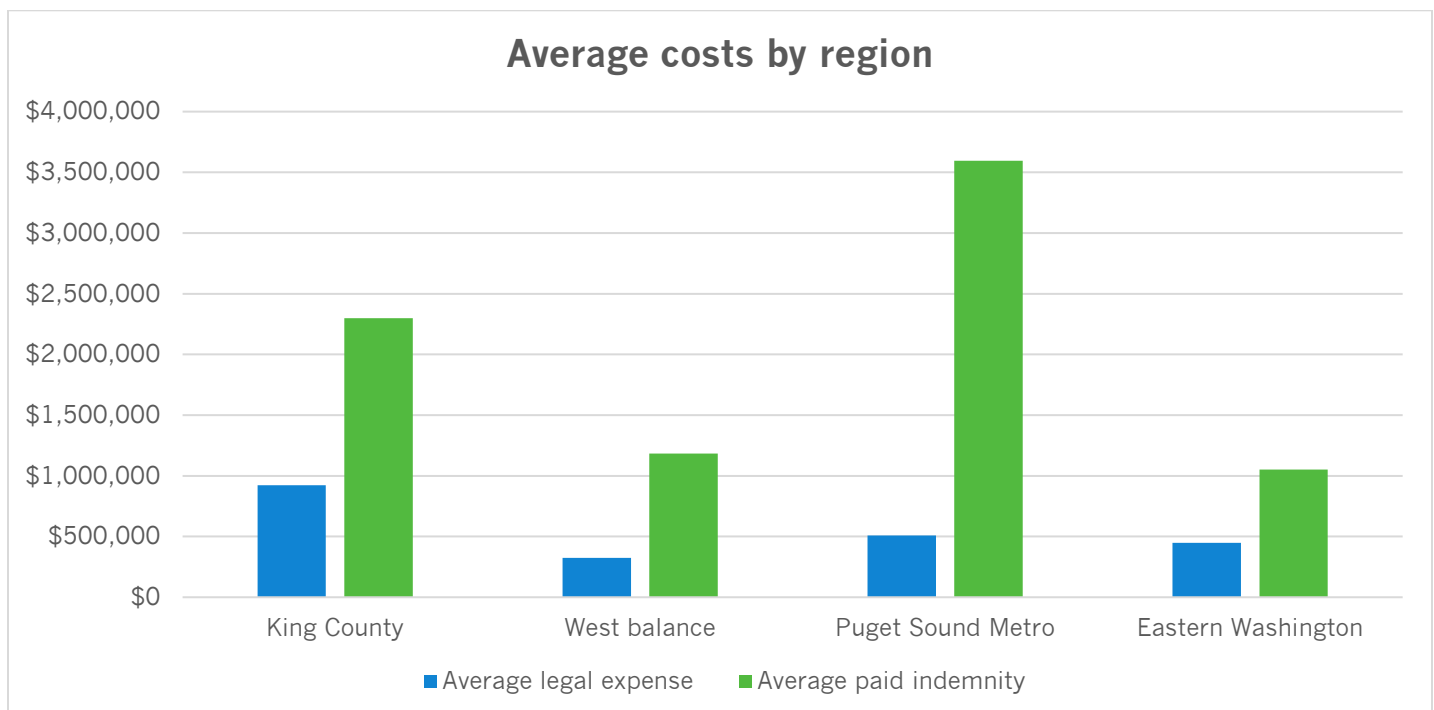


Regions

Attorneys reported settlement data by county where the medical incident occurred. To provide meaningful information regarding differences by location, we divided the state into four regions.^{51 52}

Lawsuit settlement data by county/region

County/region	Settlements with legal expenses	Total legal expenses	Average legal expense	Settlements with paid indemnity	Total paid indemnity	Average paid indemnity
King County	27	\$24,928,293	\$923,270	27	\$62,094,287	\$2,299,788
West balance	22	\$7,122,302	\$323,741	18	\$21,285,000	\$1,182,500
Puget Sound Metro	13	\$6,625,247	\$509,634	13	\$46,725,000	\$3,594,231
Eastern Washington	10	\$4,471,735	\$447,174	10	\$10,510,000	\$1,051,000
Total	72	\$43,147,577	\$599,272	68	\$140,614,287	\$2,067,857



⁵¹ Under [RCW 48.140.060](#) and [RCW 42.56.400\(10\)](#), some counties are grouped together to maintain confidentiality.

⁵² **Puget Sound Metro** includes Kitsap, Pierce and Thurston counties. **West balance** includes Clallam, Clark, Cowlitz, Grays Harbor, Island, Jefferson, Klickitat, Lewis, Mason, Pacific, San Juan, Skagit, Skamania, Snohomish, Wahkiakum and Whatcom counties. **Eastern Washington** includes Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman and Yakima counties.

Report limitations

Analysis based on historical closed claim data has multiple limitations:

1. There is a natural mismatch in timing between premiums and losses used to calculate loss ratios and profitability ratios for commercial insurers. Premiums used for loss ratios are earned during the calendar year, but the amounts booked as incurred losses during the same calendar year are from claims from various accident years. As a result, most losses do not correspond to the same policies that the premium comes from.
2. Claims are reported based on the year in which they reach final resolution. Some arose from recent medical incidents, but many arose from incidents that occurred several years prior.
3. This report contains claims that closed during a limited period.
4. The OIC cannot use data in this report to evaluate past or current medical professional liability insurance rates. Insurers develop medical malpractice rates using an analysis of open and closed claims, and develop rates based on an estimate of expected future claim costs and expenses.
5. In producing this report, the OIC relied upon data submitted by insurers, self-insurers and attorneys. Data may contain anomalies. The OIC audits data and adopted administrative rules that contain data definitions and reporting instructions, but the accuracy of the report still depends largely on the accuracy of the data reported by others. People who report data may interpret data fields differently or make errors.
6. The OIC did not adjust the data for economic differences occurring during the report period, such as inflation and the cost of medical care.
7. Insurers and self-insurers do not report policy limits, so the report does not analyze the data by type of policy, whether coverage is primary or excess, limits of coverage, or size of deductibles or retentions to determine if coverage limits affect the frequency or severity of claims.
8. Insurers and self-insurers reported data separately for each defendant. This reporting method may overstate the frequency of "incidents" and understate the severity of an "incident," but it reduces inconsistencies and inaccuracies by limiting the amount of incomplete reporting.
9. This report analyzes only closed claims. Any claims that are still open, such as claims that are in settlement negotiations or on trial, are not included in this study. The analysis of closed claim information is valuable. However, open claims information may be more indicative of the current claims environment. For example, the impact of recent legislation or judicial decisions will not be reflected in a closed claim database.
10. Although insurers and self-insurers report data only after the claim has been closed, they occasionally re-open claims that were previously closed. Amounts reported may not be the true, ultimate amounts.

Appendices

Appendix A: Profitability

Profitability data for Physicians Insurance A Mutual Company

Year	Net premium written	Net premium earned	U/W expense ratio	Loss & LAE ratio	Divid. ratio	Comb. ratio	Net invest. income	Op. ratio
2015	76,301,471	71,271,073	18.9%	84.4%	7.0%	110.3%	20.8%	89.5%
2016	78,240,313	78,437,989	20.9%	82.2%	6.4%	109.5%	18.8%	90.6%
2017	81,130,272	79,275,075	19.9%	81.0%	6.3%	107.3%	18.5%	88.7%
2018	94,256,910	93,442,936	20.5%	81.0%	5.4%	106.9%	16.1%	90.8%
2019	110,476,767	104,381,324	20.4%	88.5%	4.8%	113.7%	17.6%	96.0%
2020	115,217,227	109,632,385	26.4%	85.9%	4.6%	116.8%	11.3%	105.5%
2021	109,485,335	117,147,815	22.5%	92.1%	0.0%	114.7%	9.6%	105.1%
2022	118,999,420	115,148,844	19.5%	85.6%	0.0%	105.1%	9.9%	95.2%
2023	134,623,064	123,797,768	18.4%	95.6%	0.0%	113.9%	11.4%	102.5%
2024	148,503,682	145,262,868	24.1%	85.0%	0.0%	109.1%	13.2%	95.9%
Total	1,067,234,461	1,037,798,077	21.3%	86.7%	2.9%	110.9%	14.1%	96.8%
Five-year period-to-period results								
2015-19	440,405,733	426,808,397	20.2%	83.6%	5.9%	109.7%	18.2%	91.4%
2020-24	626,828,728	610,989,680	22.2%	88.8%	0.8%	111.7%	11.2%	100.6%

Profitability data for The Doctors Company, an Interinsurance Exchange

Year	Net premium written	Net premium earned	U/W expense ratio	Loss & LAE ratio	Divid. ratio	Comb. ratio	Net invest. income	Op. ratio
2015	622,861,093	628,266,492	24.2%	74.5%	3.8%	102.5%	4.4%	98.1%
2016	602,359,134	610,408,597	25.0%	77.7%	4.6%	107.3%	5.7%	101.6%
2017	595,891,924	600,702,260	24.9%	77.0%	3.8%	105.7%	12.0%	93.6%
2018	620,395,036	620,335,603	25.3%	85.7%	2.2%	113.2%	17.5%	95.7%
2019	627,555,678	623,780,051	28.2%	81.0%	1.4%	110.7%	11.3%	99.3%
2020	654,774,790	652,428,039	28.2%	73.6%	0.1%	101.9%	7.8%	94.1%
2021	782,820,035	749,761,353	28.5%	68.2%	1.1%	97.8%	7.9%	89.9%
2022	815,105,449	813,002,941	26.6%	71.0%	0.9%	98.5%	7.6%	91.0%
2023	864,181,824	855,295,789	26.3%	68.7%	1.0%	96.0%	11.2%	84.8%
2024	906,778,210	875,701,776	27.4%	70.3%	1.6%	99.2%	23.6%	75.5%
Total	7,092,723,173	7,029,682,901	26.6%	74.2%	1.9%	102.7%	11.2%	91.4%
Five-year period-to-period results								
2015-19	3,069,062,865	2,459,712,952	25.5%	79.2%	3.1%	107.9%	10.2%	97.7%
2020-24	4,023,660,308	3,083,493,003	27.3%	70.3%	1.0%	98.5%	12.0%	86.5%

Profitability data for The Medical Protective Company⁵³

Year	Net premium written	Net premium earned	U/W expense ratio	Loss & LAE ratio	Divid. ratio	Comb. ratio	Net invest. income	Op. ratio
2015	226,451,495	214,665,128	23.7%	59.5%	0.0%	83.2%	46.1%	37.2%
2016	255,837,377	228,980,322	23.7%	65.0%	0.0%	88.8%	39.5%	49.3%
2017	239,978,122	251,862,659	26.0%	58.0%	0.0%	84.0%	37.2%	46.7%
2018	260,421,768	260,308,096	24.0%	64.2%	0.0%	88.1%	40.2%	47.9%
2019	288,139,624	274,597,913	22.1%	72.5%	0.0%	94.6%	45.7%	48.8%
2020	347,993,367	349,375,371	19.9%	76.9%	0.0%	96.8%	35.9%	60.9%
2021	355,953,566	339,815,409	19.4%	71.1%	0.0%	90.5%	33.2%	57.3%
2022	392,160,910	359,055,198	19.4%	68.0%	0.0%	87.4%	31.2%	56.1%
2023	368,851,131	368,571,581	21.8%	65.2%	0.0%	87.0%	33.9%	53.1%
2024	400,977,204	393,982,612	22.4%	71.4%	0.0%	93.8%	49.3%	44.5%
Total	3,136,764,564	3,041,214,289	21.9%	67.9%	0.0%	89.8%	38.9%	50.9%
Five-year period-to-period results								
2015-19	1,270,828,386	1,230,414,118	23.8%	64.1%	0.0%	87.9%	41.7%	46.2%
2020-24	1,865,936,178	1,365,124,361	20.6%	70.5%	0.0%	91.1%	37.0%	54.1%

⁵³ Net results for 2015 for Medical Protective were distorted by loss portfolio transfer agreements between Medical Protective and its affiliates.

Appendix B: Reserve development

Losses and defense and cost containment expenses for Physicians Insurance A Mutual Company (\$000 omitted)

Year in which losses occurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Prior	109,648	93,824	78,517	71,676	69,024	67,923	67,345	67,420	66,949	65,741
2015	67,830	64,651	65,694	62,944	64,173	62,406	61,017	60,983	60,421	61,732
2016		66,696	62,982	53,921	52,100	53,946	54,874	53,523	53,312	53,089
2017			66,331	68,246	69,232	69,300	70,884	71,487	72,459	70,952
2018				72,676	71,001	78,728	81,882	88,760	91,712	94,330
2019					77,955	70,307	65,942	62,742	61,945	58,383
2020						73,508	83,473	86,028	87,603	91,149
2021							77,667	73,949	80,465	91,482
2022								73,615	73,391	69,198
2023									83,933	79,681
2024										94,879

Cumulative development (\$000 omitted)

Year in which losses occurred	One-Year Dev.	Two-Year Dev.	Total Dev.
Prior	-1,208	-1,679	-43,907
2015	1,311	749	-6,098
2016	-223	-434	-13,607
2017	-1,507	-535	4,621
2018	2,618	5,570	21,654
2019	-3,562	-4,359	-19,572
2020	3,546	5,121	17,641
2021	11,017	17,533	13,815
2022	-4,193	-4,417	-4,417
2023	-4,252		-4,252
Total	3,547	17,549	-34,122

Losses and defense and cost containment expenses for The Doctors Company, an Interinsurance Exchange (\$000 omitted)

Year in which losses occurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Prior	872,131	820,951	760,254	754,034	621,569	552,362	563,196	550,945	528,231	525,992
2015	499,160	499,644	498,925	495,904	483,729	461,959	418,049	414,999	407,642	400,368
2016		467,527	465,811	467,528	499,157	504,310	496,827	482,741	469,076	460,367
2017			466,642	466,886	490,691	490,901	465,749	456,211	449,780	443,332
2018				474,260	496,802	503,509	498,148	482,361	448,170	482,183
2019					463,018	470,539	471,095	466,350	460,446	450,653
2020						456,428	456,422	446,379	431,722	425,209
2021							472,809	460,399	460,055	446,517
2022								491,782	492,682	475,665
2023									548,880	521,856
2024										547,622

Cumulative development (\$000 omitted)

Year in which losses occurred	One-Year Dev.	Two-Year Dev.	Total Dev.
Prior	-2,239	-24,953	-346,139
2015	-7,274	-14,631	-98,792
2016	-8,709	-22,374	-7,160
2017	-6,448	-12,879	-23,310
2018	34,013	-178	7,923
2019	-9,793	-15,697	-12,365
2020	-6,513	-21,170	-31,219
2021	-13,538	-13,882	-26,292
2022	-17,017	-16,117	-16,117
2023	-27,024		-27,024
Total	-64,542	-141,881	-580,495

**Losses and defense and cost containment expenses for The Medical Protective Company
(\$000 omitted)**

Year in which losses occurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Prior	586,093	531,465	462,617	413,364	381,802	374,570	359,563	357,267	348,257	345,725
2015	186,030	183,767	175,535	168,667	160,859	152,707	142,509	132,941	127,703	126,245
2016		185,285	184,199	180,654	175,884	174,637	165,986	156,409	150,896	146,504
2017			187,661	185,686	182,851	186,928	180,223	171,476	163,714	163,307
2018				193,274	193,409	197,958	193,708	184,621	183,508	181,891
2019					199,180	200,850	199,421	191,406	178,307	182,003
2020						211,449	213,567	208,908	199,077	190,848
2021							223,240	222,550	213,784	202,829
2022								222,115	220,412	210,047
2023									224,547	224,664
2024										230,448

Cumulative development (\$000 omitted)

Year in which losses occurred	One-Year Dev.	Two-Year Dev.	Total Dev.
Prior	-2,532	-11,542	-240,368
2015	-1,458	-6,696	-59,785
2016	-4,392	-9,905	-38,781
2017	-407	-8,169	-24,354
2018	-1,617	-2,730	-11,383
2019	3,696	-9,403	-17,177
2020	-8,229	-18,060	-20,601
2021	-10,955	-19,721	-20,411
2022	-10,365	-12,068	-12,068
2023	117		117
Total	-36,142	-98,294	-444,811

Appendix C: Rate filing information

Rate Changes approved in Washington since January 1, 2024

Company	Description	Approved Change	Filed Loss & LAE Trend	Effective Date
American Cas. Co. of Reading, PA	Dentists	11.9%	5.0%	8/1/2025
Doctors Co. An Interins. Exchange	Dentists	15.0%	5.0%	7/1/2025
ProSelect Ins. Co.	Physicians, Surgeons	-0.6%	2.0%	6/1/2025
Ins. Services Office, Inc.	Physicians, Surgeons, Dentists	-7.0%	-4.0%	5/1/2025
Medical Protective Co.	Chiropractors, Optometry, Podiatry	16.0%	3.8%	4/1/2025
Physicians Ins. A Mutual Co.	Physicians, Surgeons	13.4%	2.0%	4/1/2025
Medical Protective Co.	Physicians, Surgeons	2.7%	3.5%	4/1/2025
Preferred Professional Ins. Co.	Allied Health	New Prog.		12/9/2024
Liberty Ins. Underwriters, Inc.	Nurse Practitioners	14.0%	8.6%	10/1/2024
ProAssurance Ins. Co. of America	Podiatry	2.8%	3.0%	9/1/2024
Fortress Ins. Co.	Dentists	3.6%	5.0%	9/1/2024
Ins. Services Office, Inc.	Hospitals, Physicians, Surgeons	3.7%	4.5%	9/1/2024
American Cas. Co. of Reading, PA	Dentists	8.8%	5.0%	8/1/2024
ProSelect Ins. Co.	Physicians, Surgeons	5.7%	2.1%	6/1/2024
Ins. Services Office, Inc.	Physicians, Surgeons, Dentists	-16.0%	-3.0%	5/1/2024
Medical Protective Co.	Dentists	-1.6%		4/1/2024
Pharmacists Mutual Ins. Co.	Pharmacists	6.2%	9.0%	3/1/2024
ProSelect Ins. Co.	Dentists	25.8%	5.0%	3/1/2024
ProSelect Ins. Co.	Phys. Assist., Nurse Practitioners	29.0%	5.0%	3/1/2024

Appendix D: 2023 NAIC profitability of medical professional liability insurance

Profitability data by state (ratios: percent of direct premiums earned)

State	Direct premiums earned (000s)	Incurred losses and LAE	U/W expense	Divid.	U/W profit	Invest gain on ins. trans.	Tax on ins. trans.	Profit on ins. trans.
Alabama	\$165,576	102%	20%	1%	-24%	18%	-2%	-4%
Alaska	\$25,380	96%	21%	4%	-22%	14%	-2%	-6%
Arizona	\$259,476	70%	22%	6%	2%	16%	3%	14%
Arkansas	\$86,283	41%	23%	1%	35%	14%	10%	39%
California	\$1,001,557	78%	23%	1%	-2%	15%	2%	10%
Colorado	\$183,421	64%	22%	7%	7%	13%	4%	17%
Connecticut	\$253,839	99%	19%	0%	-19%	21%	0%	2%
Delaware	\$46,818	61%	25%	0%	14%	15%	6%	23%
Dist. of Columbia	\$29,431	55%	28%	0%	17%	18%	7%	28%
Florida	\$931,540	73%	24%	1%	3%	13%	3%	13%
Georgia	\$417,448	79%	23%	2%	-4%	18%	3%	12%
Hawaii	\$40,835	104%	21%	4%	-29%	16%	-3%	-10%
Idaho	\$44,353	191%	24%	2%	-118%	18%	-21%	-78%
Illinois	\$575,202	103%	23%	1%	-26%	21%	-1%	-3%
Indiana	\$170,977	71%	19%	0%	10%	20%	6%	24%
Iowa	\$78,563	102%	23%	0%	-25%	20%	-2%	-4%
Kansas	\$101,522	41%	22%	1%	36%	15%	10%	41%
Kentucky	\$142,663	87%	24%	1%	-12%	19%	1%	6%
Louisiana	\$115,233	49%	24%	0%	27%	16%	9%	34%
Maine	\$55,690	105%	19%	6%	-30%	17%	-3%	-9%
Maryland	\$326,901	61%	20%	8%	10%	14%	5%	19%
Massachusetts	\$376,366	93%	20%	1%	-14%	24%	2%	9%
Michigan	\$249,586	73%	22%	1%	4%	17%	4%	17%
Minnesota	\$103,373	96%	24%	0%	-20%	14%	-2%	-5%
Mississippi	\$60,979	36%	23%	1%	40%	15%	11%	44%
Missouri	\$221,806	60%	21%	7%	12%	14%	5%	21%
Montana	\$41,137	106%	26%	0%	-32%	13%	-4%	-15%
Nebraska	\$58,824	48%	23%	0%	29%	17%	9%	37%

Profitability data by state (ratios: percent of direct premiums earned)

State	Direct premiums earned (000s)	Incurred losses and LAE	U/W expense	Divid.	U/W profit	Invest gain on ins. trans.	Tax on ins. trans.	Profit on ins. trans.
Nevada	\$102,591	93%	25%	0%	-18%	14%	-1%	-3%
New Hampshire	\$56,258	76%	26%	1%	-3%	23%	4%	16%
New Jersey	\$546,626	63%	23%	0%	14%	23%	7%	29%
New Mexico	\$83,292	240%	25%	1%	-166%	24%	-30%	-112%
New York	\$1,754,094	95%	20%	0%	-15%	33%	3%	15%
North Carolina	\$205,708	58%	23%	2%	18%	15%	7%	26%
North Dakota	\$11,287	113%	25%	0%	-37%	18%	-4%	-14%
Ohio	\$272,889	39%	23%	1%	36%	18%	11%	43%
Oklahoma	\$117,831	81%	23%	0%	-5%	18%	2%	11%
Oregon	\$117,065	129%	23%	0%	-52%	17%	-8%	-27%
Pennsylvania	\$831,522	93%	18%	0%	-12%	21%	1%	7%
Rhode Island	\$38,577	90%	24%	0%	-14%	26%	2%	10%
South Carolina	\$97,433	127%	26%	2%	-55%	22%	-7%	-25%
South Dakota	\$18,859	103%	24%	0%	-27%	17%	-3%	-8%
Tennessee	\$265,496	71%	20%	2%	6%	23%	6%	24%
Texas	\$533,444	61%	25%	0%	15%	13%	6%	22%
Utah	\$86,735	105%	25%	1%	-31%	16%	-3%	-11%
Vermont	\$20,160	81%	38%	4%	-24%	22%	-1%	-1%
Virginia	\$237,161	49%	24%	2%	25%	14%	8%	31%
Washington	\$229,313	89%	24%	0%	-13%	14%	0%	1%
West Virginia	\$71,623	43%	23%	2%	32%	15%	10%	37%
Wisconsin	\$92,869	71%	21%	1%	8%	17%	5%	20%
Wyoming	\$23,036	36%	22%	0%	41%	13%	11%	43%
Guam	\$1,003	7%	25%	0%	68%	9%	16%	61%
Puerto Rico	\$79,053	38%	25%	0%	38%	13%	10%	40%
US Virgin Islands	\$705	9%	33%	0%	58%	13%	15%	56%
N. Mariana Islands	\$41	-25%	22%	0%	104%	8%	23%	89%
Countrywide	\$12,059,450	81%	22%	1%	-4%	20%	3%	13%

Profitability data by state (ratios: percent of net worth)

State	Direct premiums earned (000s)	Earned prem. to net worth	Inv. gain on net worth	Tax on inv.gain on net worth	Return on net worth
Alabama	\$165,576	41%	5%	1%	2%
Alaska	\$25,380	49%	5%	1%	1%
Arizona	\$259,476	44%	5%	1%	10%
Arkansas	\$86,283	49%	5%	1%	23%
California	\$1,001,557	47%	5%	1%	9%
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Hawaii	\$40,835	45%	5%	1%	-1%
Idaho	\$44,353	40%	5%	1%	-27%
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Massachusetts	\$376,366	33%	5%	1%	7%
Michigan	\$249,586	42%	5%	1%	11%
Minnesota	\$103,373	50%	5%	1%	1%
Mississippi	\$60,979	47%	5%	1%	25%
Missouri	\$221,806	49%	5%	1%	14%
Montana	\$41,137	51%	5%	1%	-3%
Nebraska	\$58,824	42%	5%	1%	20%

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New Jersey	\$546,626	34%	5%	1%	14%
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New York	\$1,754,094	25%	5%	1%	8%
North Carolina	\$205,708	46%	5%	1%	16%
North Dakota	\$11,287	40%	5%	1%	-2%
Ohio	\$272,889	41%	5%	1%	22%
Oklahoma	\$117,831	41%	5%	1%	8%
Oregon	\$117,065	41%	5%	1%	-7%
Pennsylvania	\$831,522	37%	5%	1%	7%
Rhode Island	\$38,577	30%	5%	1%	7%
South Carolina	\$97,433	35%	5%	1%	-5%
South Dakota	\$18,859	43%	5%	1%	1%
Tennessee	\$265,496	33%	5%	1%	12%
Texas	\$533,444	51%	5%	1%	15%
Utah	\$86,735	45%	5%	1%	-1%
Vermont	\$20,160	34%	5%	1%	4%
Virginia	\$237,161	47%	5%	1%	19%
Washington	\$229,313	49%	5%	1%	5%
West Virginia	\$71,623	46%	5%	1%	21%
Wisconsin	\$92,869	43%	5%	1%	13%
Wyoming	\$23,036	52%	5%	1%	26%
Guam	\$1,003	65%	5%	1%	44%
Puerto Rico	\$79,053	51%	5%	1%	25%
US Virgin Islands	\$705	51%	5%	1%	32%
N. Mariana Islands	\$41	65%	5%	1%	62%
Countrywide	\$12,059,450	38%	5%	1%	9%