West Virginia Offices of the Insurance Commissioner

2016 Medical Malpractice Report

Introduction

The West Virginia Offices of the Insurance Commissioner has prepared this report on Medical Professional Liability insurance to fulfill the requirements and intent of West Virginia Regulations §114CSR22, §114CSR23, West Virginia 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 §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. It was noted that a carrier had submitted data that was inconsistent with previous reports. After discussions with the company to conclude how the data was derived, it was determined that the data was in error and unusable for purposes of this report. Due to the circumstances relating to the data reporting, and the fact that the inaccurate data significantly skewed the West Virginia medical malpractice market experience, all data reported by the carrier has been excluded from this report and is not used in the premium or loss components within this report. However, specific claim data that was reported outside of the annual statement remains in the values provided in Section II of this report. The company data is only excluded from the 2015 values. Previous year reports have not been adjusted for this company.

Further, the 2014 values relating to medical malpractice loss experience in West Virginia have been revised from the previous report due to updated information.

In 2015, the overall West Virginia medical malpractice direct loss experience decreased from 81.5% in 2014 to 66.2% in 2015. From 2010 to 2015, the pure direct loss ratio for medical malpractice averaged 43.5%. Conversely, between the years of 1994 and 2003, the average loss ratio was 85.6%. In 2015, the overall loss experience decreased slightly while experiencing continued rate stabilization from the major admitted writers in West Virginia.

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

- **Section I:** An overview of the countrywide insurance results in 2015 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 Medical Liability Fund data and Board of Medicine licensure data.

- **Section V:** Summary observations.

The overall goal of this report is to provide the reader with insight into the current medical malpractice insurance market in the state of West Virginia.

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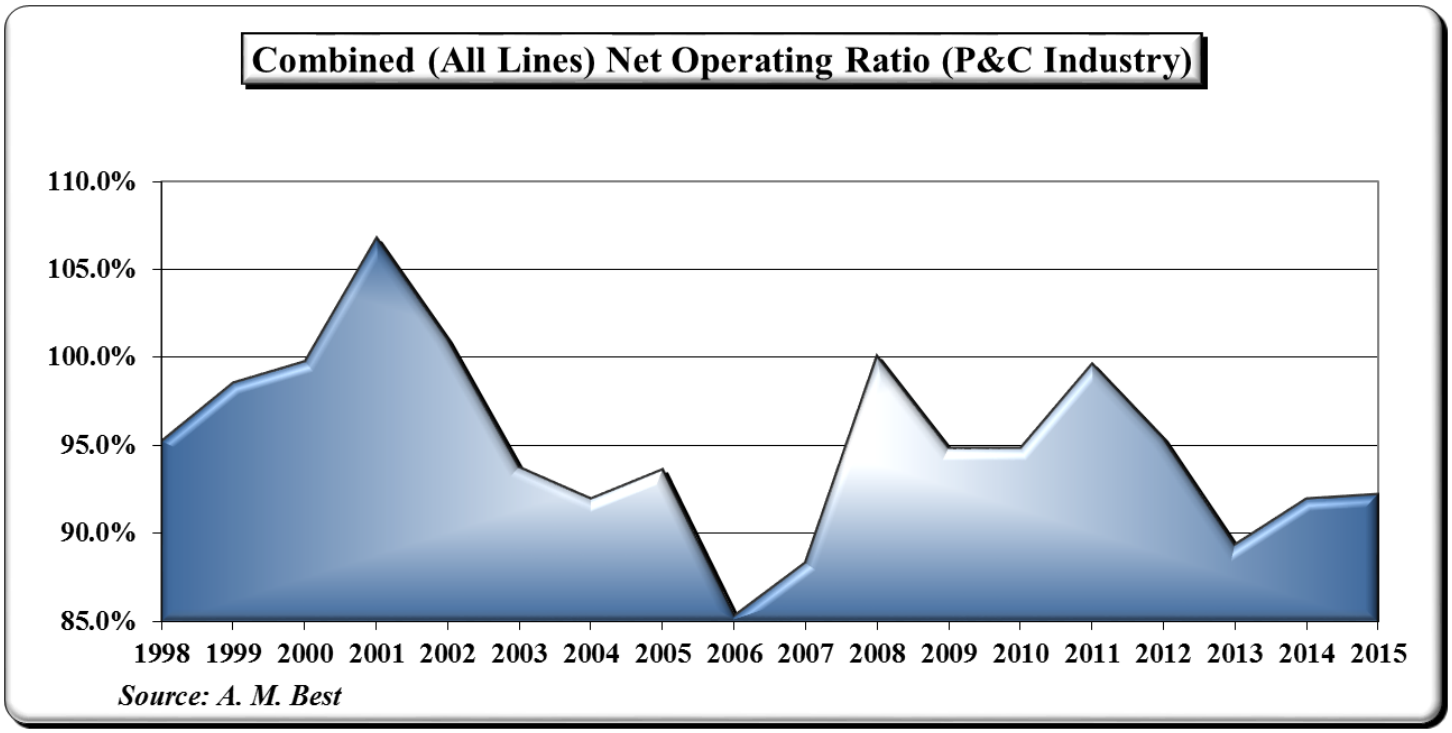
Section I

Overview

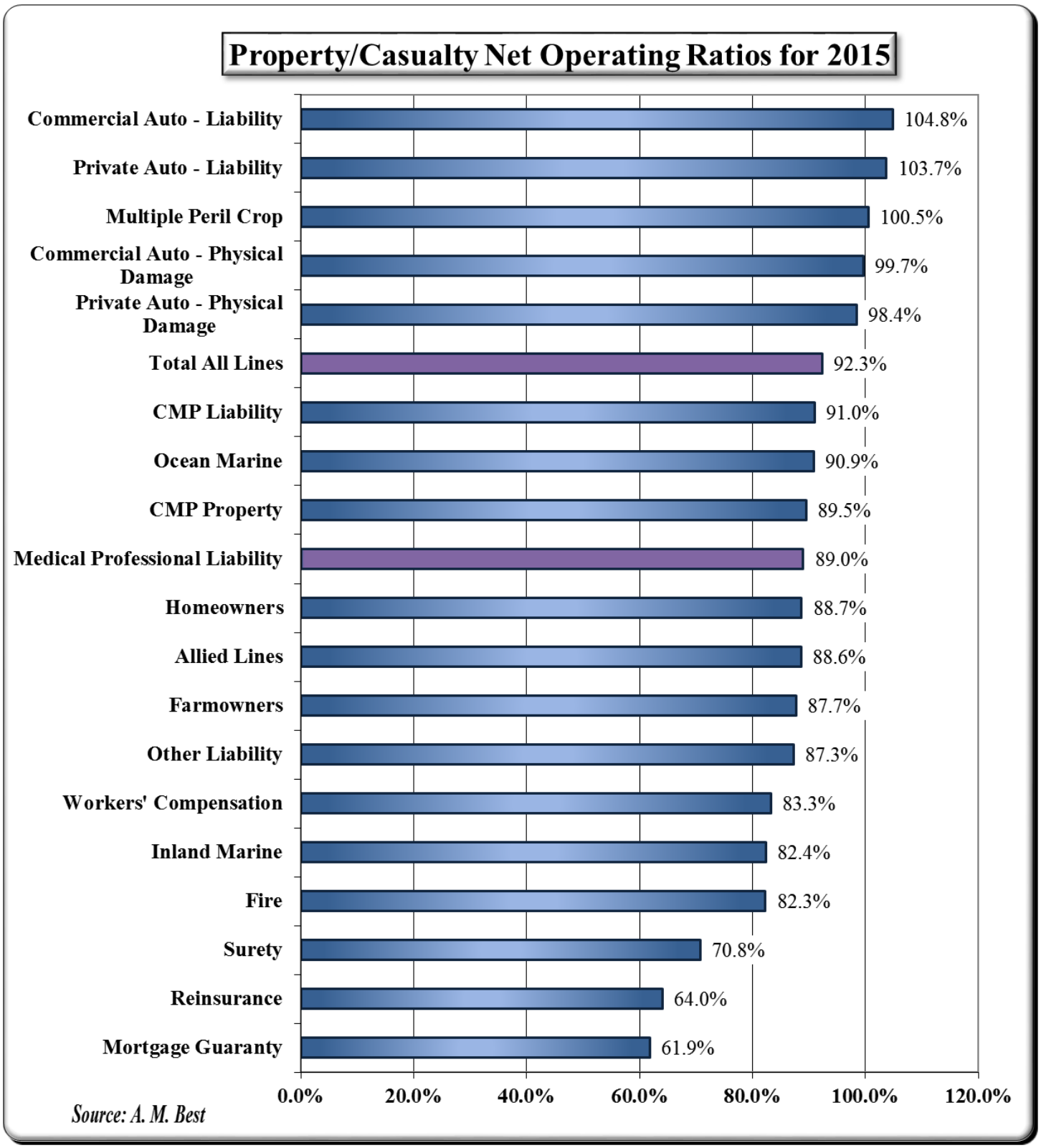
I. Overview of Countrywide P&C Insurance Industry Results for 2015

Experience for the combined all lines property and casualty insurance industry rose slightly in 2015 from 2014. The overall net operating ratio was 92.3% in 2015 as opposed to 92.0% in 2014. Medical Malpractice saw a more noticeable variance with the ratio increasing from 76.4% in 2014 to 89.0% in 2015.



The combined all lines property and casualty insurance industry operating ratio for 2015 was 92.3%. This net operating ratio reflects the results after paying/reserving for all claims and claim expenses; paying underwriting expenses and dividends; paying and collecting on reinsurance agreements; and accounting for investment gains/losses.

The 2015 net operating experience of the Property and Casualty Industry as compared to some of its key element lines were as follows:



Several points can be noted from the industry results for 2015:

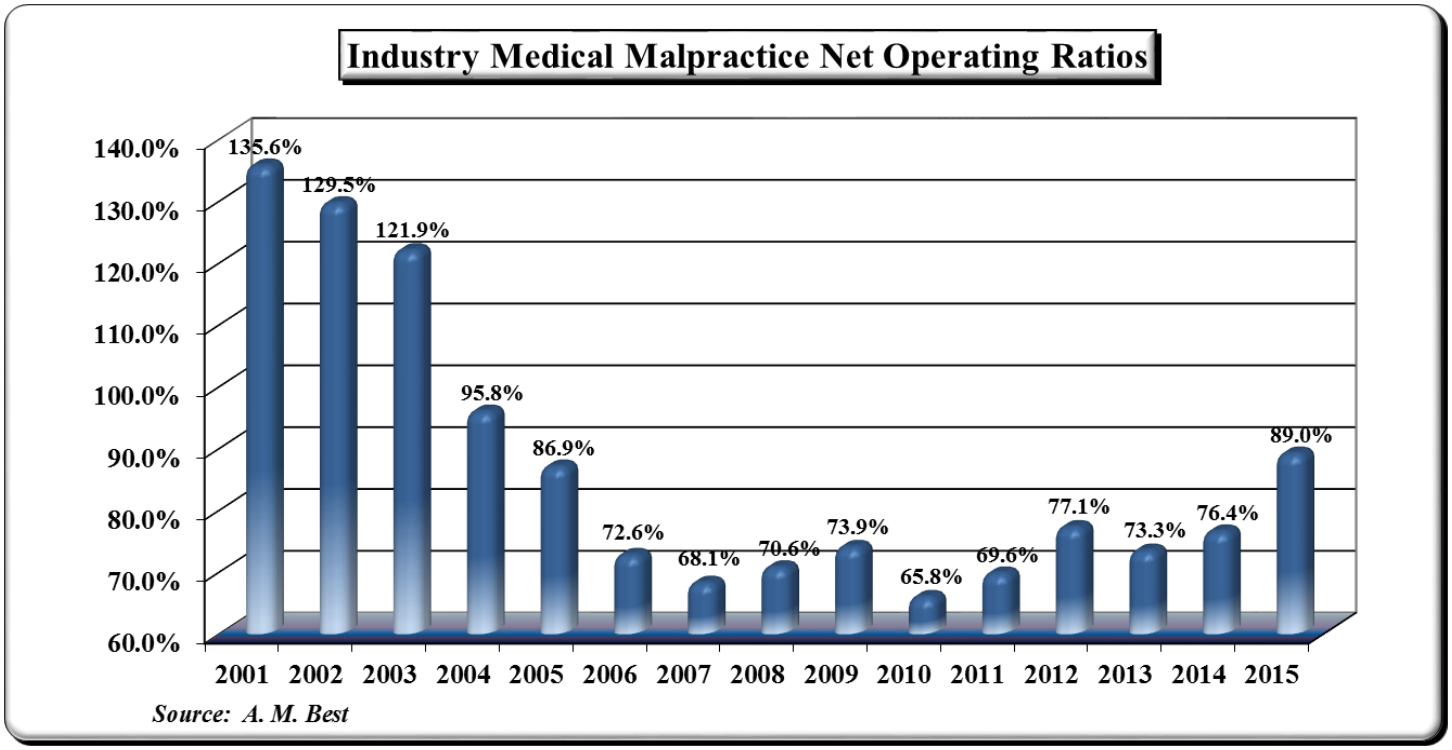
— The results for the countrywide medical malpractice line continue to remain favorable. While the 2015 medical malpractice operating ratio increased more than 16% from the 2014 ratio and is the highest ratio realized in over 10 years, the market continues to operate with a profitable margin. It is important to note that the medical malpractice line was the poorest performing line of insurance in 2002 and 2003 with an operating ratio of 129.6% and 121.3%, respectively.

— Reinsurance industry results, which can influence future outcomes for other lines of business; decreased from 78.7% in 2014 to 64.0% in 2015. The net operating ratio for reinsurance had been 234.3% in 2005. The need for a healthy reinsurance market is important for a line like medical malpractice with the potential for large losses. The reinsurance industry results remain favorable.

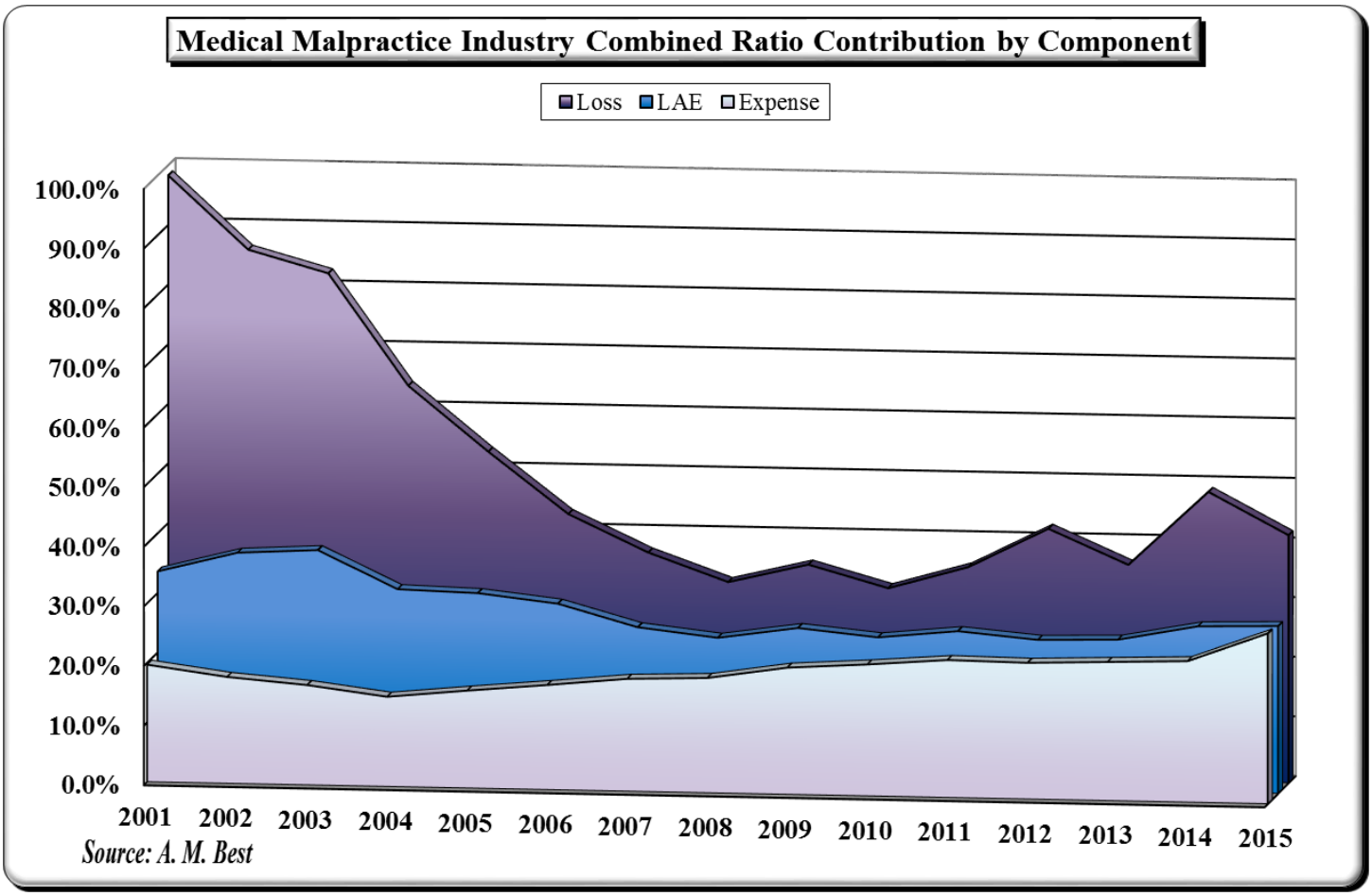
— The total operating ratio for all Property and Casualty lines of insurance increased slightly from 92.0% in 2014 to 92.3% in 2015. This small variance indicates a stable industry.

I-A: Medical Malpractice Insurance Results for the Industry

Medical Malpractice has continued to show overall improvement since the adverse level in 2001, and is now performing below the total combined industry results. The graph below displays the industry net operating ratios occurring since 2001:



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



As displayed in the graph, underwriting expenses are largely responsible for the 16% operating ratio increase from 2014 levels while losses trended downward and LAE remained stable. Underwriting expenses include commissions, taxes, salaries, overhead, etc. The table below outlines the changes by component of the combined ratio for the countrywide medical malpractice line.

Year	Loss	LAE	Expense
2014	48.6%	27.8%	23.7%
2015	41.6%	28.1%	28.6%
Difference	(14.4%)	1.1%	20.7%

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 - 233 Medical Malpractice Organizations																
	2000	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Net Income ($M)	$523	($263)	($782)	($544)	$77	$652	$1,615	$1,844	$1,272	$1,732	$2,079	$2,061	$1,796	$1,547	$1,698	$0.851
Surplus ($M)	$7,102	$6,678	$5,786	$6,150	$6,638	$7,195	$7,958	$10,790	$10,772	$12,464	$13,549	$14,601	$16,111	$17,788	$19,445	$19,418
Return on Surplus	7.4%	-3.9%	-12.5%	-9.1%	12.0%	9.4%	21.3%	18.4%	11.8%	19.1%	17.8%	12.0%	12.4%	11.9%	9.7%	2.3%

Source: A.M. Best

The above shows that nationwide medical malpractice writers have maintained their surplus. Surplus is related to the amount of coverage written. This is another indication that the medical malpractice market is stable. The net income and return on surplus differentials may indicate the changes in market dynamics due to health care reforms and prolonged low interest rates.

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
2014	81.5%	35.3%	12.2%
2015	66.2%	20.6%	13.2%
Difference	(18.8%)	(41.6%)	8.2%

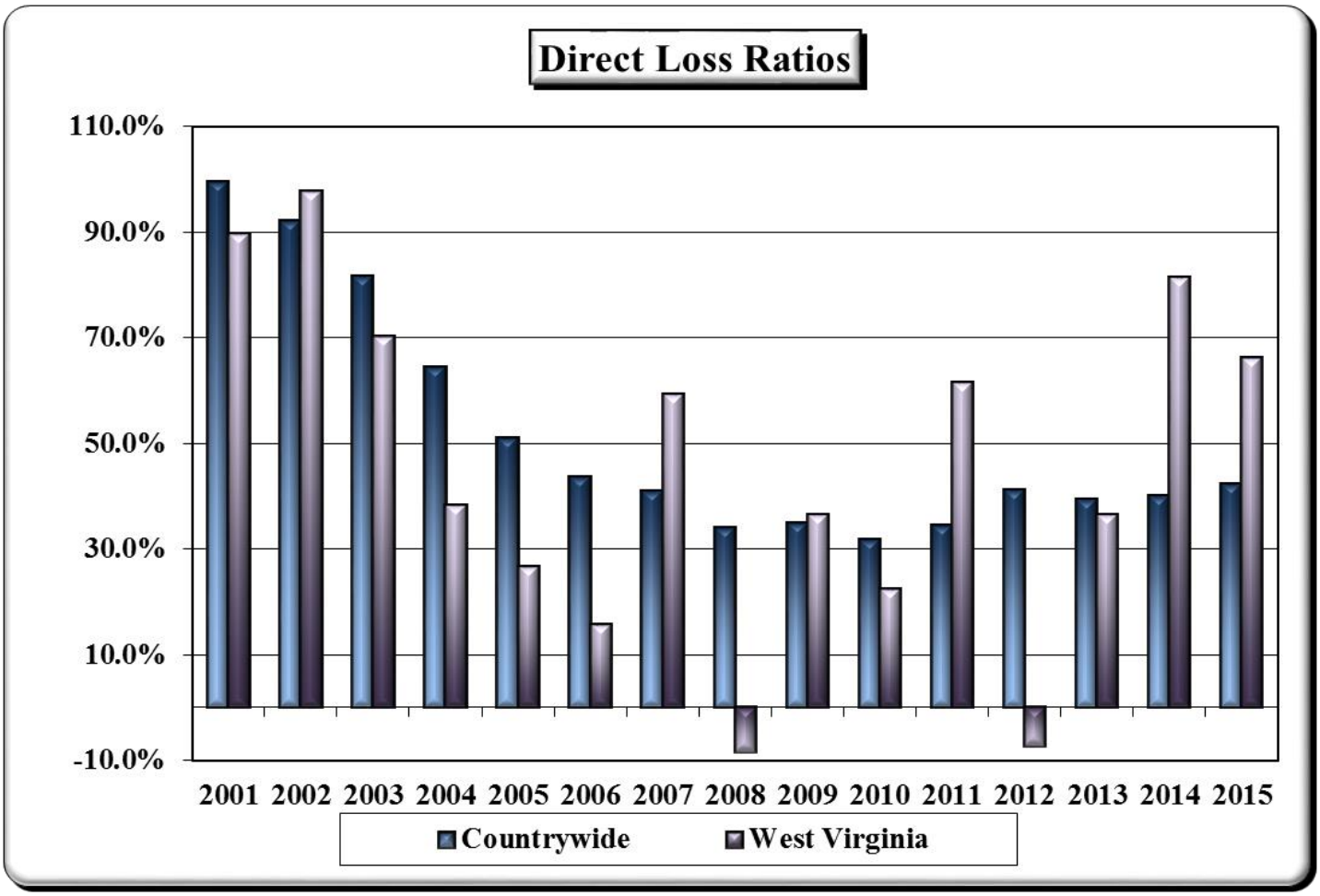
The following exhibits provide a comparison of the Medical Malpractice line of business for the countrywide industry along with results for West Virginia for the past fifteen years. In reviewing this exhibit, a few key areas of difference are noted.

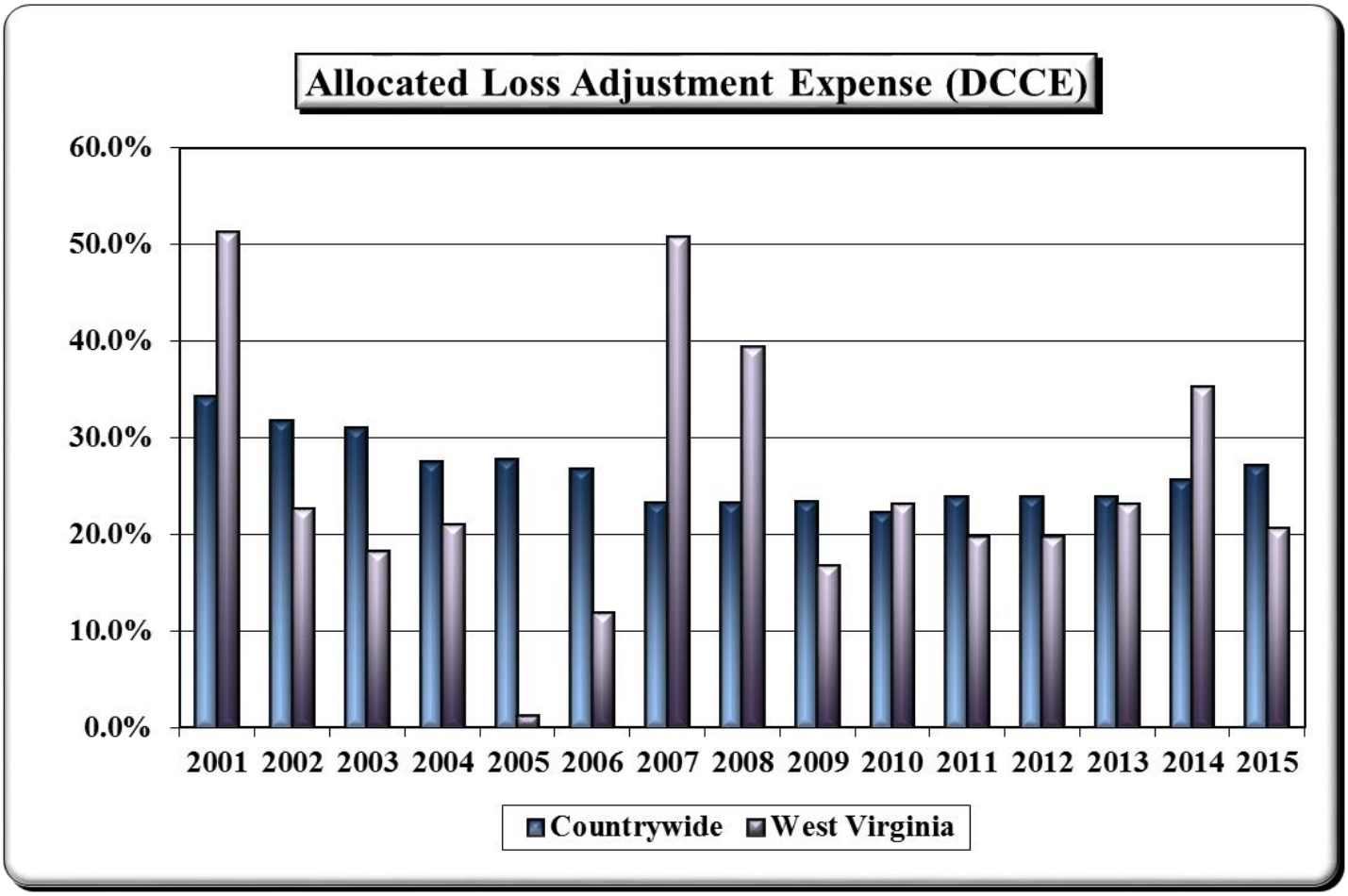
- Continued decrease in total West Virginia premiums since 2011
- Greater volatility in direct West Virginia loss ratios in part due to our relatively small market size
- LAE expenses had a significant decrease which is directly related to the lower direct loss ratio.
- Underwriting expense remained somewhat stable but did experience an increase comparable to the countrywide outcome.

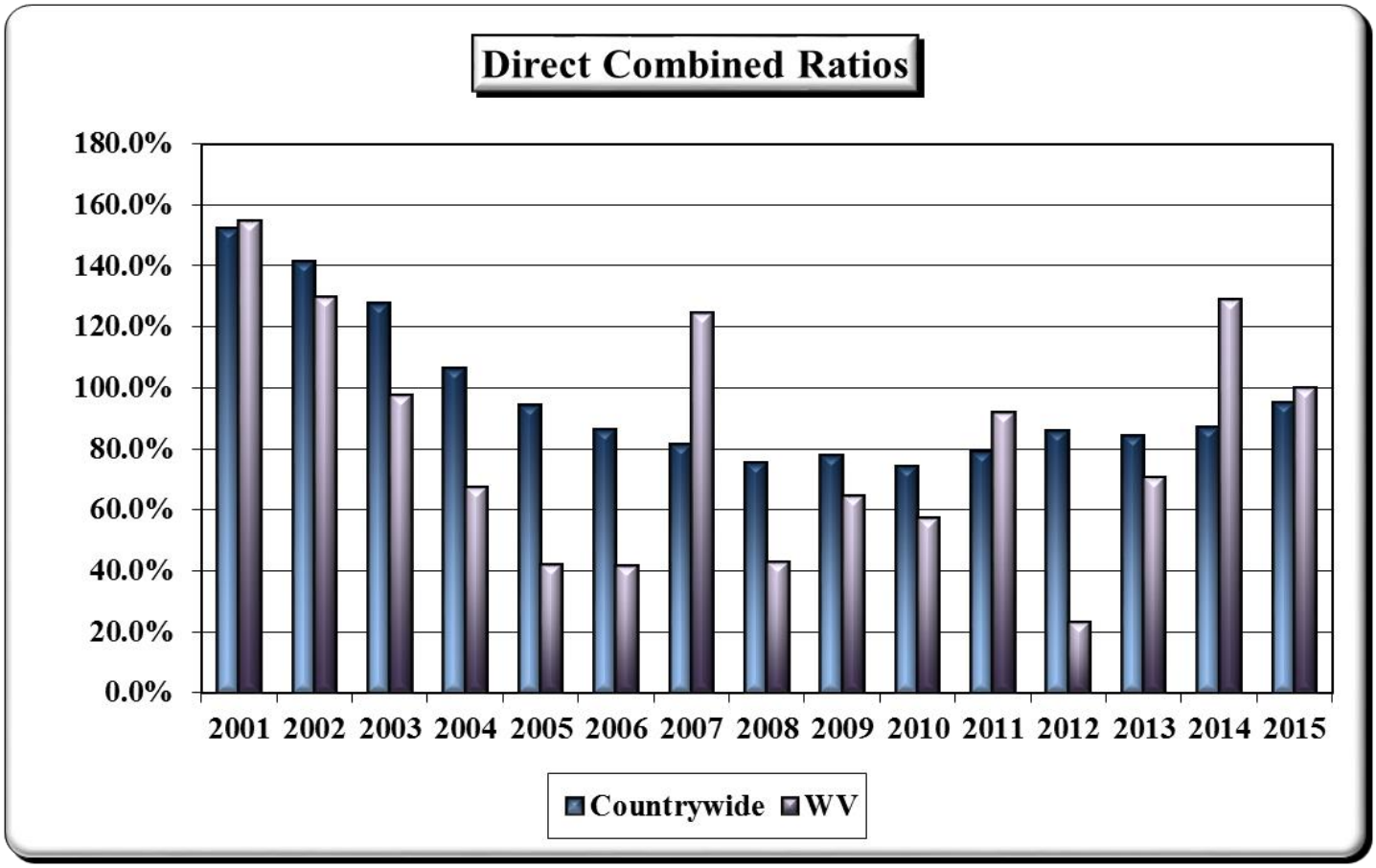
This data is on a calendar year basis. Increases or decreases in loss reserves from previous years will be carried forward to the calendar year on an accounting basis. This can result in incurred loss amounts which may appear inflated or even result in overall negative dollar values for the year. Reductions in prior loss reserves were made in West Virginia during 2008 and in 2012. This resulted in negative loss ratios for the market during those years.

The direct loss ratio on a countrywide basis increased slightly from the prior year while the West Virginia direct loss ratio decreased from 81.5% to 66.2% in 2015.

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:




Allocated Loss Adjustment Expense (DCCE)
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015
Countrywide
West Virginia

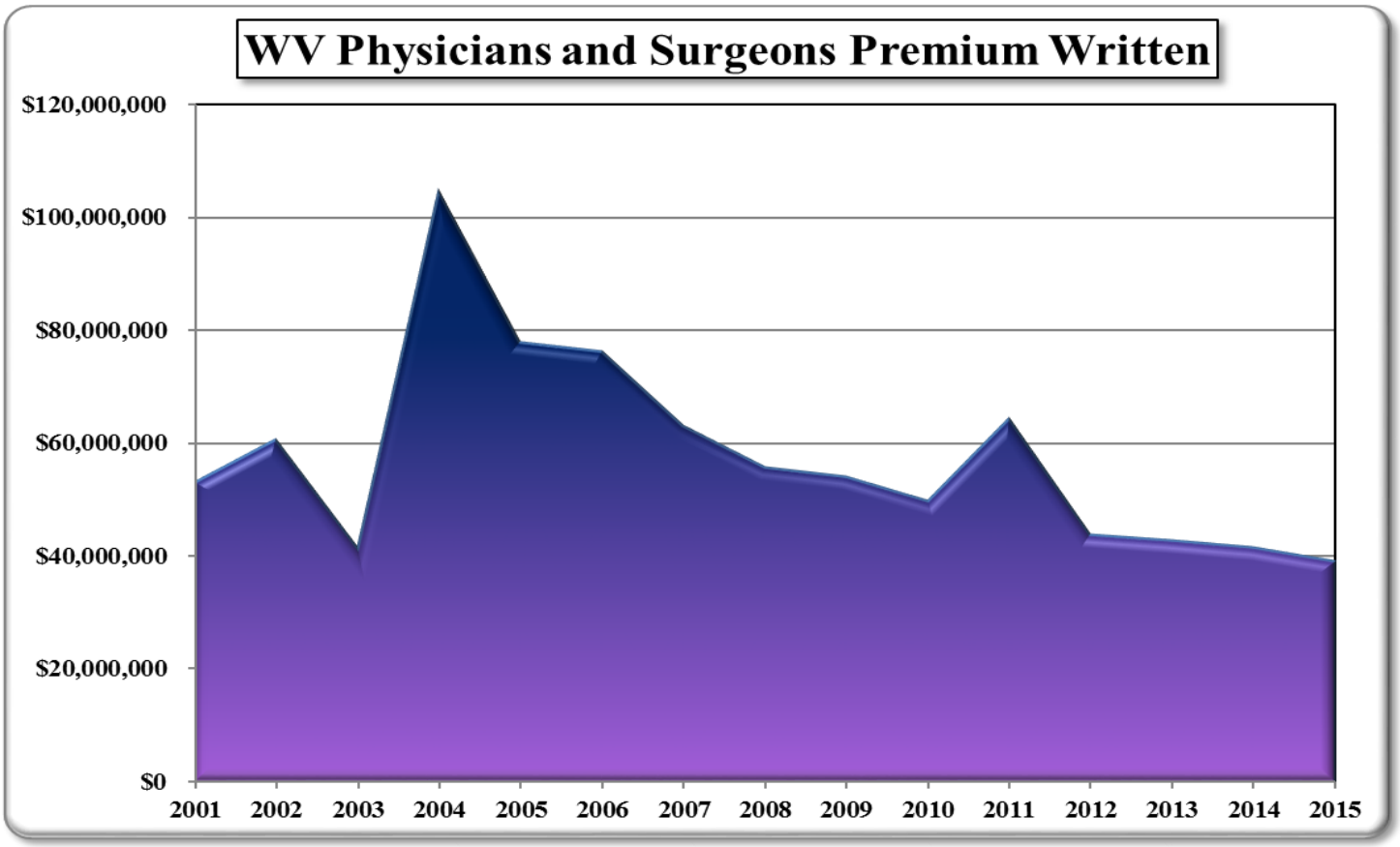

Direct Combined Ratios
180.0%
160.0%
140.0%
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015
Countrywide
WV

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:

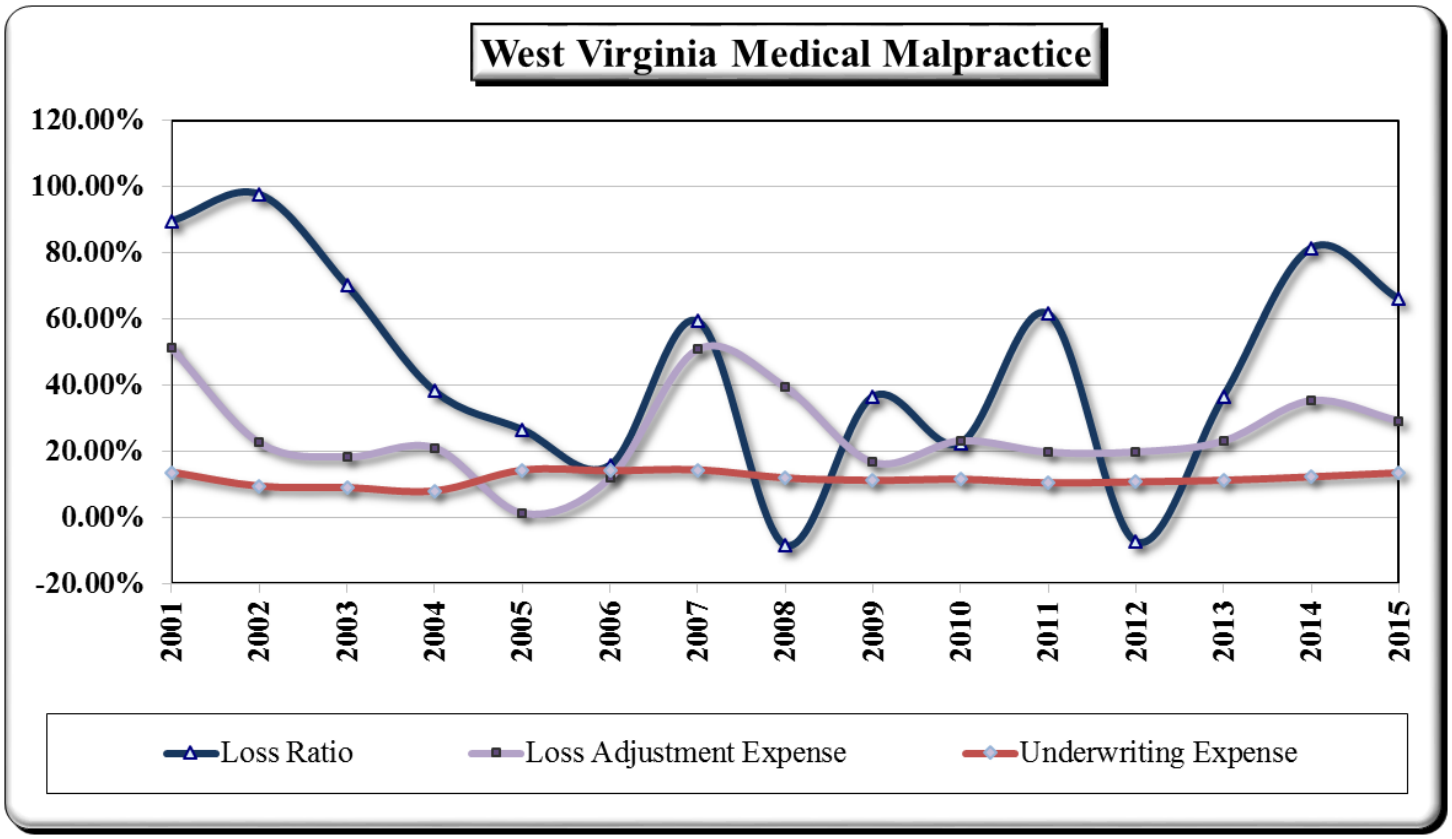
Year	$ Written	$ Earned	Loss Inc	Loss Ratio	# Co's
2001	$53,014,374	$50,317,000	$45,506,525	90.44%	42
2002	$60,438,081	$71,526,084	$57,643,116	80.59%	38
2003	$41,135,392	$43,155,673	$30,340,154	70.30%	43
2004	$104,451,130	$86,255,894	$32,844,069	38.08%	47
2005	$77,791,000	$73,441,787	$15,307,600	20.84%	49
2006	$76,117,773	$74,452,685	-$2,605,885	-3.50%	53
2007	$63,070,586	$63,426,938	$18,800,876	29.64%	50
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%	54

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



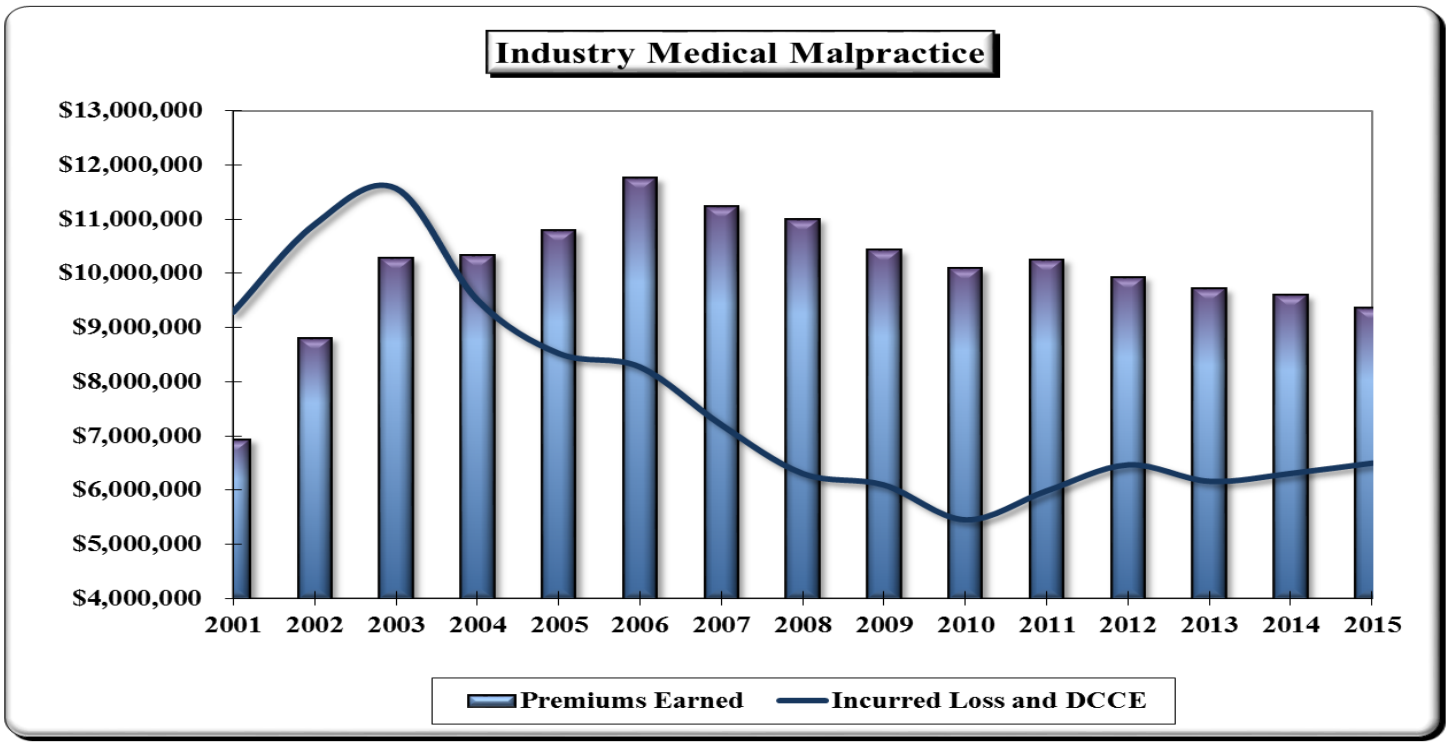
I-C: Key Drivers of West Virginia Medical Malpractice Insurance Results

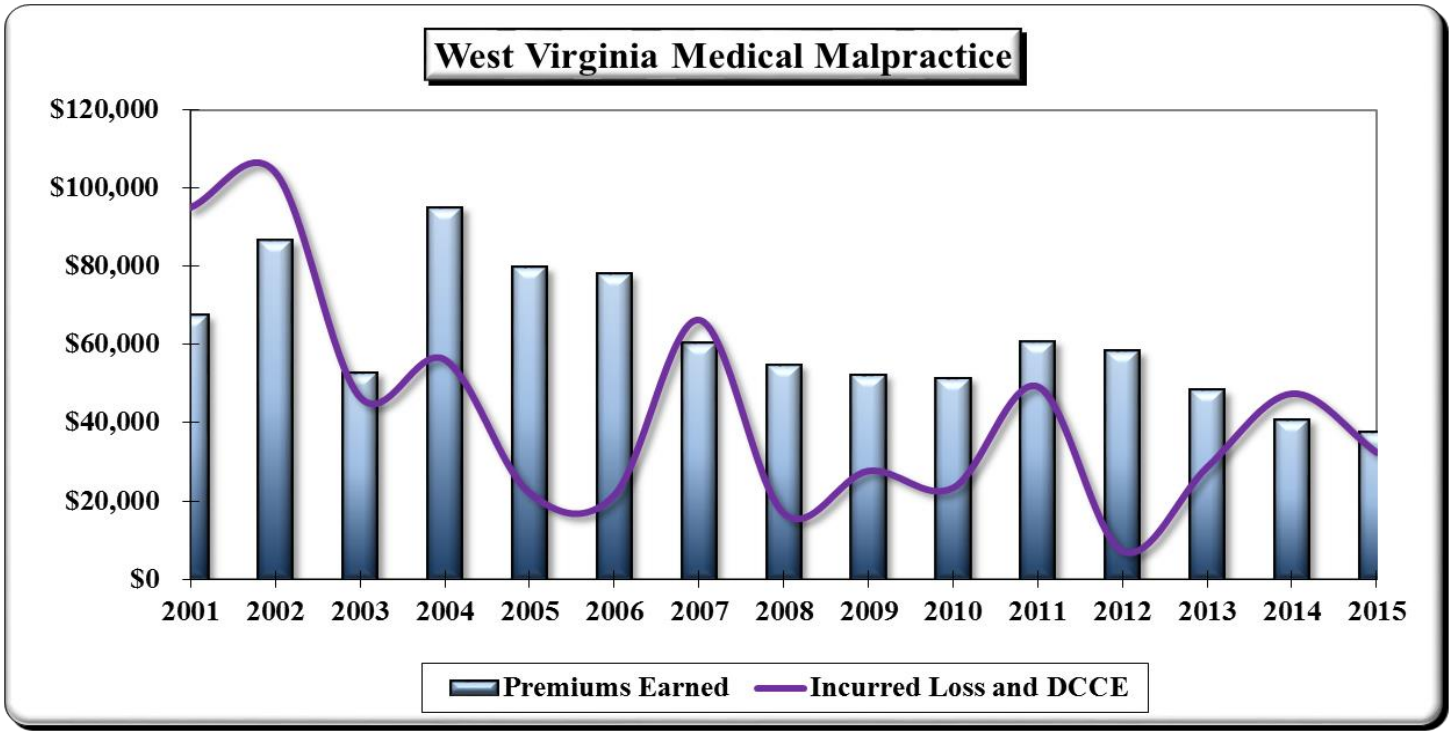
The graph below indicates the West Virginia medical malpractice line continues to exhibit volatile loss ratios with stable underwriting expenses. The loss adjustment expenses generally trend similarly to the loss ratio but may vary widely due to the specialized nature of litigation for the medical malpractice line of insurance.



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

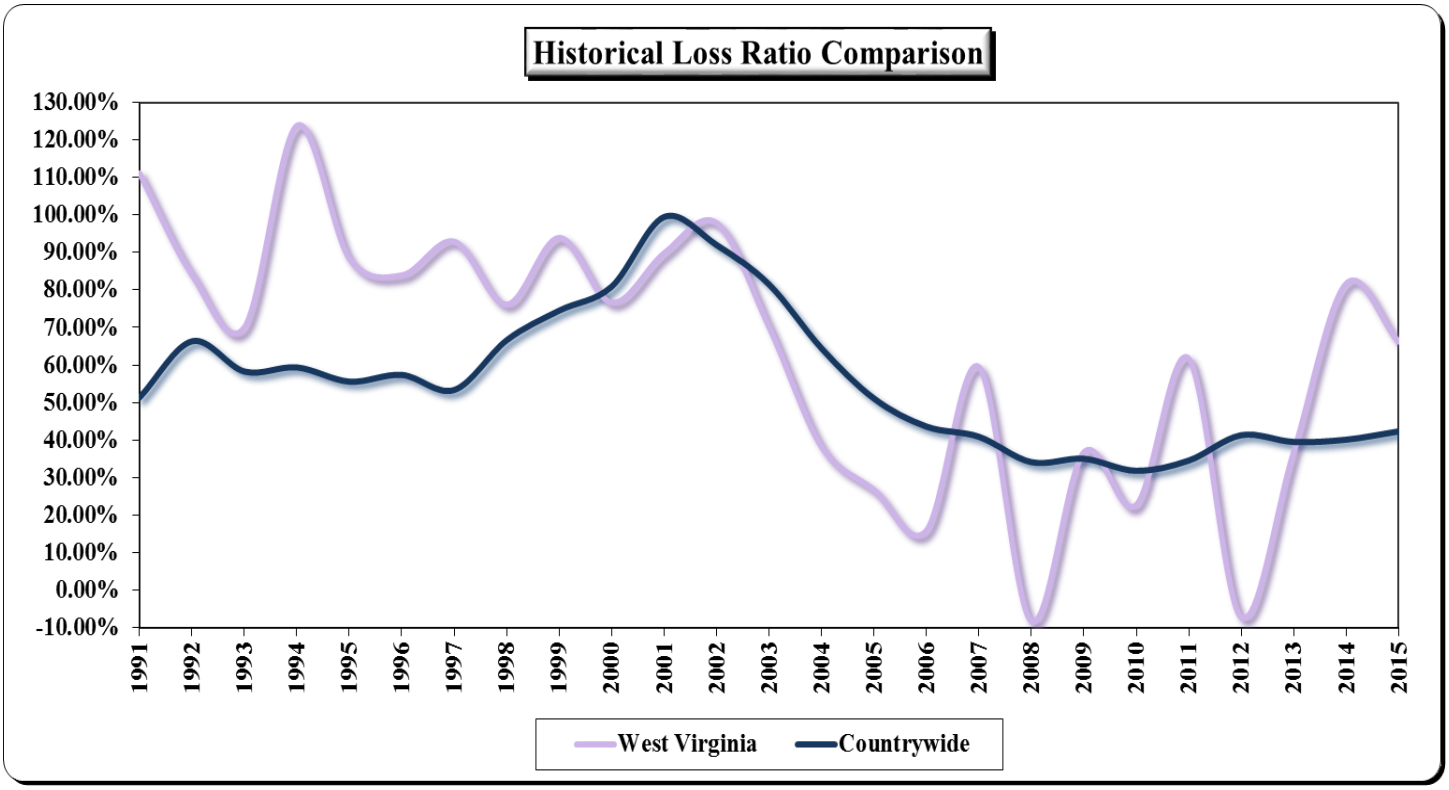
The charts below compare losses and defense costs for the countrywide industry against the comparable figures for the West Virginia market. That results for loss and defense cost in West Virginia had far exceeded premiums until the turnaround reported for 2003. When considering the last ten (10) years, the loss and defense costs have averaged 59.3% of the premiums earned. However, these costs remain unpredictable and highly volatile.





I-E: Historical Loss Ratio Comparison

Recent loss ratio experience in West Virginia for medical malpractice remains as an improvement over that experienced as recently as 2002. 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 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. These data represent indemnity payments only, thus, loss adjustment expense amounts are necessarily excluded. While not strictly matching insurance data, this information is useful in attempting to identifying trends. It should also be noted that the data does not include hospitals or doctors working within corporate structures. 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. §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 1995 – 2015.

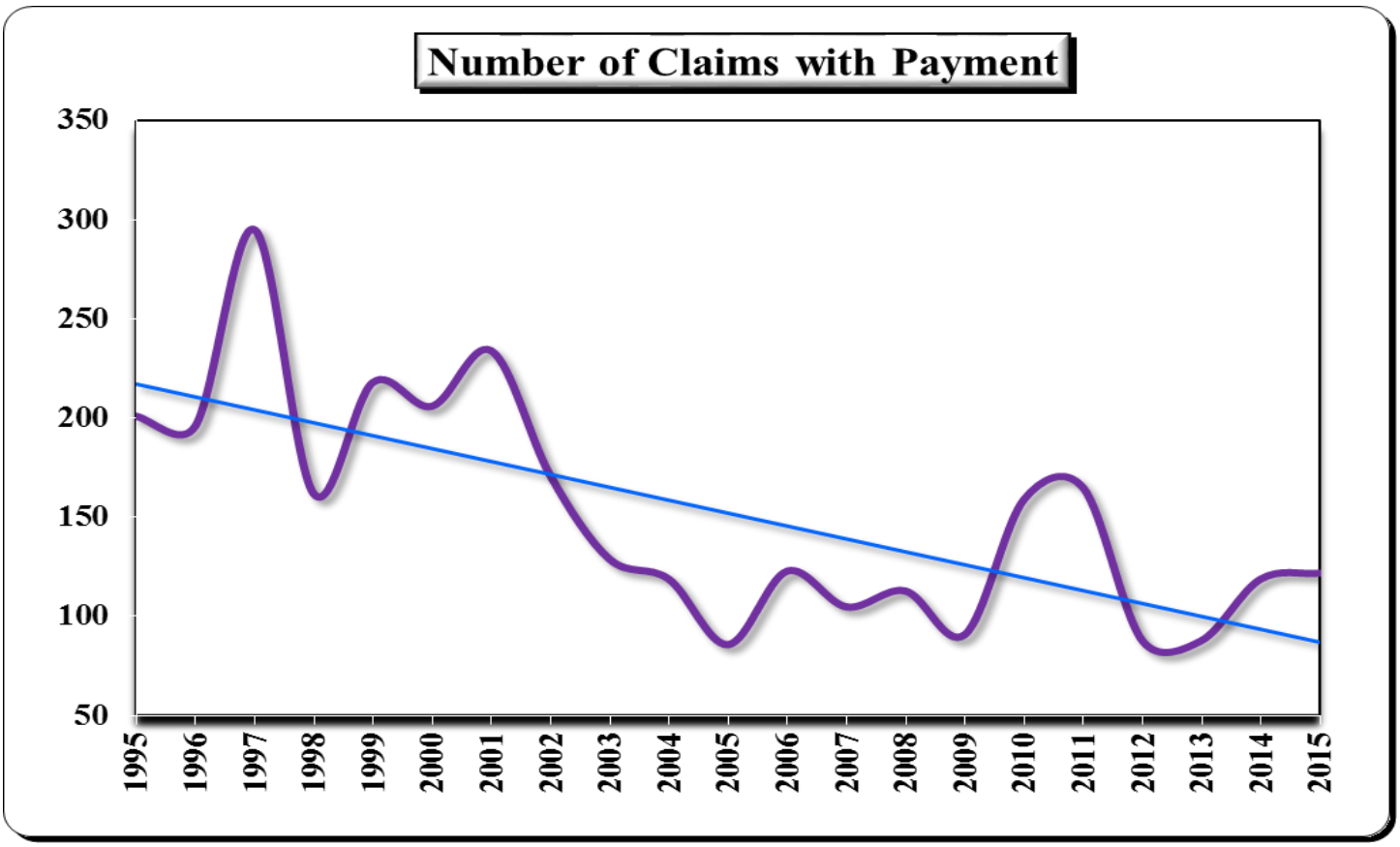
West Virginia Board of Medicine									
Claim Count Review									
	Dismissals		Judgments			Settlements			All
Year	Total	% of Total	Non-Zero	Total	% of Total	Non-Zero	Total	% of Total	**Total**
1995	103	31%	14	38	11%	187	190	57%	**331**
1996	81	27%	5	20	7%	191	194	66%	**295**
1997	114	27%	9	28	7%	286	286	67%	**428**
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%	0	3	2%	119	119	98%	**122**
2015	0	0%	2	3	2%	120	120	98%	**123**
Total	**1,514**	**28%**	**134**	**442**	**8%**	**3,463**	**3,501**	**64%**	**5,457**

- 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. Specifically, "[the] certificate of merit shall be executed under oath by a health care provider qualified as an expert under the West Virginia rules of evidence and shall state with particularity: (1) the expert's familiarity with the applicable standard of care in issue; (2) the expert's qualifications; (3) the expert's opinion as to how the breach of the applicable standard of care resulted in injury or death". We believe that this screening process explains in part the increase in the percentage of dismissals seen beginning in 2002.

- 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 for the future.

- In general, the number of claims filed has dropped significantly, approximately 67%, since the passage of the 2001 legislation.

- Graphically, note the downward linear trend in the number of paid claims since 1997:



This is consistent with previous reports which have noted a general decline in medical malpractice claims countrywide. Keep in mind however that 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.

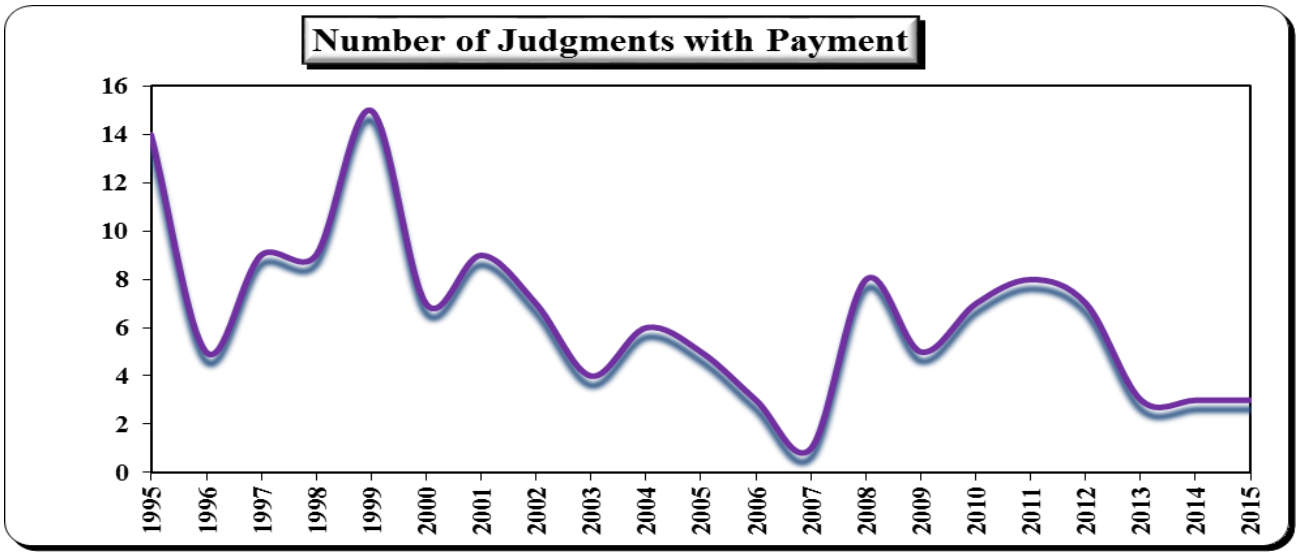
II-B: Historical Judgments

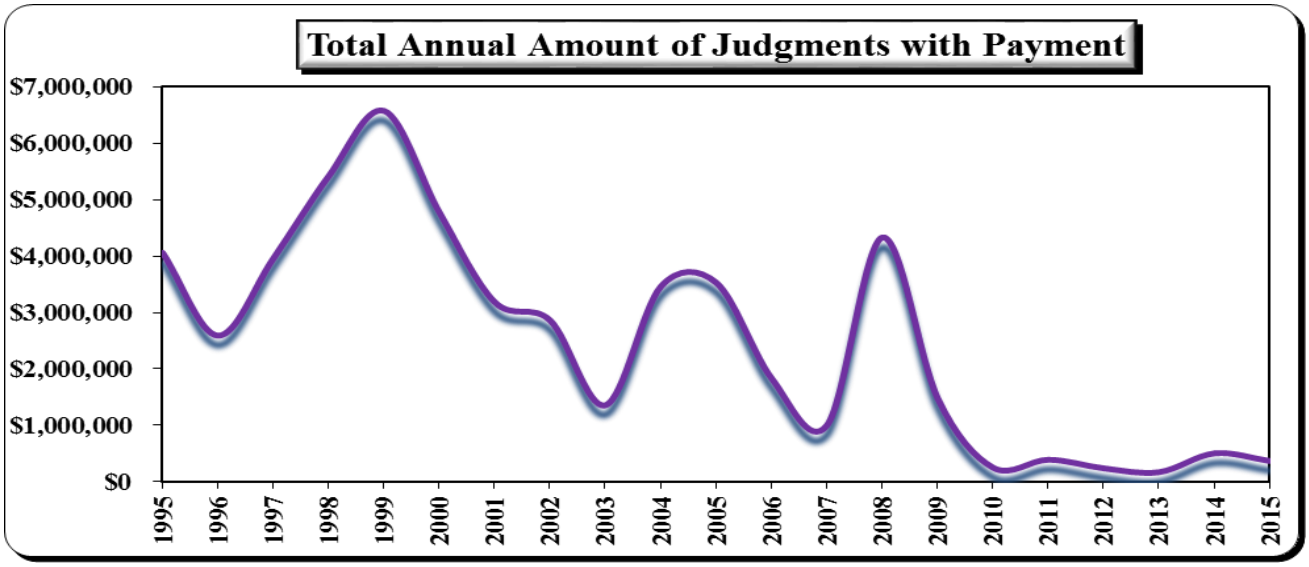
Capping large awards at $1,000,000 leads to the following:

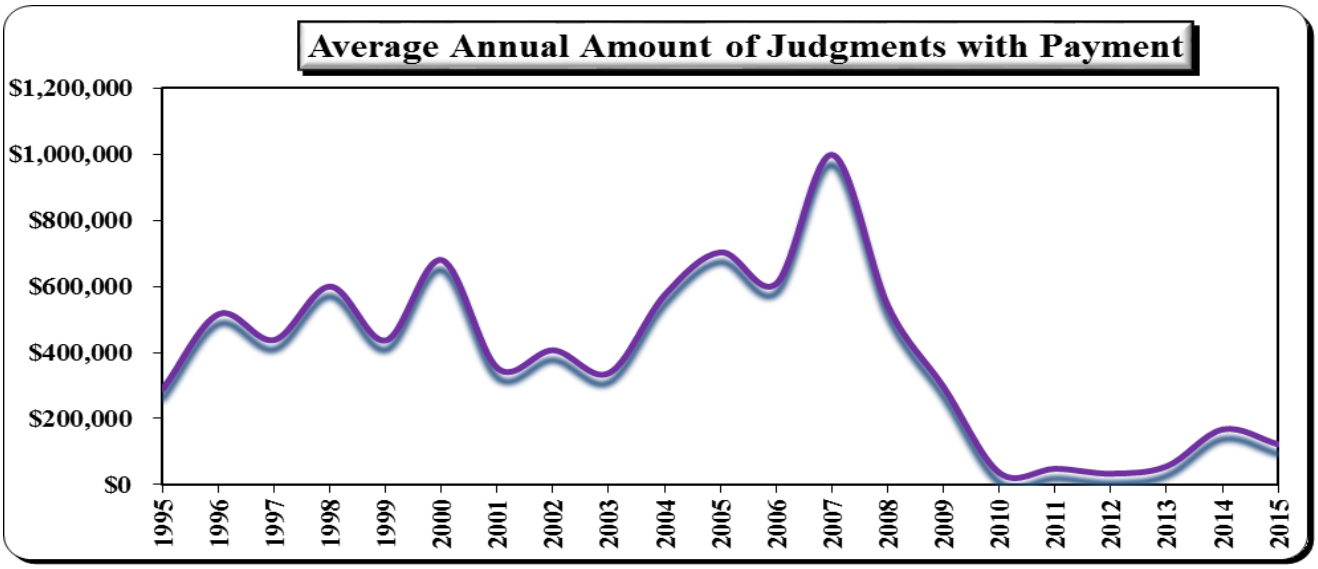
West Virginia Board of Medicine			
Judgments with payments capped at $1,000,000			
Year	**#**	**Amount**	**Average**
1995	14	$4,055,745	$289,696
1996	5	$2,585,837	$517,167
1997	9	$3,951,907	$439,101
1998	9	$5,409,154	$601,017
1999	15	$6,566,669	$437,778
2000	7	$4,767,554	$681,079
2001	9	$3,179,290	$353,254
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	7	$250,000	$35,714
2011	8	$390,879	$48,860
2012	7	$237,539	$33,934
2013	3	$170,000	$56,667
2014	3	$504,000	$168,000
2015	3	$367,216	$122,405
21 Years	**154**	**$56,990,717**	**$370,070**

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. However, the last six years (2010 to 2015) have significantly lower payments than previous years and have an average payment amount of nearly $320,000 compared to an average payment amount of over $3M from 1995 – 2009.

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 graphic above appears to indicate a significant increase in this average for 2007. Yet, note in the tabled data that the number of non-zero judgments for 2007 was a single claim.

The next exhibit displays judgments by size of payment.

West Virginia Board of Medicine

Size of Paid Judgments

	2001		2002		2003		2004		2005	
Interval	#	$	#	$	#	$	#	$	#	$
Loss=$0	28	$0	18	$0	19	$0	18	$0	10	$0
$0<loss<=$100K	3	$210,000	3	$175,073	0	$0	1	$75,000	0	$0
$100K<loss<=$250K	3	$440,557	0	$0	1	$160,000	0	$0	1	$250,000
$250K<loss<=$500K	0	$0	2	$680,150	3	$1,195,000	2	$811,994	1	$274,909
$500K<loss<=$1M	1	$528,733	1	$1,000,000	0	$0	3	$2,569,250	0	$0
$1M<loss	2	$3,612,000	1	$6,238,000	0	$0	0	$0	3	$8,321,888
Total Judgments	37	$4,791,290	25	$8,093,223	23	$1,355,000	24	$3,456,244	15	$8,846,797
Total Non-Zero*	9	$3,179,290	7	$2,855,223	4	$1,355,000	6	$3,456,244	5	$3,524,909

	2006		2007		2008		2009		2010	
Interval	#	$	#	$	#	$	#	$	#	$
Loss=$0	9	$0	14	$0	6	$0	9	$0	6	$0
$0<loss<=$100K	0	$0	0	$0	1	$75,000	0	$0	0	$0
$100K<loss<=$250K	1	$227,449	0	$0	2	$450,000	3	$575,000	1	$250,000
$250K<loss<=$500K	0	$0	0	$0	2	$800,596	1	$300,000	0	$0
$500K<loss<=$1M	1	$603,540	0	$0	0	$0	1	$600,000	0	$0
$1M<loss	1	$1,014,165	1	$1,705,936	3	$8,350,000	0	$0	0	$0
Total Judgments	12	$1,845,154	15	$1,705,936	14	$9,675,596	14	$1,475,000	7	$250,000
Total Non-Zero*	3	$1,830,989	1	$1,000,000	8	$4,325,596	5	$1,475,000	1	$250,000

	2011		2012		2013		2014		2015	
Interval	#	$	#	$	#	$	#	$	#	$
Loss=$0	5	$0	5	$0	2	$0	0	$0	1	$0
$0<loss<=$100K	2	$115,879	1	$68,725	0	$0	1	$35,000	1	$11,216
$100K<loss<=$250K	0	$0	1	$168,814	1	$170,000	1	$174,000	0	$0
$250K<loss<=$500K	1	$275,000	0	$0	0	$0	1	$295,000	1	$356,000
$500K<loss<=$1M	0	$0	0	$0	0	$0	0	$0	0	$0
$1M<loss	0	$0	0	$0	0	$0	0	$0	0	$0
Total Judgments	8	$390,879	7	$237,539	3	$170,000	3	$504,000	3	$367,216
Total Non-Zero*	3	$390,879	2	$237,539	1	$170,000	3	$504,000	2	$367,216

**The second Total excludes claims which resulted in no indemnity payment and caps individual claims greater than $1M 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

	2001		2002		2003		2004		2005	
Interval	#	$	#	$	#	$	#	$	#	$
Loss=$0	1	$0	1	$0	2	$0	0	$0	1	$0
$0<loss<=$50K	84	$1,806,781	57	$1,229,665	26	$625,434	40	$861,532	29	$803,164
$50K<loss<=$100K	37	$2,934,401	15	$1,214,000	15	$1,252,000	16	$1,362,500	8	$660,000
$100K<loss<=$250K	48	$8,350,814	49	$8,500,031	35	$6,725,418	21	$4,016,403	19	$3,198,750
$250K<loss<=$500K	29	$10,671,417	26	$10,065,000	29	$11,363,125	24	$9,529,000	16	$5,752,500
$500K<loss<=$1M	27	$21,817,833	18	$13,255,516	16	$13,878,750	5	$3,550,000	8	$5,731,250
$1M<loss	1	$1,250,000	0	$0	6	$14,438,368	7	$11,500,000	2	$3,250,000
Total Settlements	227	$46,831,246	166	$34,264,212	129	$48,283,095	113	$30,819,435	83	$19,395,664
Total Non-Zero*	226	$46,581,246	165	$34,264,212	127	$39,844,727	113	$26,319,435	82	$18,145,664

	2006		2007		2008		2009		2010	
Interval	#	$	#	$	#	$	#	$	#	$
Loss=$0	0	$0	5	$0	3	$0	3	$0	0	$0
$0<loss<=$50K	47	$1,352,631	27	$605,014	36	$982,998	23	$697,523	93	$1,052,198
$50K<loss<=$100K	19	$1,452,250	11	$705,800	16	$1,261,000	18	$1,397,458	16	$1,261,125
$100K<loss<=$250K	26	$4,812,500	29	$4,486,666	27	$4,543,528	23	$4,327,625	24	$4,393,999
$250K<loss<=$500K	18	$6,393,000	17	$6,062,500	13	$5,127,500	16	$5,999,490	14	$4,911,250
$500K<loss<=$1M	7	$5,400,000	13	$9,288,182	12	$9,900,000	6	$4,900,000	9	$6,875,000
$1M<loss	3	$6,350,000	7	$8,896,822	1	$1,900,000	0	$0	2	$2,750,000
Total Settlements	120	$25,760,381	109	$30,044,984	108	$23,715,026	89	$17,322,096	158	$21,243,572
Total Non-Zero*	120	$22,410,381	104	$28,148,162	105	$22,815,026	86	$17,322,096	158	$20,493,572

	2011		2012		2013		2014		2015	
Interval	#	$	#	$	#	$	#	$	#	$
Loss=$0	0	$0	0	$0	0	$0	0	$0	0	$0
$0<loss<=$50K	53	$755,525	16	$313,035	15	$260,910	31	$765,233	23	$736,500
$50K<loss<=$100K	51	$4,148,838	9	$571,000	18	$1,240,500	19	$1,677,167	9	$803,000
$100K<loss<=$250K	24	$3,505,165	28	$3,860,000	18	$2,933,753	26	$4,987,507	26	$5,145,166
$250K<loss<=$500K	14	$4,775,000	19	$5,992,500	17	$6,110,000	22	$8,538,856	35	$12,619,930
$500K<loss<=$1M	13	$8,432,236	9	$6,620,000	15	$10,902,504	18	$15,018,411	23	$16,955,000
$1M<loss	7	$7,900,000	5	$9,300,000	4	$4,450,000	3	$5,825,000	4	$10,825,000
Total Settlements	162	$29,516,764	86	$26,656,535	87	$25,897,667	119	$36,812,174	120	$47,084,596
Total Non-Zero*	162	$28,616,764	86	$22,356,535	87	$25,447,667	119	$33,987,174	120	$40,259,596

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

- Settlements comprise the most common resolution for claim payments. Over the last 15 years noted in the table above, there were an average of 125 paid settlements per year with an average uncapped payment of $247,147.

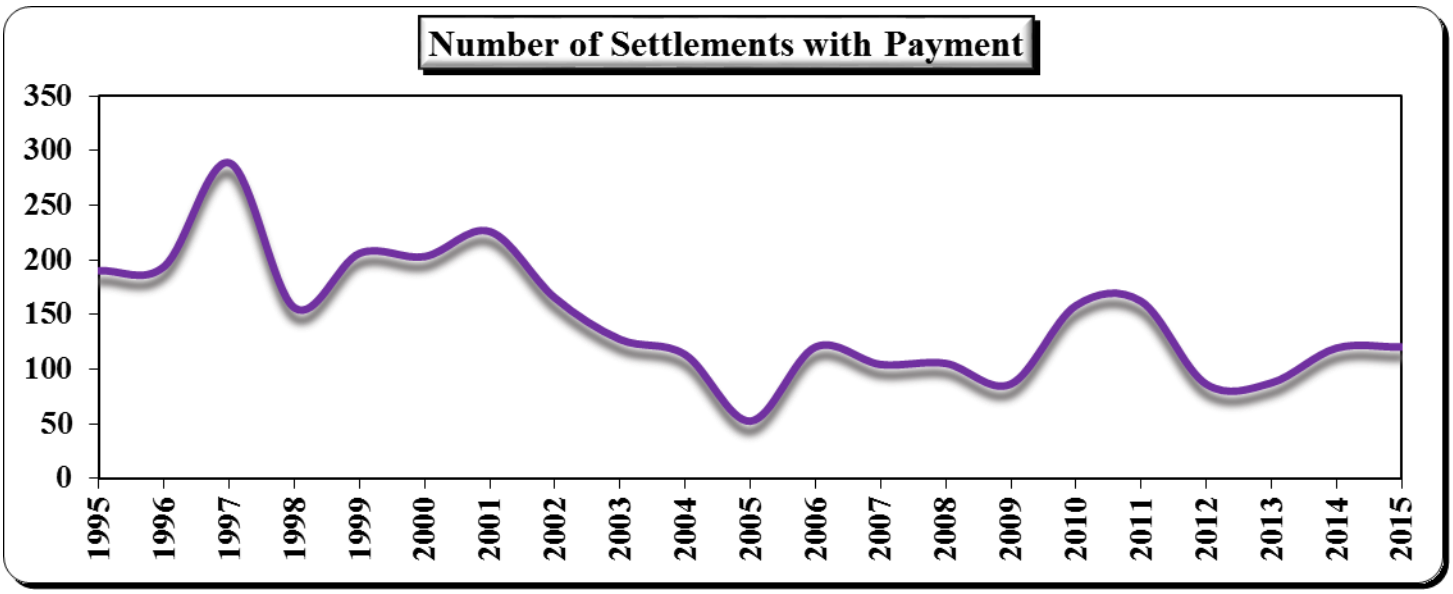
As was done for judgments, we will cap claims at $1,000,000 and look for trends:

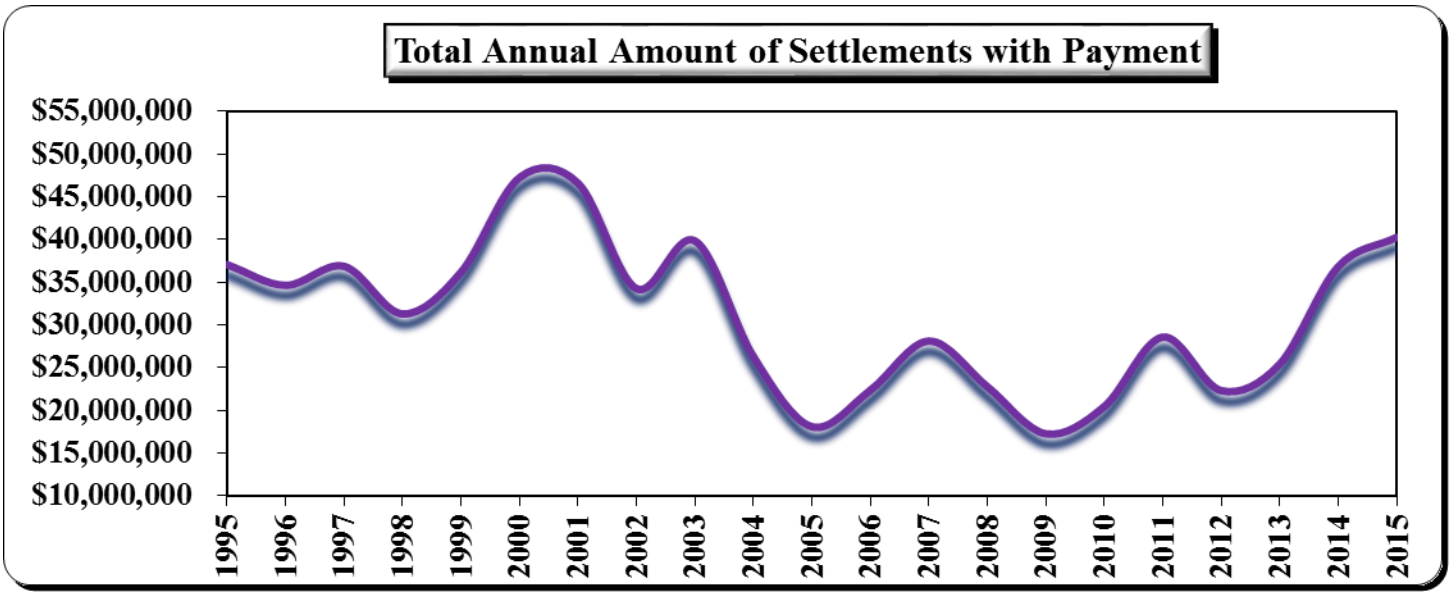
West Virginia Board of Medicine **Settlements** with payment capped at $1,000,000			
Year	**#**	**Amount**	**Average**
1995	190	$37,069,607	$198,233
1996	194	$34,654,192	$181,436
1997	289	$36,874,345	$128,931
1998	156	$31,312,836	$204,659
1999	206	$36,202,779	$178,339
2000	203	$47,231,896	$237,346
2001	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	52	$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	$36,812,174	$309,346
2015	120	$40,259,597	$335,497
21 Years	**3,068**	**$653,182,913**	**$212,902**

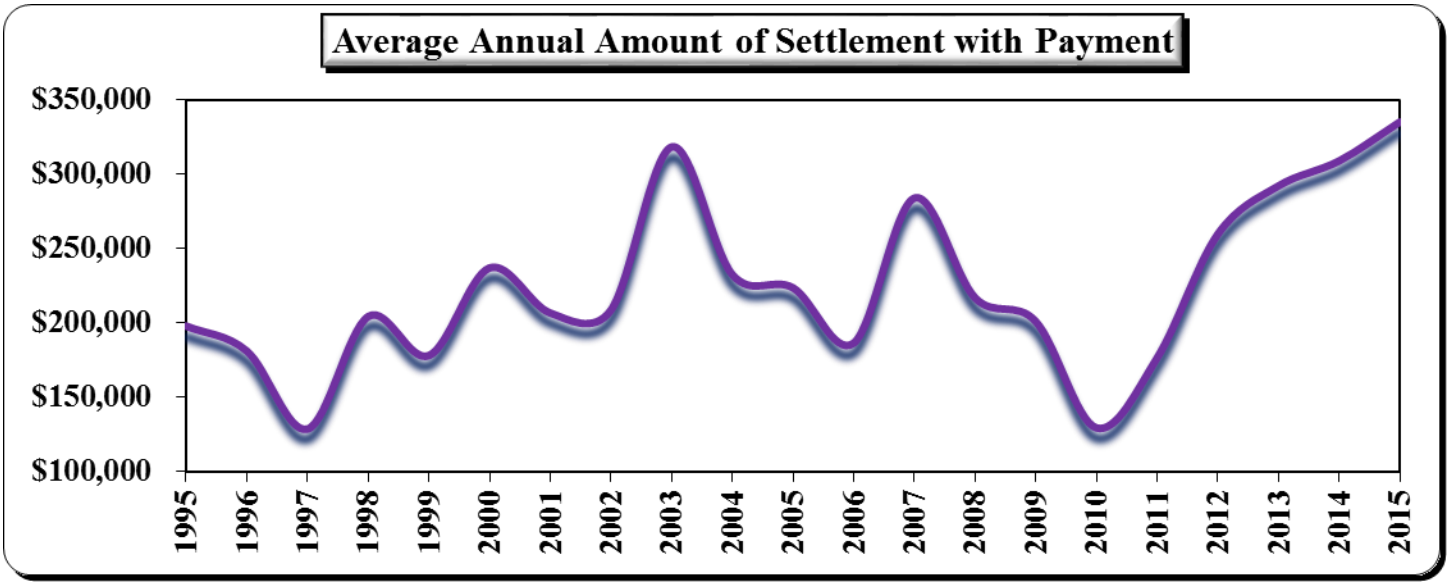
- From the above data, which limits claims to $1,000,000, for the years 1995-2011 the combined the average paid settlement was $198,911. For 2012-2015 combined, the average paid settlement was $303,097. This represents a 52% increase in the last four years over the previous 17 years combined all while having a lower claim count average.

- As with judgments, the small number of settlements restricts the credibility of the data. The actual number of settlements occurring since 2001 indicates a general decline in the frequency of paid settlements.

Again, graphical linear representations of the Settlement data:







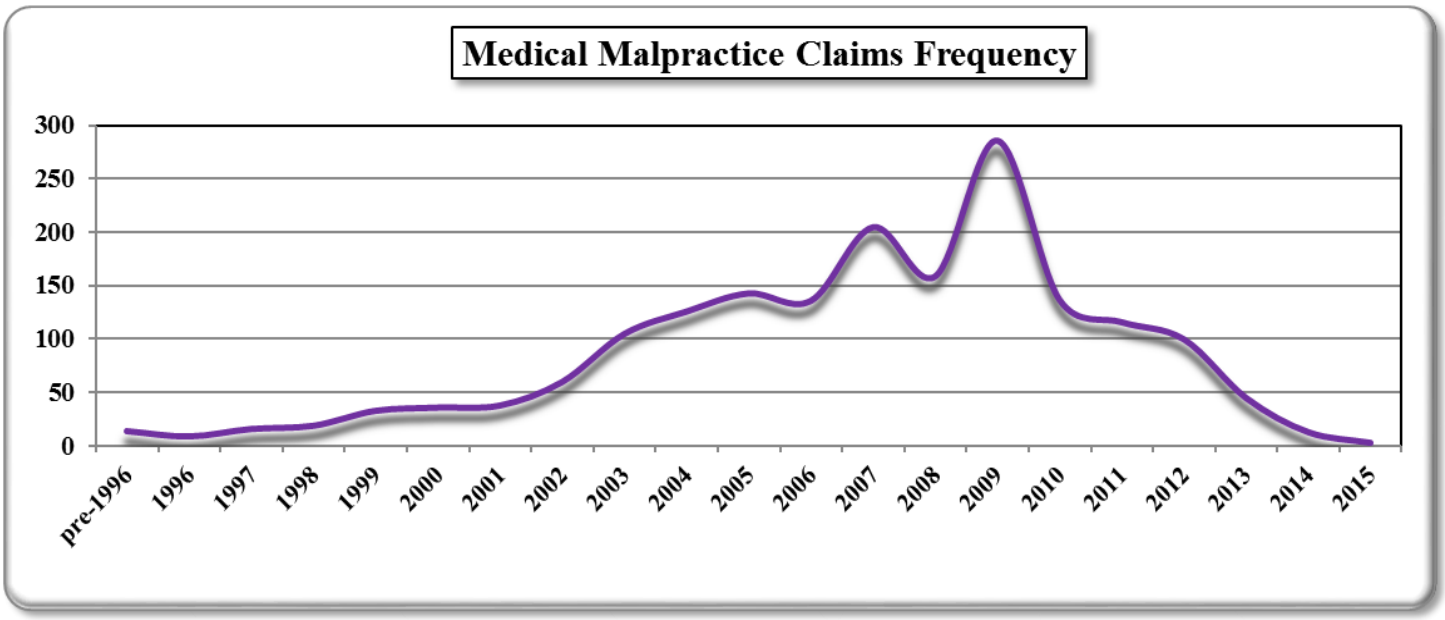
II-D: Closed Claim (§33-20B-8) Data

In accordance with §33-20B-8, enhanced closed/paid medical malpractice information has been collected from insurers. 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	13	$735,000	$186,600	$253,500	$0	$1,175,100	$90,392
1996	8	$1,105,822	$25,000	$0	$0	$1,130,822	$141,353
1997	15	$953,000	$0	$418,000	$0	$1,371,000	$91,400
1998	18	$759,285	$0	$40,000	$0	$799,285	$44,405
1999	32	$6,137,429	$69,677	$280,323	$0	$6,487,429	$202,732
2000	35	$2,380,093	$878,777	$1,171,223	$0	$4,430,093	$126,574
2001	37	$4,844,500	$10,938,093	$3,586,907	$0	$19,369,500	$523,500
2002	59	$8,204,965	$2,502,254	$493,962	$0	$11,201,180	$189,851
2003	104	$16,391,855	$10,032,691	$4,619,828	$0	$31,044,373	$298,504
2004	125	$8,323,175	$4,813,318	$3,491,425	$42,180	$16,670,098	$133,361
2005	142	$7,739,559	$4,420,627	$4,610,932	$139,500	$16,910,618	$119,089
2006	135	$10,797,973	$4,882,793	$4,620,635	$0	$20,301,401	$150,381
2007	204	$14,666,986	$5,840,019	$5,899,058	$168,823	$26,574,886	$130,269
2008	158	$11,985,574	$8,229,773	$5,418,860	$132,904	$25,767,111	$163,083
2009	285	$15,529,042	$6,528,081	$6,119,812	$19,978	$28,196,913	$98,937
2010	136	$16,601,141	$6,766,645	$7,382,656	$510,577	$31,261,019	$229,860
2011	115	$12,436,135	$8,655,233	$5,184,702	$99,500	$26,375,571	$229,353
2012	99	$21,257,753	$7,049,275	$4,228,478	$0	$32,535,506	$328,641
2013	44	$4,074,916	$1,191,111	$7,322,765	$0	$12,588,793	$286,109
2014	12	$7,600,000	$1,196,014	$653,986	$0	$9,450,000	$787,500
2015	2	$0	$0	$0	$0	$0	$0

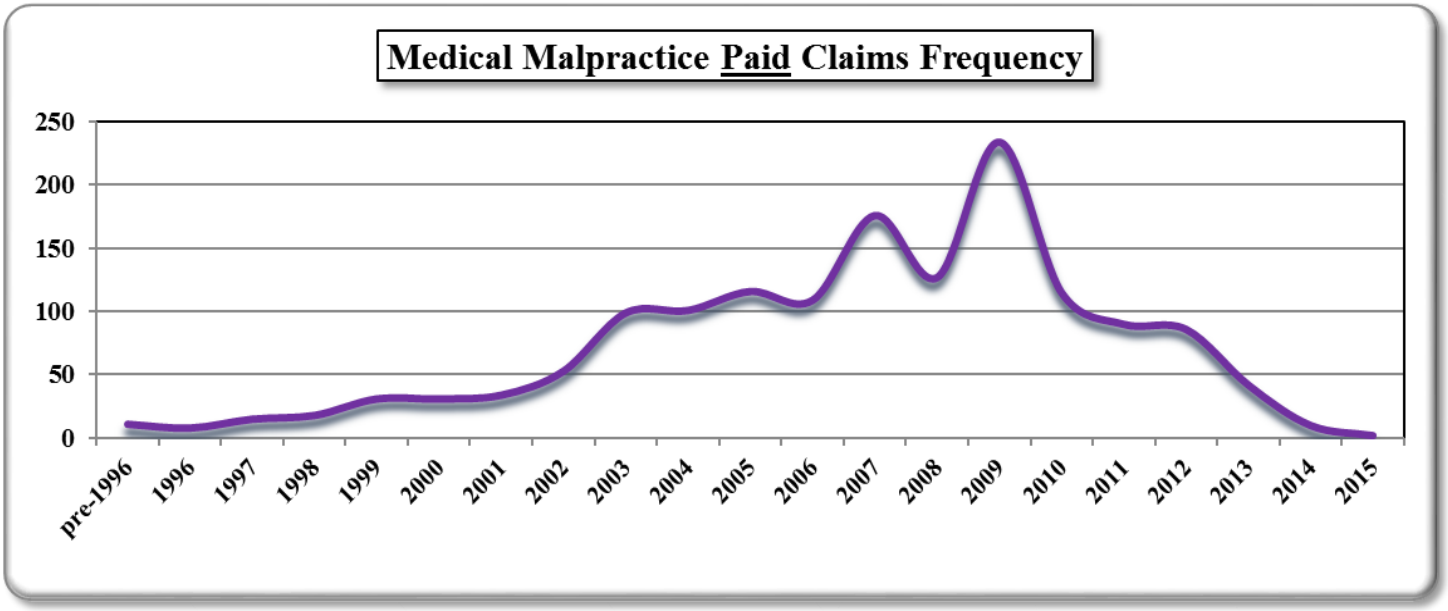
D.O.I.	Non-LAE $0 Paid	Non-LAE Non $0 Avg	LAE Paid	Total Payments	Total Avg	$0 Paid	Non-$0 Paid Avg
pre-1996	9	$293,775	$1,063,474	$2,238,574	$172,198	2	$203,507
1996	6	$565,411	$565,443	$1,696,265	$212,033	0	$212,033
1997	8	$195,857	$1,119,981	$2,490,981	$166,065	0	$166,065
1998	8	$79,928	$1,835,767	$2,635,052	$146,392	0	$146,392
1999	16	$405,464	$2,873,902	$9,361,330	$292,542	1	$301,978
2000	18	$260,594	$2,274,502	$6,704,596	$191,560	4	$216,277
2001	21	$1,210,594	$3,511,748	$22,881,248	$618,412	3	$672,978
2002	34	$448,047	$4,025,306	$15,226,487	$258,076	6	$287,292
2003	44	$517,406	$7,542,327	$38,586,701	$371,026	5	$389,765
2004	83	$396,907	$6,763,569	$23,433,667	$187,469	24	$232,017
2005	88	$313,160	$5,851,925	$22,762,543	$160,300	26	$196,229
2006	85	$406,028	$6,203,877	$26,505,278	$196,335	26	$243,168
2007	113	$292,032	$7,810,060	$34,384,946	$168,554	28	$195,369
2008	96	$415,599	$6,107,904	$31,875,015	$201,741	31	$250,984
2009	116	$166,846	$7,679,274	$35,876,187	$125,881	51	$153,317
2010	82	$578,908	$5,229,143	$36,490,162	$268,310	21	$317,306
2011	61	$488,436	$4,373,901	$30,749,471	$267,387	25	$341,661
2012	60	$834,244	$3,854,459	$36,389,965	$367,575	13	$423,139
2013	26	$699,377	$1,594,779	$14,183,572	$322,354	2	$337,704
2014	7	$1,890,000	$173,095	$9,623,095	$801,925	2	$962,309
2015	2	$0	$2,574	$2,574	$1,287	0	$1,287

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

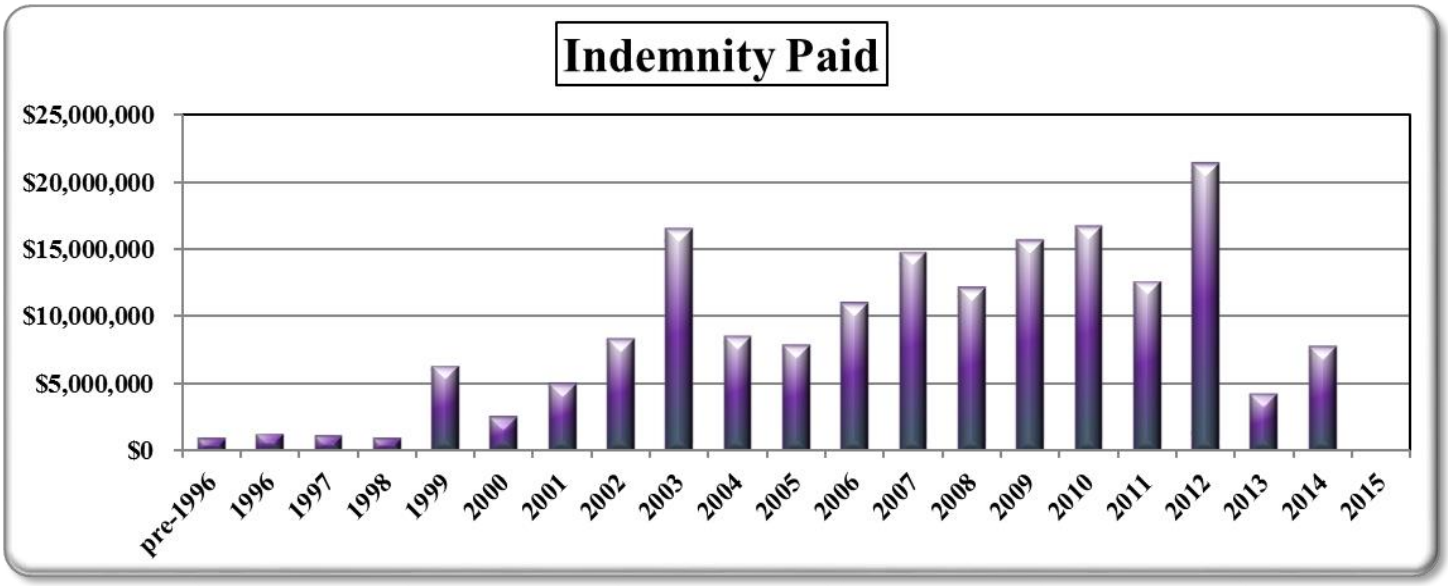


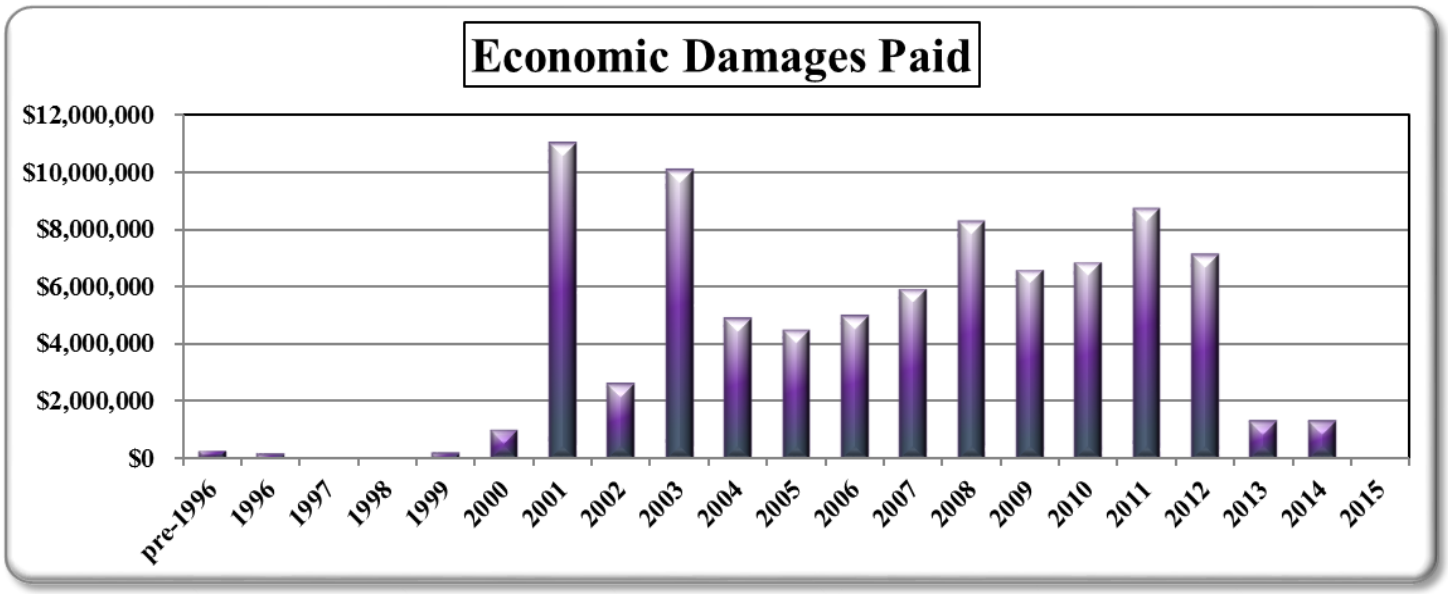
Note from the table and the preceding paragraph, that this incidence frequency does not exclude zero paid claims.

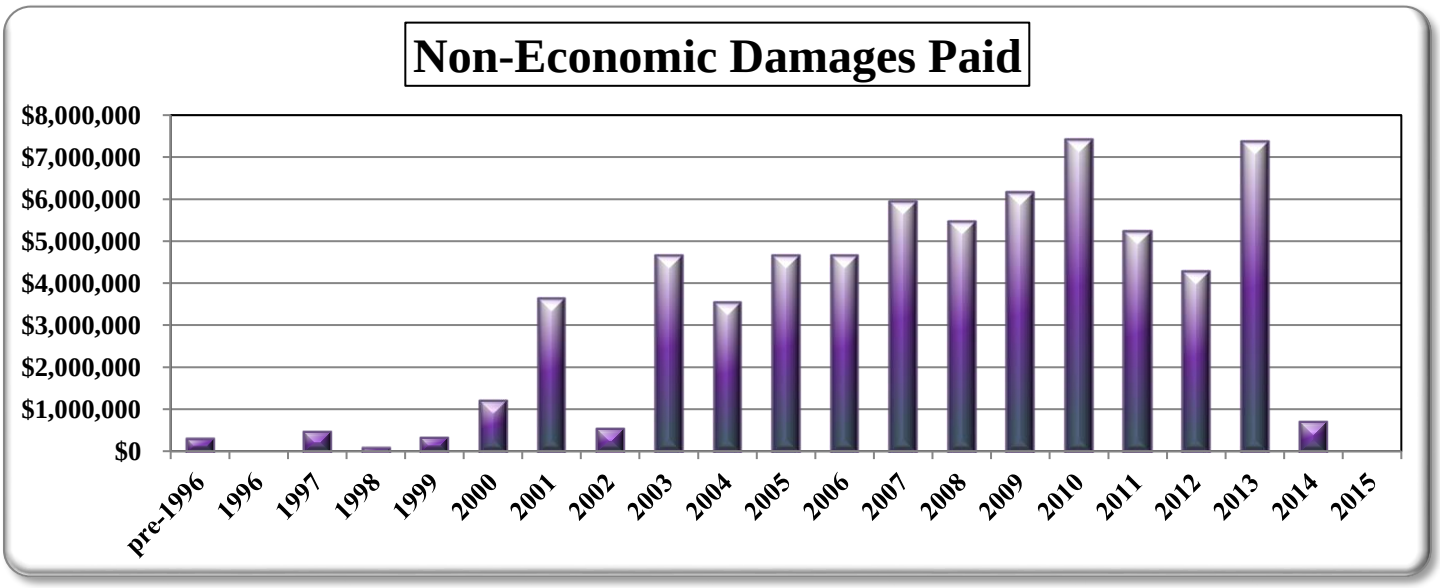
Removing the zero paid claims results in the following substantially similar distribution (excepting the scale):



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.


Indemnity Paid
$25,000,000
$20,000,000
$15,000,000
$10,000,000
$5,000,000
$0
pre-1996
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015


Economic Damages Paid
$12,000,000
$10,000,000
$8,000,000
$6,000,000
$4,000,000
$2,000,000
$0
pre-1996
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015


Non-Economic Damages Paid
$8,000,000
$7,000,000
$6,000,000
$5,000,000
$4,000,000
$3,000,000
$2,000,000
$1,000,000
$0
pre-1996
1996
1997
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1999
2000
2001
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2003
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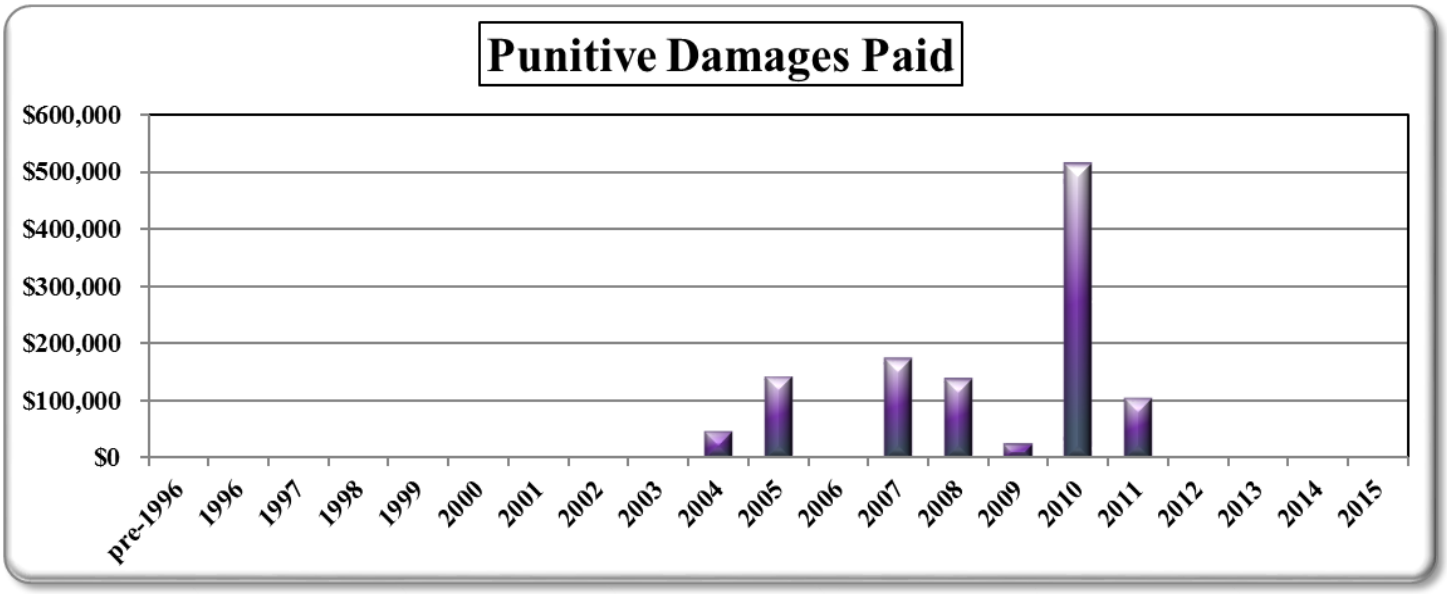
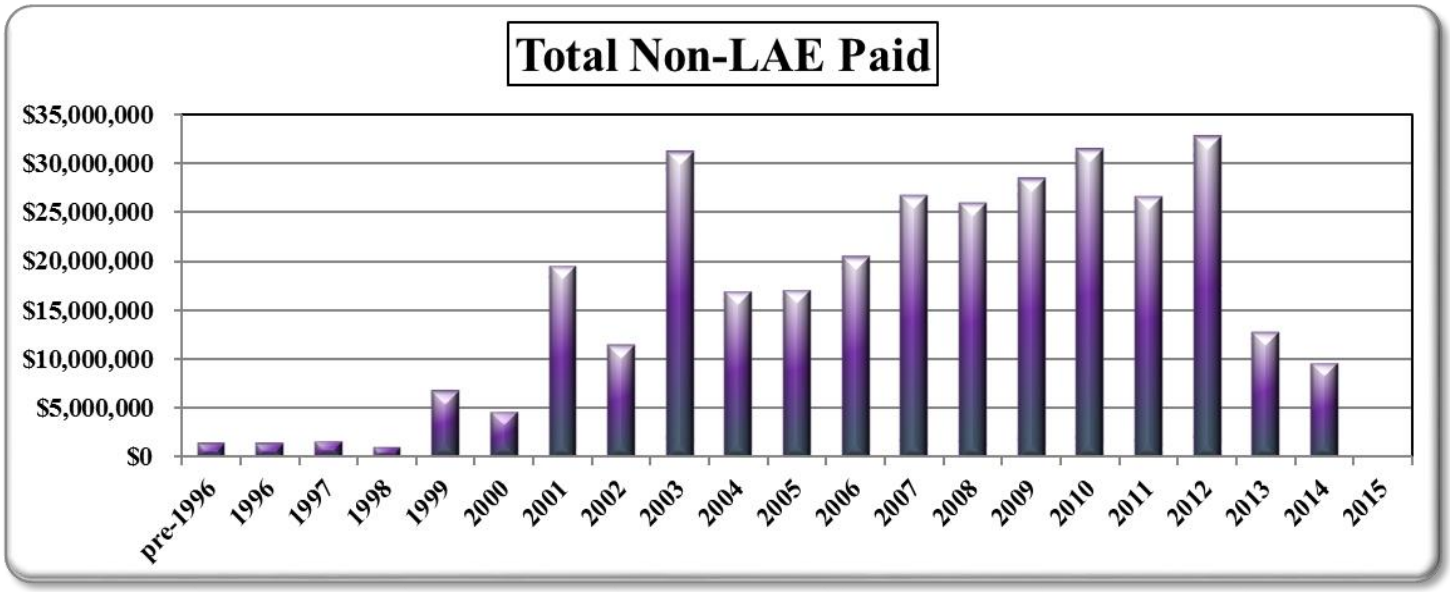
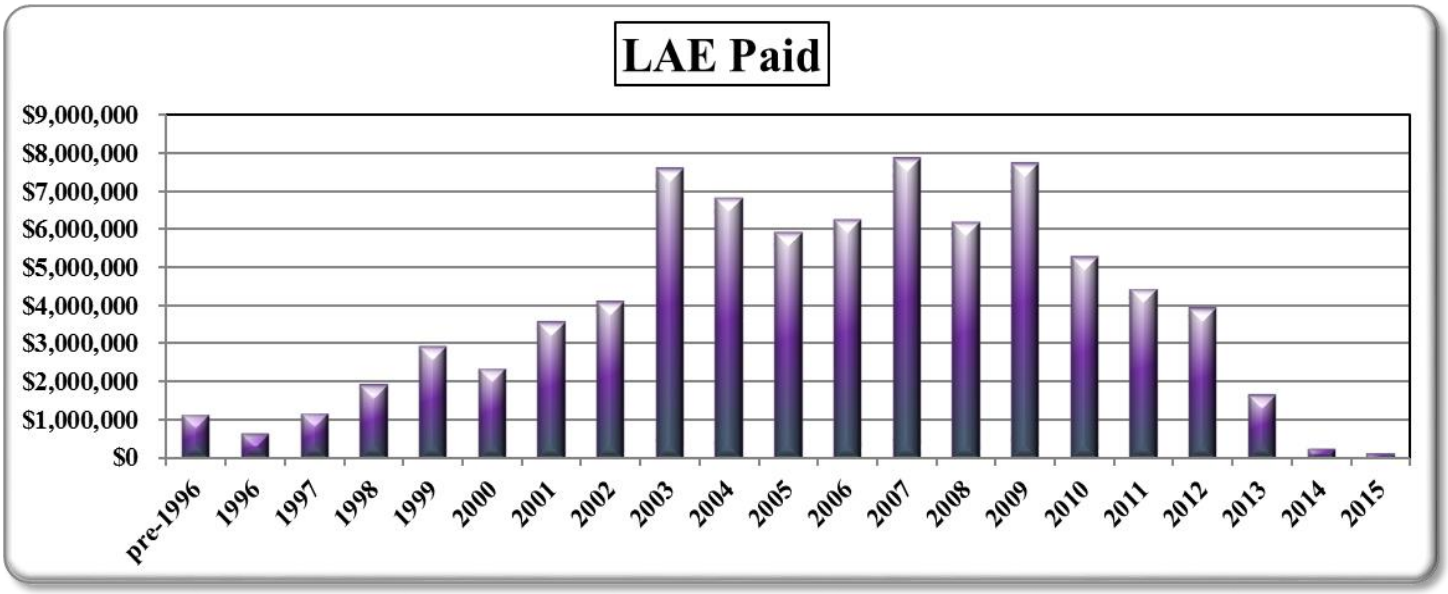
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015


Punitive Damages Paid
$600,000
$500,000
$400,000
$300,000
$200,000
$100,000
$0
pre-1996
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015


Total Non-LAE Paid
$35,000,000
$30,000,000
$25,000,000
$20,000,000
$15,000,000
$10,000,000
$5,000,000
$0
pre-1996
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015


LAE Paid
$9,000,000
$8,000,000
$7,000,000
$6,000,000
$5,000,000
$4,000,000
$3,000,000
$2,000,000
$1,000,000
$0
pre-1996
1996
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2001
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2003
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2005
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2007
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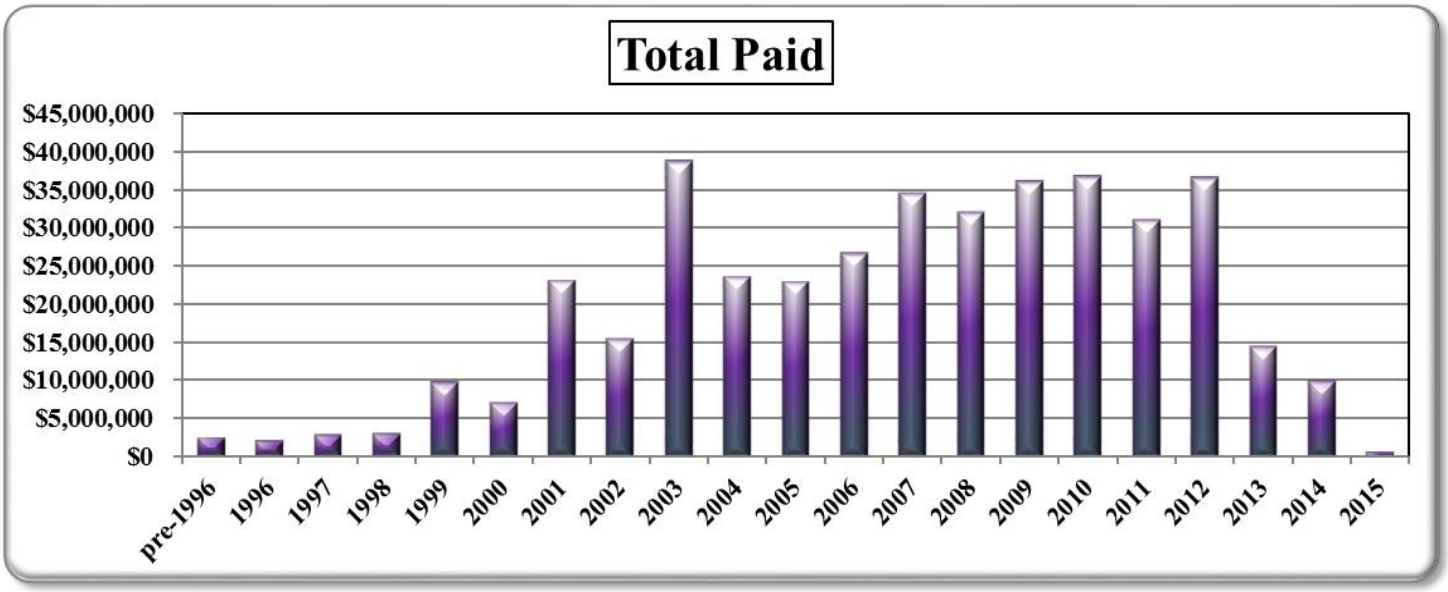
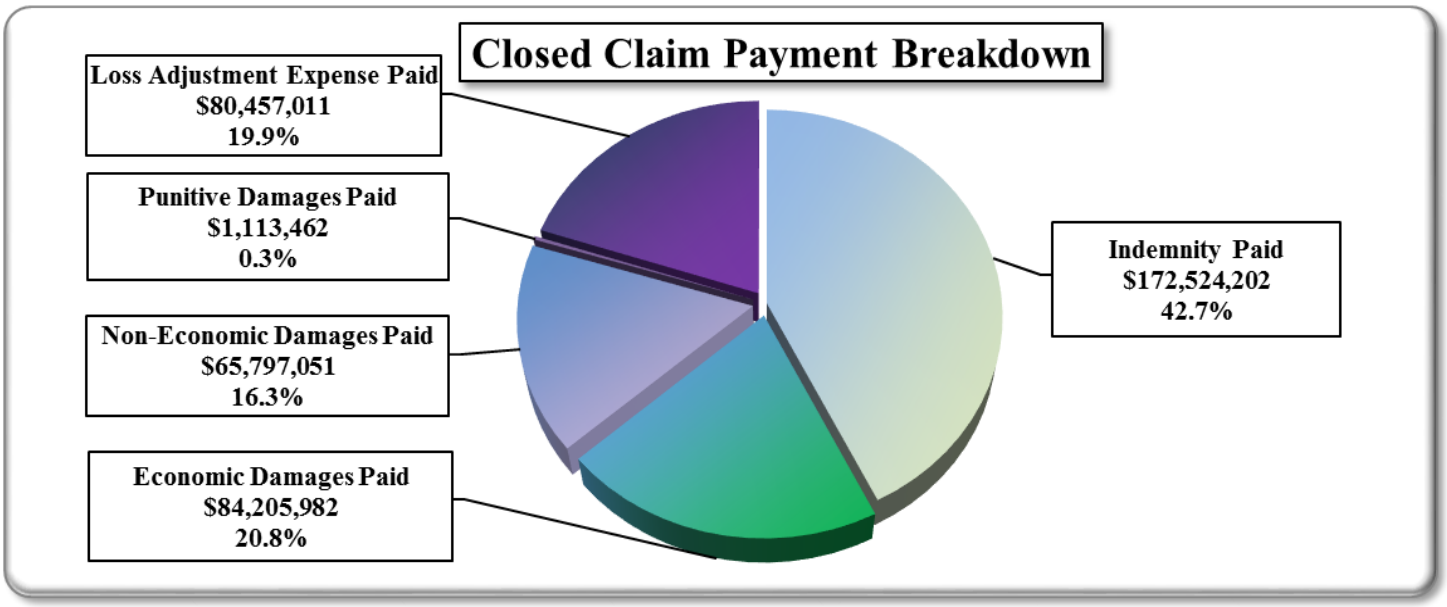
2009
2010
2011
2012
2013
2014
2015

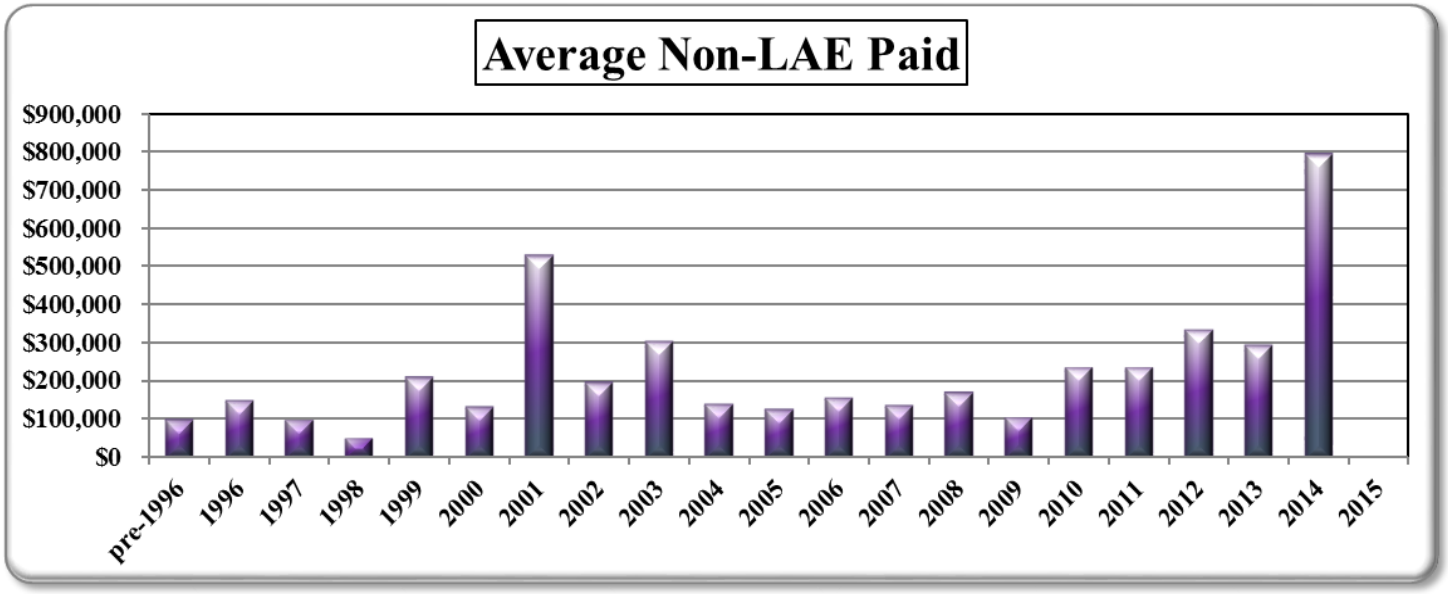


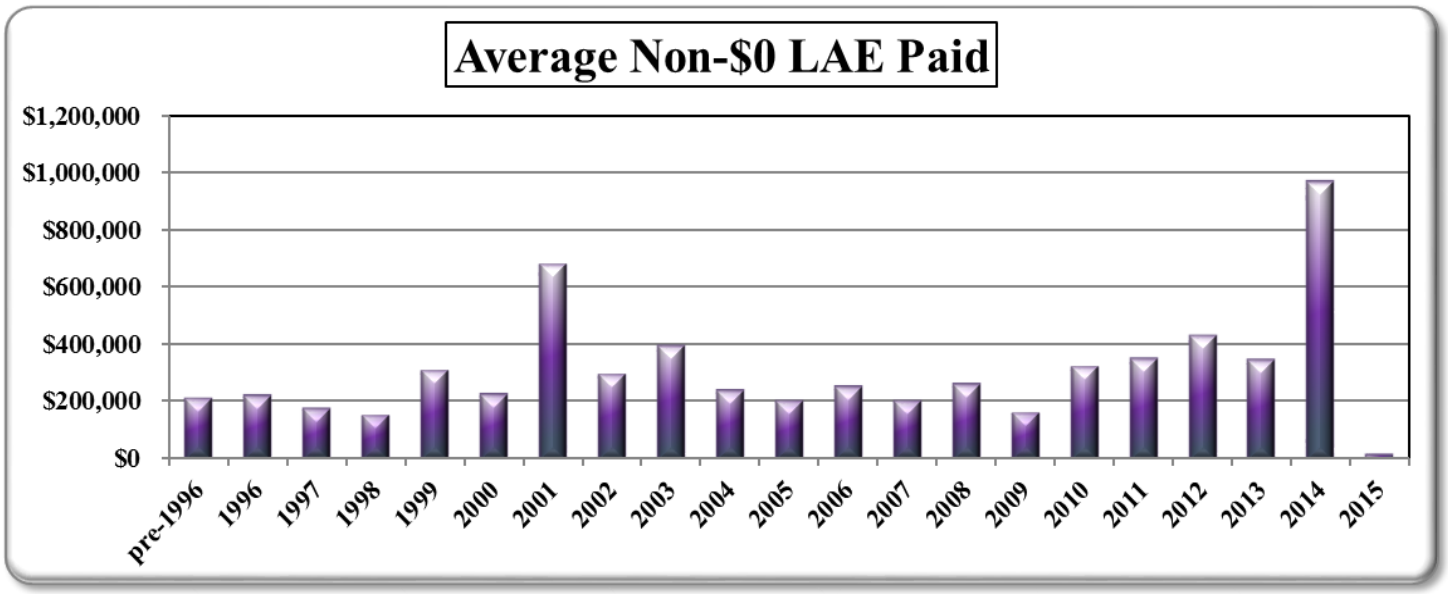
Then from the entire dataset, you can determine how each of the damage types and loss adjustment expenses are related.



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-LAE Paid
$900,000
$800,000
$700,000
$600,000
$500,000
$400,000
$300,000
$200,000
$100,000
$0
pre-1996
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015


Average Non-$0 LAE Paid
$1,200,000
$1,000,000
$800,000
$600,000
$400,000
$200,000
$0
pre-1996
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
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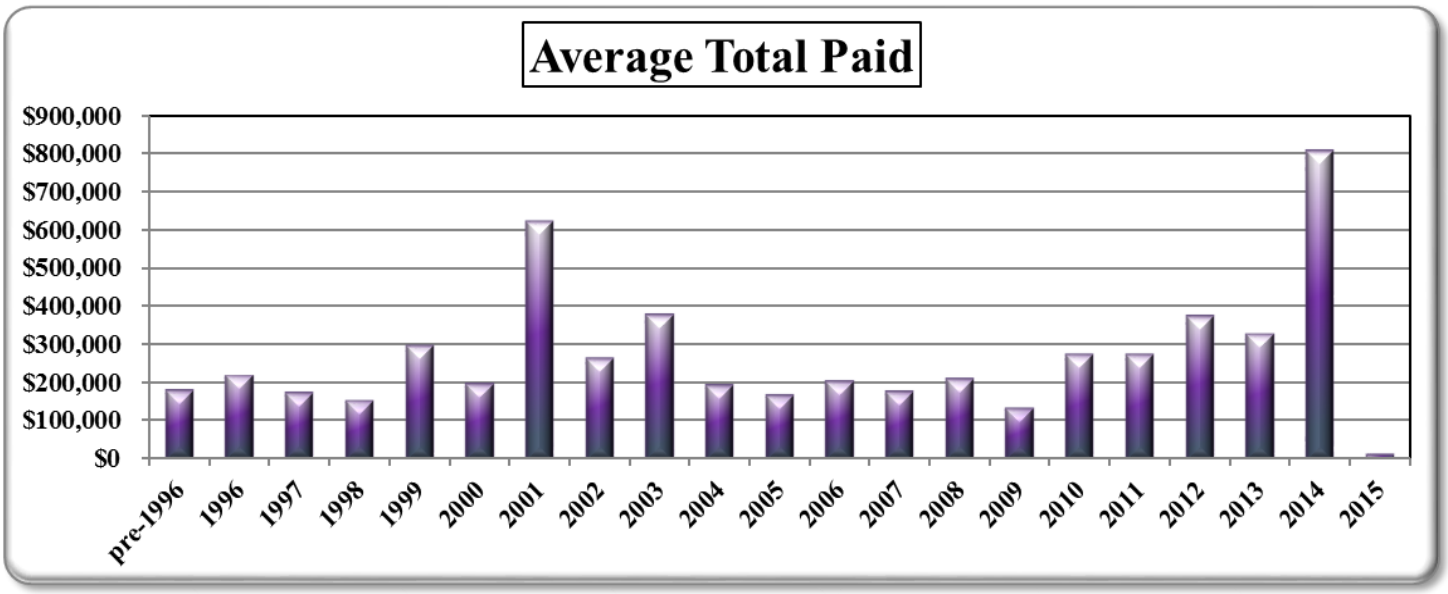
2013
2014
2015


Average Total Paid
$900,000
$800,000
$700,000
$600,000
$500,000
$400,000
$300,000
$200,000
$100,000
$0
pre-1996
1996
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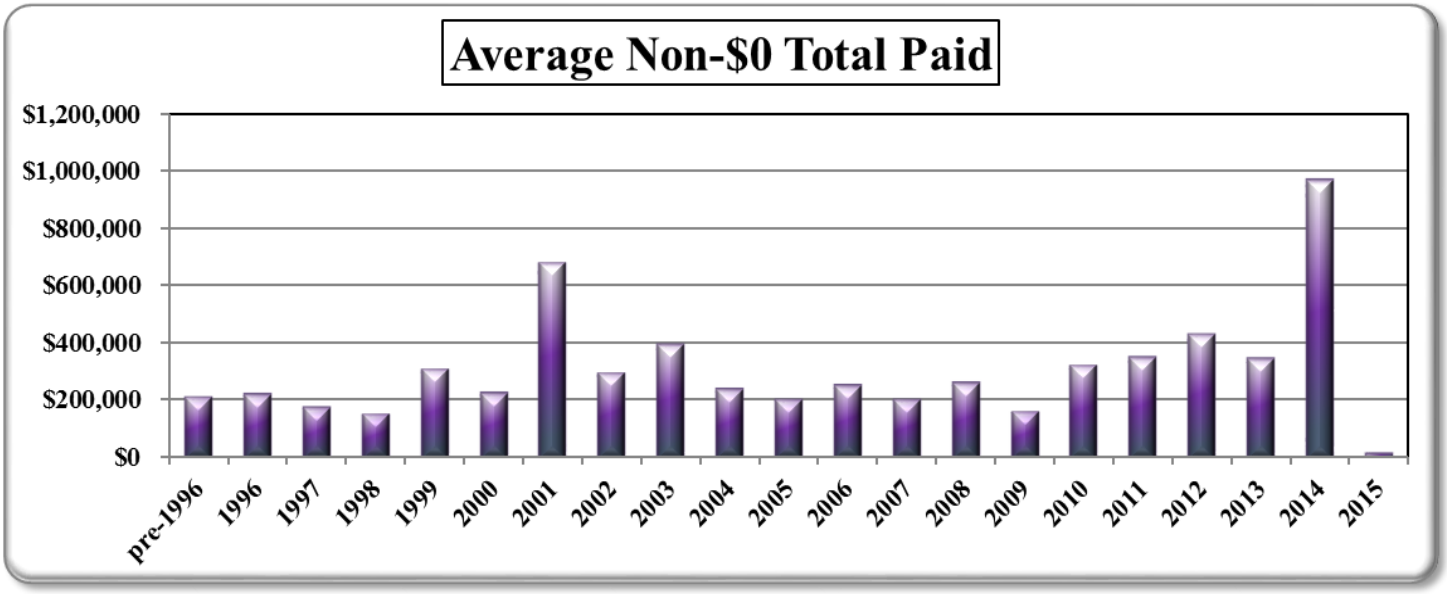


Being that these datasets are on an accident year basis, and that medical malpractice is a long tail line of insurance, it may be likely that the experience of later years will be subject to further adverse development. While these trends are important to understand the medical malpractice insurance 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.

Similar to the Board of Medicine (BOM) data, we can also consider claim outcomes for those claims under which an outcome was provided by the company.

Closed Year	Judgment	Settlement	Dismissal
2000	1	0	0
2001	0	1	0
2002	0	3	0
2003	1	1	2
2004	1	3	2
2005	1	3	2
2006	8	47	46
2007	11	62	45
2008	11	83	57
2009	10	63	59
2010	8	130	37
2011	6	138	49
2012	6	42	56
2013	6	70	43
2014	4	69	34
2015	8	74	32
Total	**82**	**789**	**464**

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

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

All	Total Non-LAE Paid	LAE Paid	Count	Avg Non-LAE	Avg LAE
Judgments	$18,543,045	$15,093,176	82	$226,135	$184,063
Settlements	$298,853,106	$46,904,670	789	$378,775	$59,448
Dismissals	$1,008,390	$16,157,348	464	$2,173	$34,822

All	$0 Non-LAE	$0 LAE	Avg Non-$0 Non-LAE	Avg Non-$0 LAE	Total Non-$0 Avg Expenditure
Judgments	59	5	$806,219	$196,015	$1,002,234
Settlements	47	99	$402,767	$67,978	$470,745
Dismissals	456	89	$126,049	$43,086	$169,135

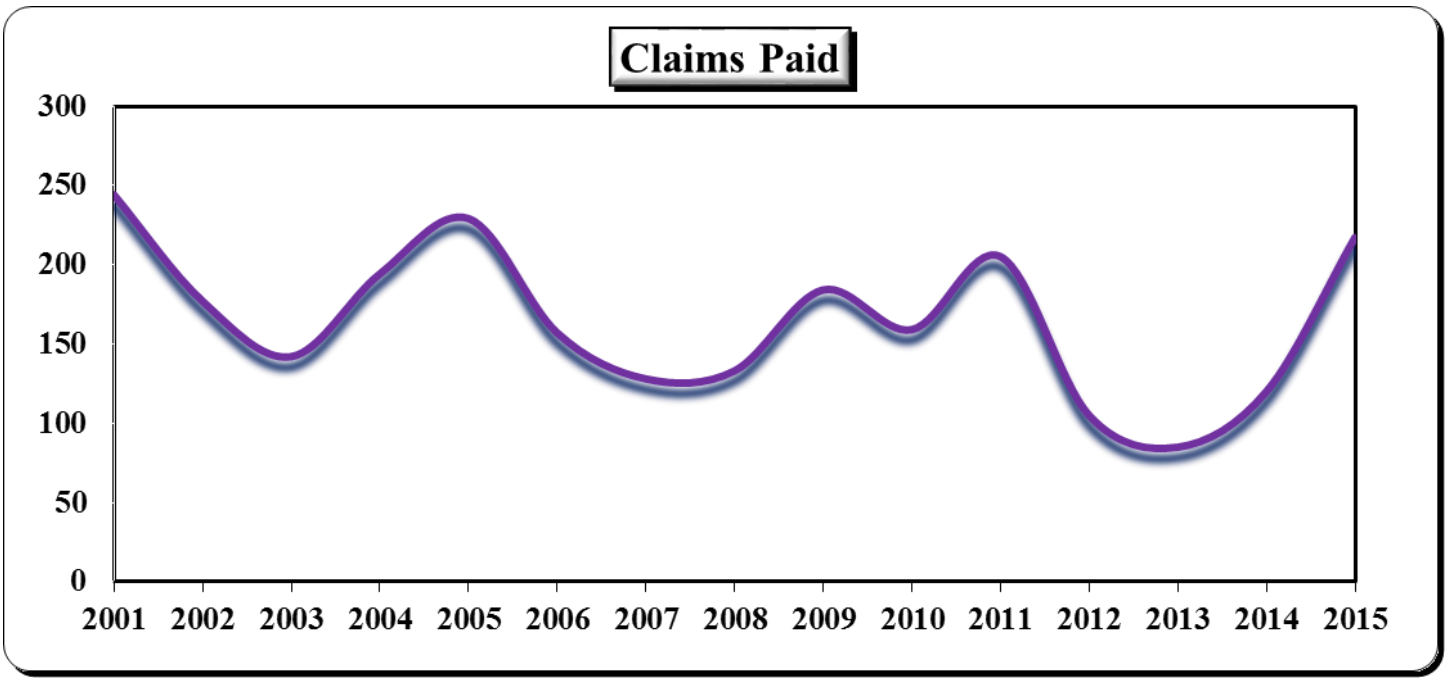
II-E: Paid Data Collection

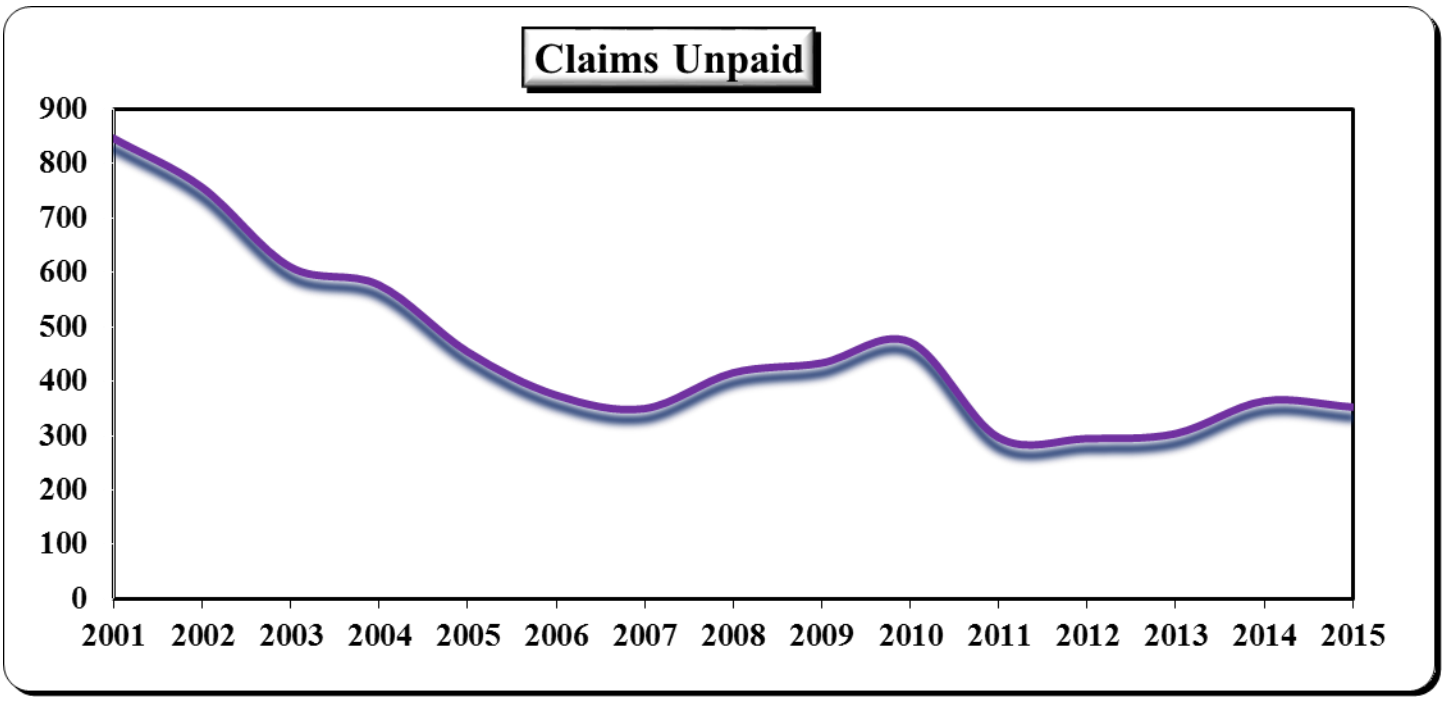
As a further source of information, examining financial statement information provided by insurance companies provides some insight as to the total number of active paid and reserved claims by year. However, these counts do not tie the claims which are either paid or reserved in the reporting year to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

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

	# of Paid Claims	# of Unpaid Claims	Total Claims
2001	244	848	1,092
2002	177	758	935
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

Again, graphical linear representations is provided below:



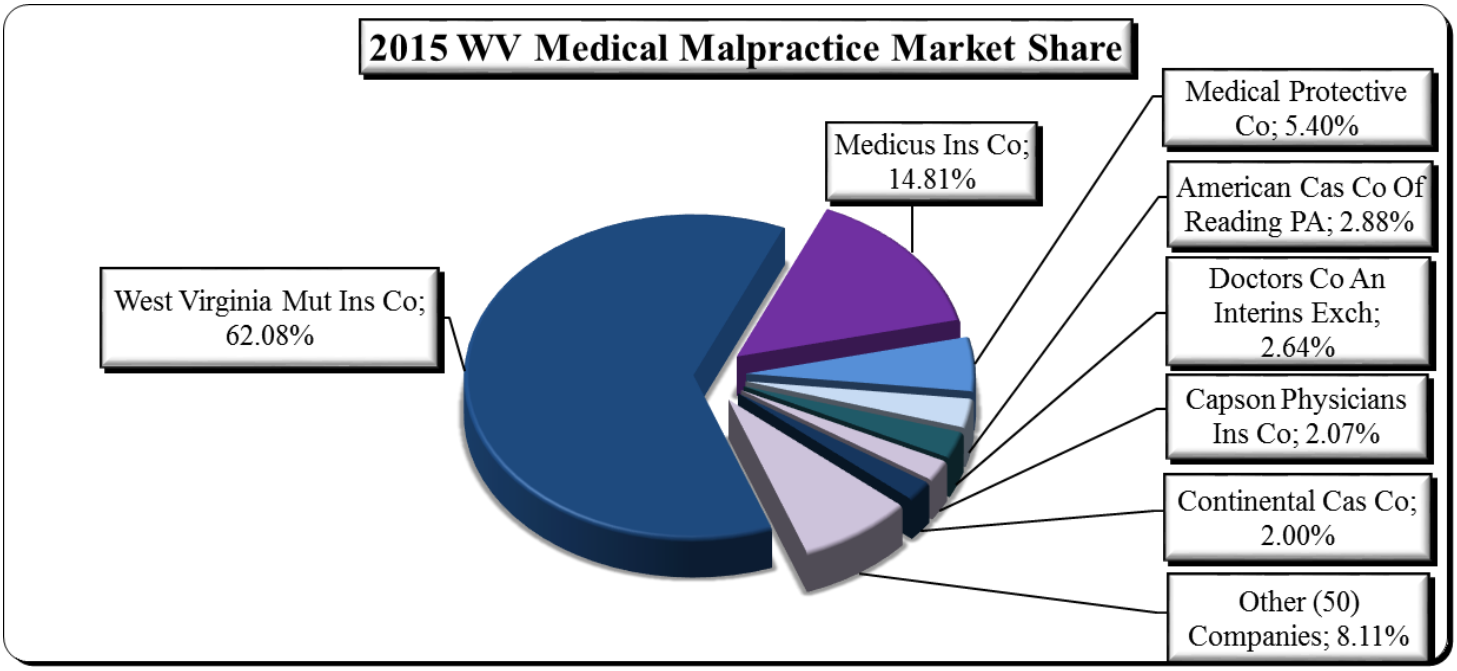


Section III

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. Based on admitted Company written premiums for 2015, the West Virginia medical malpractice market currently consists of the following carriers and the subsequent market share for each:

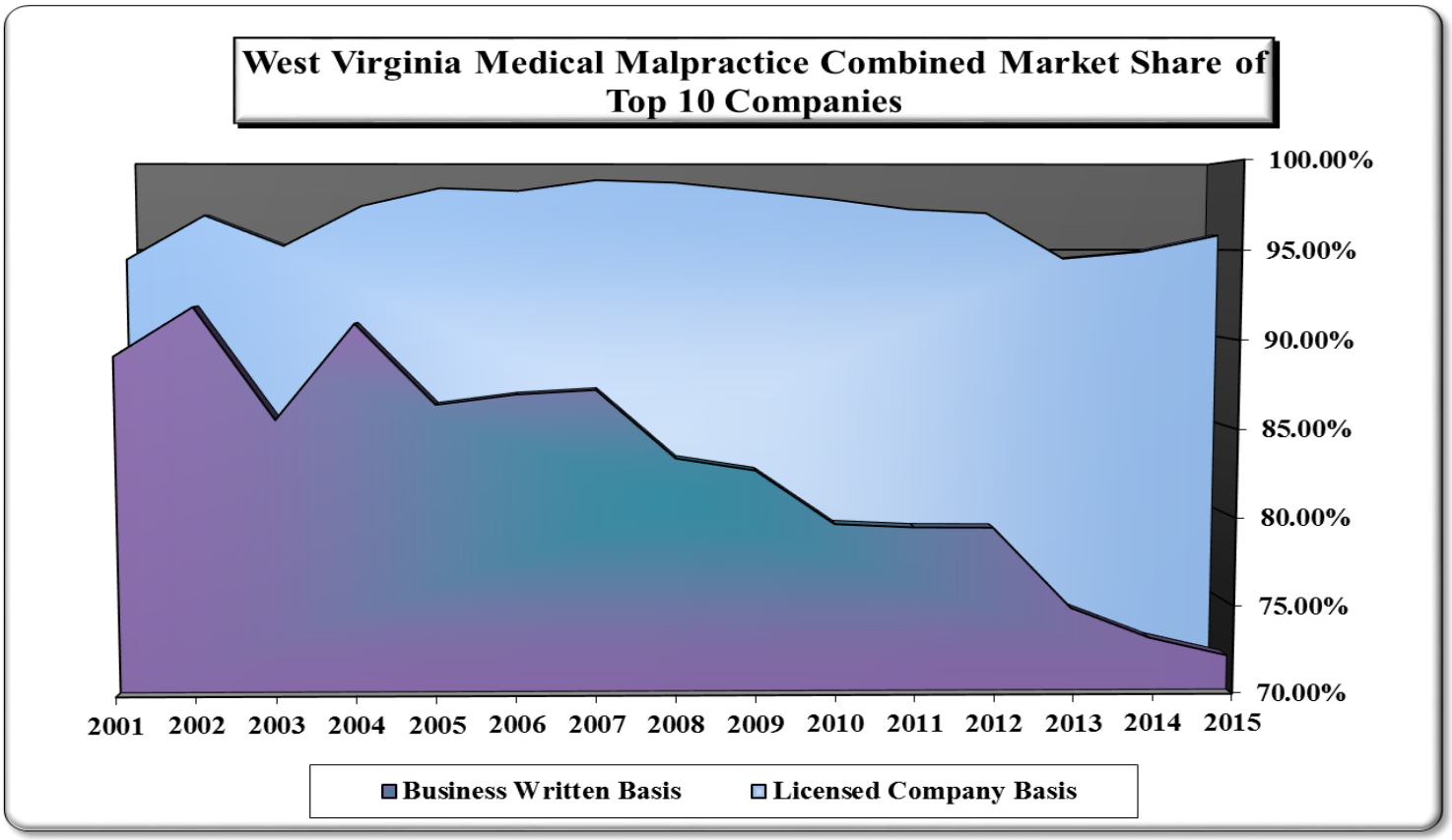


In the table below, three licensed insurers are shown to have met the statutory 5% reporting requirement threshold for 2015 for medical professional liability; West Virginia Mutual Insurance Company, Medicus Insurance Company, and Medical Protective Company.

Total Medical Malpractice Liability

	2015 West Virginia Licensed Companies				
(NAIC Database) **Company**	**Direct Written**	**Market Share**	**Direct Earned**	**Direct Incurred**	**Pure Loss**
West Virginia Mut Ins Co	$23,382,524	62.08%	$23,721,760	$10,374,22	43.73%
Medicus Ins Co	$5,578,632	14.81%	$5,388,853	$7,745,725	143.74%
Medical Protective Co	$2,035,190	5.40%	$1,843,593	$9,000	0.49%
American Cas Co Of Reading	$1,086,315	2.88%	$1,080,288	-$115,433	-10.69%
Doctors Co An Interins Exch	$994,992	2.64%	$868,387	-$634,327	-73.05%
Capson Physicians Ins Co	$780,585	2.07%	$767,171	$1,041,345	135.74%
Continental Cas Co	$752,667	2.00%	$744,127	$416,942	56.03%
Cincinnati Ins Co	$629,597	1.67%	$542,048	$847,089	156.28%
Podiatry Ins Co Of Amer	$553,105	1.47%	$543,961	-$18,624	-3.42%
Other (48) Companies	$1,872,293	4.97%	$1,945,092	$5,104,299	262.42%
Total	**$37,665,900**	**100.00%**	**$37,445,280**	**$24,770,24**	**66.20%**

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.



The above chart shows the differences between business written market share and licensed (admitted) company basis. The business written basis includes non-admitted insurers such as excess and surplus lines writers. On a business written basis, the 15 year average market share for the top 10 writers captures approximately 82.8% of the entire market. However, the business written basis has decreased steadily since 2007 at an average rate of almost 2% per year.

On the next page is a breakdown, by sub-line, for some of the key malpractice writers in West Virginia including those writing on an excess and surplus basis.

Company	Subline	2015 Written Premium
West Virginia Mut Ins Co	*Physicians & Surgeons*	$23,380,524
	Hospitals	$0
	Other	$2,000
	Total	**$23,382,524**
Medicus Ins Co	*Physicians & Surgeons*	$5,578,632
	Hospitals	$0
	Other	$0
	Total	**$5,578,632**
Community Hospital RRG	*Physicians & Surgeons*	$0
	Hospitals	$4,967,926
	Other	$0
	Total	**$4,967,926**
Endurance Amer Specialty Ins Co	*Physicians & Surgeons*	$0
	Hospitals	$2,642,068
	Other	$0
	Total	**$2,642,068**
Health Care Industry Liab Recip Ins	*Physicians & Surgeons*	$0
	Hospitals	$0
	Other	$2,382,379
	Total	**$2,382,379**
Medical Protective Co	*Physicians & Surgeons*	$1,714,830
	Hospitals	$0
	Other	$320,360
	Total	**$2,035,190**
Liberty Surplus Ins Corp	*Physicians & Surgeons*	$0
	Hospitals	$0
	Other	$1,423,914
	Total	**$1,423,914**
Illinois Union Ins Co	*Physicians & Surgeons*	$0
	Hospitals	$1,097,800
	Other	$43,708
	Total	**$1,141,508**
Nautilus Ins Co	*Physicians & Surgeons*	$0
	Hospitals	$956,017
	Other	$183,459
	Total	**$1,139,476**
American Cas Co Of Reading PA	*Physicians & Surgeons*	$0
	Hospitals	$0
	Other	$1,086,315
	Total	**$1,086,315**

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 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 and remains 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

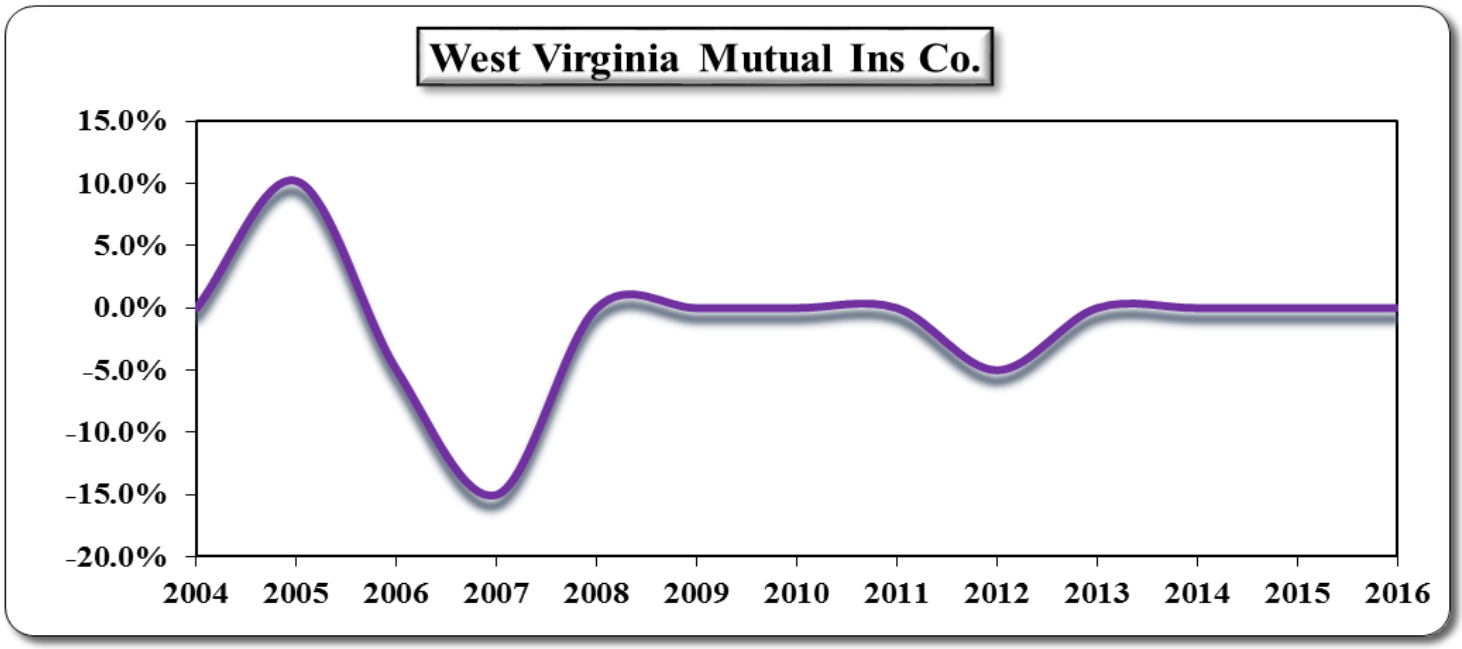
When considering calendar year 2015 admitted carrier market share report, there were three carriers meeting the criteria outlined in West Virginia Code §33-20B-6. These three carriers were West Virginia Mutual Insurance Company (62.1%), Medicus Insurance Company (14.8%) and Medical Protective Company (5.4%). This section will include company information and rate filing history by carrier.

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. WVMIC has since added new business and has worked with the Offices of the Insurance Commissioner to accommodate difficult situations while maintaining underwriting standards. The rate history of WVMIC since inception follows:

2015 Market Share	Company	Effective date	%Requested	% Granted*	WV #:
62.08%	***West Virginia Mutual Ins Co***	1/1/2016	0%	0%	100040549
	**fka W.V. Physicians Mutual*	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 their current rates below those that were utilized upon inception, as per the graph above. Their medical malpractice market share averaged 60.1% on an admitted written basis and 36.1% on a business written basis over the last three years.

As the West Virginia Mutual Insurance Company's 2015 market share for licensed companies is 62.08%, their results have a substantial impact on the overall market. In 2015, the pure loss ratio for the WVMIC was 43.7%. This is a decrease from the pure loss ratio of 55.4% in 2014.

Medicus Insurance Company

Domiciled in Texas and initially incorporated in 2006, Medicus Insurance Company (Medicus) provides medical malpractice insurance to physicians, surgeons and related medical service providers. They received their initial Certificate of Authority to write casualty insurance in West Virginia in December 2007 and had gained approval of their first Physicians and Surgeons rate, rule and form filing by March 2008. They wrote $43,045,891 in medical malpractice business countywide in 2015, which is a substantial decrease of nearly 32% from the $63,211,522 countrywide premium written in 2014.

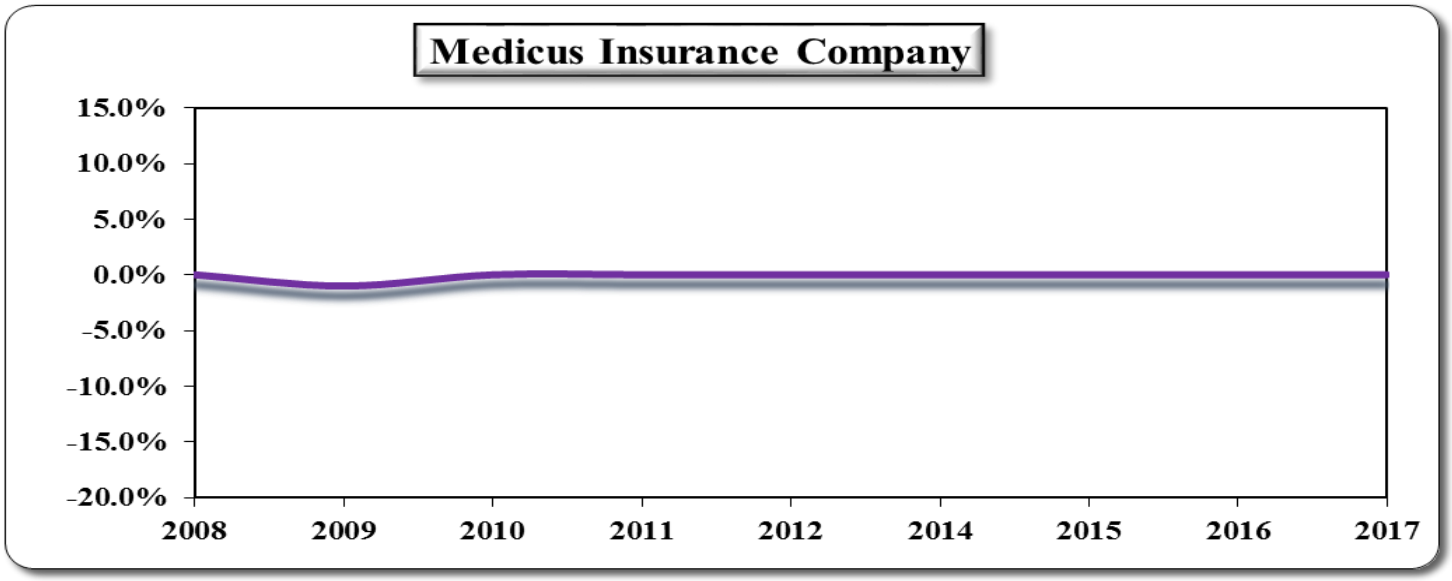
Medicus is the second largest admitted premium writer of medical malpractice liability insurance in West Virginia with 14.81% of the market as of 2015. Likewise, they were also second in market share on a business written basis with 8.7%

In 2011, Medicus was purchased by the NORCAL Group. 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 states 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 also be underwritten by NORCAL Mutual Insurance Company after May 2016.

The pure loss ratio for Medicus in West Virginia over the past two years has been 122.89% in 2014 and 143.74% in 2015. These loss ratios indicate the company is not profitable in West Virginia. The company has not filed for a rate change in since 2009 and that filing was for a rate decrease of 1%. The most recent rate filing included an indicated rate level change of +36.5%; the company requested 0%. As the WVOIC must ensure rate adequacy for the carrier and the market as a whole, it was noted that should the most recent loss trends continue to develop similarly that a future rate increase may be needed. However, it is anticipated that the business transition to NORCAL Mutual Insurance Company mentioned above will address rate concerns due to policies receiving additional underwriting reviews to accurately price an insured.

The rate history of Medicus follows, and likewise includes a graph of their current rates relative to inception:

2015 Market Share	Company	Effective date	%Requested	% Granted	WV #:
14.81%	***Medicus Insurance Company***	1/1/2017	0%	0%	100039178
		1/1/2016	0%	0%	100033411
		1/1/2015	0%	0%	100027505
		1/1/2014	0%	0%	100021635
		10/10/2012	0%	0%	100015802
		10/27/2011	0%	0%	100010073
		9/24/2010	0%	0%	100004152
		10/1/2009	-1%	-1%	90630015
		3/20/2008	initial filing	initial filing	80212014

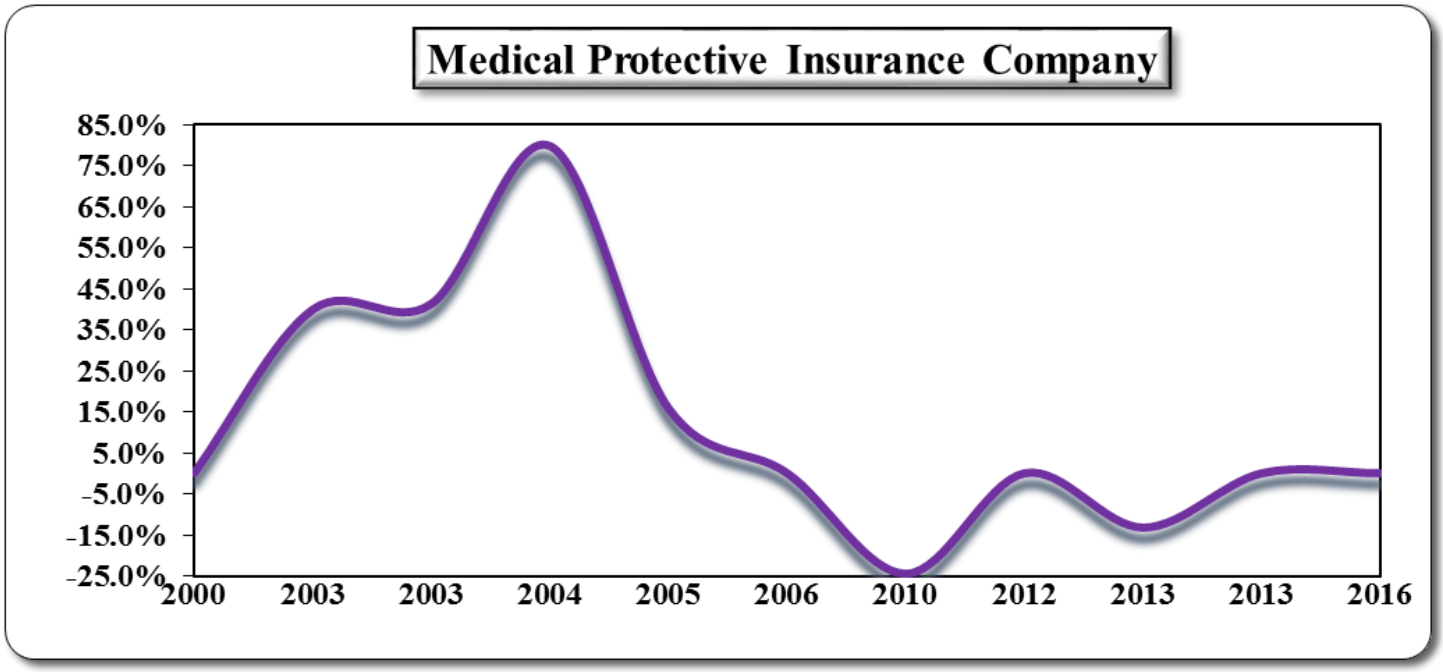


Medical Protective Company

Medical Protective Company currently operates as an independent unit of the Berkshire Hathaway Insurance Group and is domiciled in Indiana. In 2015, they held a market share of 5.4% on an admitted basis, and 3.2% on a business written basis.

The rate history of Medical Protective Company is provided below.

2015 Market Share	Company	Effective date	%Requested	% Granted	WV #:
5.40%	***Medical Protective Co***	1/15/2016	0%	0%	100035921
		10/1/2013	0%	0%	100021941
		1/14/2013	-13.30%	-13.30%	100018489
		10/3/2012	0%	0%	100017223
		9/1/2010	-24.60%	-24.60%	100003026
		6/9/2006	0%	0%	60605009
		5/13/2005	15.80%	15.80%	41026015
		1/1/2004	100.00%	80.00%	30825019
		11/4/2003	41.40%	41.40%	30703006
		4/1/2003	160.50%	40.00%	21219013
		1/14/2000	initial filing	initial filing	99110136



As displayed in the graph, Medical Protective Insurance Company does have some volatility in the rate structure. This may largely be due to the limited premium volume and the potential effect that a single claim may have on rates. Since their inception in 2000, the cumulative rate changes are 139.3% higher than their initial rate filing. The 2015 pure loss ratio for Medical Protective Insurance Company was 0.49%, which is a substantial decrease from the 47.9% 2014 pure loss ratio.

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 as well. 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 as well. Variations in the rating plans may occur in the:

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

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

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 – 1c 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.

   - ✓ Medicus figures (**Exhibit I-Sheet 1b**) show the data is increasing in credibility but remains immature and should be anticipated to undergo further development. Volatility is still an item of concern due to the small volume of business written by Medicus. The experience over the most recent years has not been favorable.

   - ✓ Medical Protective figures (**Exhibit I-Sheet 1c**) show the company has acquired increased premium and realized substantially low loss experience in recent years resulting in a favorable, yet unstable, book of business. As this company writes a low volume of premium, a single medical malpractice claim may have significant impact on the loss experience and subsequent rate changes.

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 67.9% when considering the variable expenses. Fixed expenses were not available. They include a 2.3% profit and contingencies load in their filing.

     - ➢ Medicus has a permissible loss ratio of 43.0% They include a 5% profit and contingencies load in their filing.

     - ➢ Medical Protective has a permissible loss ratio of 72.5%. They include a 5.0% profit and contingencies load in their 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 2015 A.M. Best's Aggregates and Averages.

Company	Commissions	General and Acquisition Expenses	Total Underwriting Exp
WVMIC	6.9%	19.5%	32.1%
Medicus (NORCAL Group)	8.0%	14.0%	32.0%
Medical Protective	10.0%	0.0%	20.0%
Industry Average (A.M. Best)	7.0%	5.8%	28.6%

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

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 all 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 5% Report data call.

5. **Does the filed information support our conclusion on the rates as of 12/31/15?**

   - ✓ 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.

III-E: Analysis of Rate Filings

West Virginia Mutual Insurance Company

WVMIC filed for a 0.0% rate change in their annual physicians & surgeons filing effective January 1, 2017. This filing shows an indicated rate change of +6.1% which is down from the indicated rate change of +13% in the previous annual filing. Effective January 1, 2016 the company reduced the renewal credit to 10% from 15%, which resulted in a 5% rate change for all renewal policies. Due to the relatively small indication being offset by the 5% renewal credit decrease, a 0.0% was approved by the WVOIC.

Medicus Insurance Company

Medicus Insurance Company's initial rate filing was in 2008. While they are the second largest admitted writer of medical professional liability in West Virginia, the company's written premium was $5.5 million 2015, which is a relatively small book of business. Medicus was acquired by the NORCAL Group in 2011. In October 2015, NORCAL Mutual Insurance Company made an initial filing to write physicians & surgeons coverage in West Virginia. As a part of that filing, NORCAL Mutual Insurance Company stated that effective May 2016, expiring policies from Medicus Insurance Company would be renewed and rewritten with NORCAL Mutual Insurance Company. Medicus Insurance Company's experience in West Virginia has not been favorable in recent years. Loss ratios have been not-profitable for the company. The most recent filing indicated a rate level change of +36.5%. Due to the policy transition to NORCAL Mutual Insurance Company and the anticipation that current policies will be underwritten, the OIC did approve the requested 0.0% rate change that will become effective on January 1, 2017. However, the OIC will continue to monitor and observe both the loss development and policy transition from Medicus to NORCAL Mutual Insurance. Company.

Medical Protective Company

Medical Protective Company is the third largest admitted carrier in 2015 with slightly more than $2 million in written premiums. The most recent rate filing was filed and approved with a 0.0% rate change that went into effect January 1, 2016. The filing included an indicated rate change of +4.9%. As the company writes a relatively small volume of premium and has historically reviewed and requested needed rate changes, the OIC did approved the requested 0.0% for 2016.

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 an admitted company basis for 2015 provides the following:

Company Name	$ Written	Market Share	$ Earned	Losses Incurred	Loss Ratio
West Virginia Mut Ins Co	$23,382,524	62.1%	$23,721,760	$10,374,227	43.7%
Medicus Ins Co	$5,578,632	14.8%	$5,388,853	$7,745,725	143.7%
Medical Protective Co	$2,035,190	5.4%	$1,843,593	$9,000	0.5%
American Cas Co Of Reading PA	$1,086,315	2.9%	$1,080,288	($115,433)	(10.7%)
Doctors Co An Interins Exch	$994,992	2.6%	$868,387	($634,327)	(73.0%)
Capson Physicians Ins Co	$780,585	2.1%	$767,171	$1,041,345	135.7%
Continental Cas Co	$752,667	2.0%	$744,127	$416,942	56.0%
Cincinnati Ins Co	$629,597	1.7%	$542,048	$847,089	156.3%
Podiatry Ins Co Of Amer	$553,105	1.5%	$543,961	($18,624)	(3.4%)
NCMIC Ins Co	$303,248	0.8%	$310,896	$92,976	29.9%
Fair Amer Ins & Reins Co	$287,644	0.8%	$341,577	$74,519	21.8%
Liberty Ins Underwriters Inc	$262,390	0.7%	$251,375	$108,858	43.3%
Ace Amer Ins Co	$199,512	0.5%	$197,078	($5,878)	(3.0%)
ProAssurance Ind Co Inc	$162,306	0.4%	$222,572	($37,954)	(17.1%)
The Doctors Co RRG a Recip Exch	$124,152	0.3%	$124,152	$77,471	62.4%
Allied World Specialty Ins Co	$115,331	0.3%	$108,576	($7,171)	(6.6%)
Beazley Ins Co Inc	$89,889	0.2%	$83,881	$450,789	537.4%
American Alt Ins Corp	$70,515	0.2%	$70,027	($1,768)	(2.5%)
Church Mut Ins Co	$60,688	0.2%	$54,021	$100,706	186.4%
Cherokee Guar Co Inc a RRG	$56,675	0.2%	$54,053	($34,286)	(63.4%)
Pharmacists Mut Ins Co	$24,337	0.1%	$24,478	$8,847	36.1%
Preferred Professional Ins Co	$19,928	0.1%	$3,748	$720	19.2%
State Farm Fire & Cas Co	$19,900	0.1%	$19,855	($469)	(2.4%)
Great Divide Ins Co	$19,352	0.1%	$16,941	$4,002	23.6%
The Cincinnati Ind Co	$13,620	0.0%	$14,333	($145)	(1.0%)
Fortress Ins Co	$11,312	0.0%	$11,111	$417	3.8%
Capitol Ind Corp	$9,465	0.0%	$2,044	$1,067	52.2%
PACO Assur Co Inc	$8,863	0.0%	$11,685	($578)	(4.9%)
Cincinnati Cas Co	$6,627	0.0%	$5,441	($3,194)	(58.7%)
28 Other Companies	$6,539	0.0%	$17,248	$4,275,370	24787.6%
Totals	$37,665,900	100.0%	$37,445,280	$24,770,243	66.2%

Note that only a very small number of companies (57) are reporting activity in West Virginia for 2015, and that our domiciled mutual company, West Virginia Mutual, has a material concentration of total market share.

Section IV

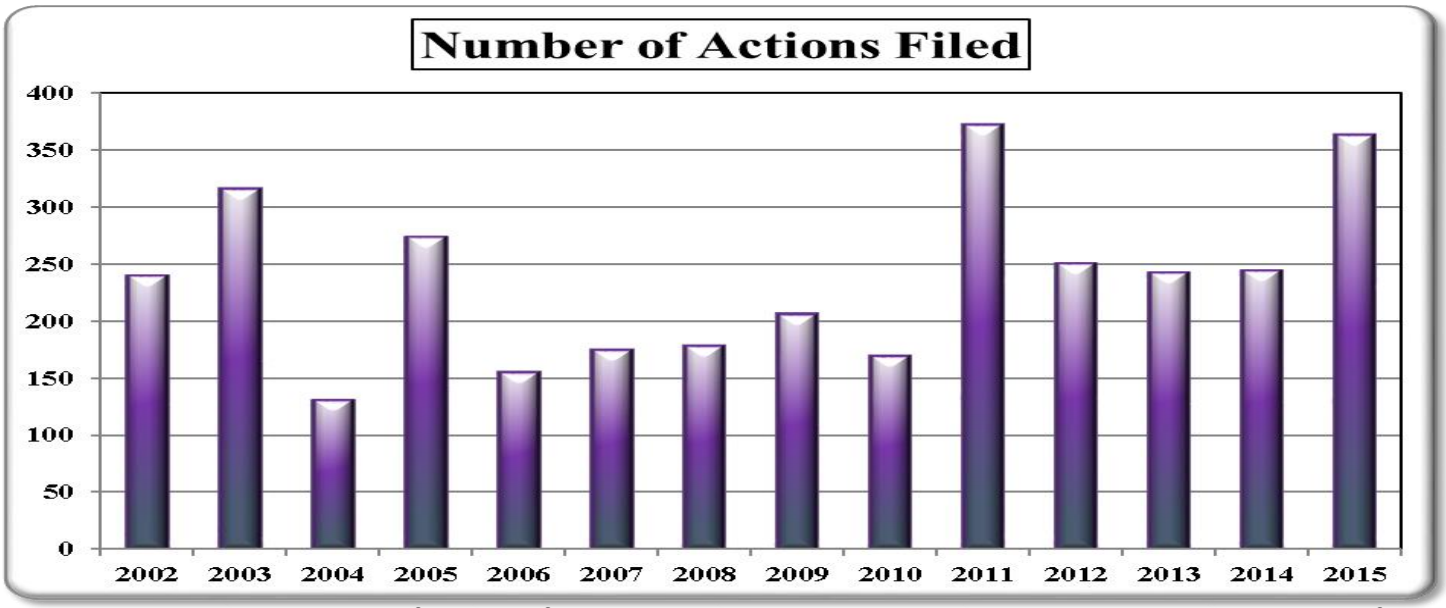
Other Sources of Data

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 moneys received for each action filed are 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
2002	239
2003	315
2004	130
2005	273
2006	154
2007	174
2008	178
2009	205
2010	169
2011	372
2012	250
2013	242
2014	244
2015	363



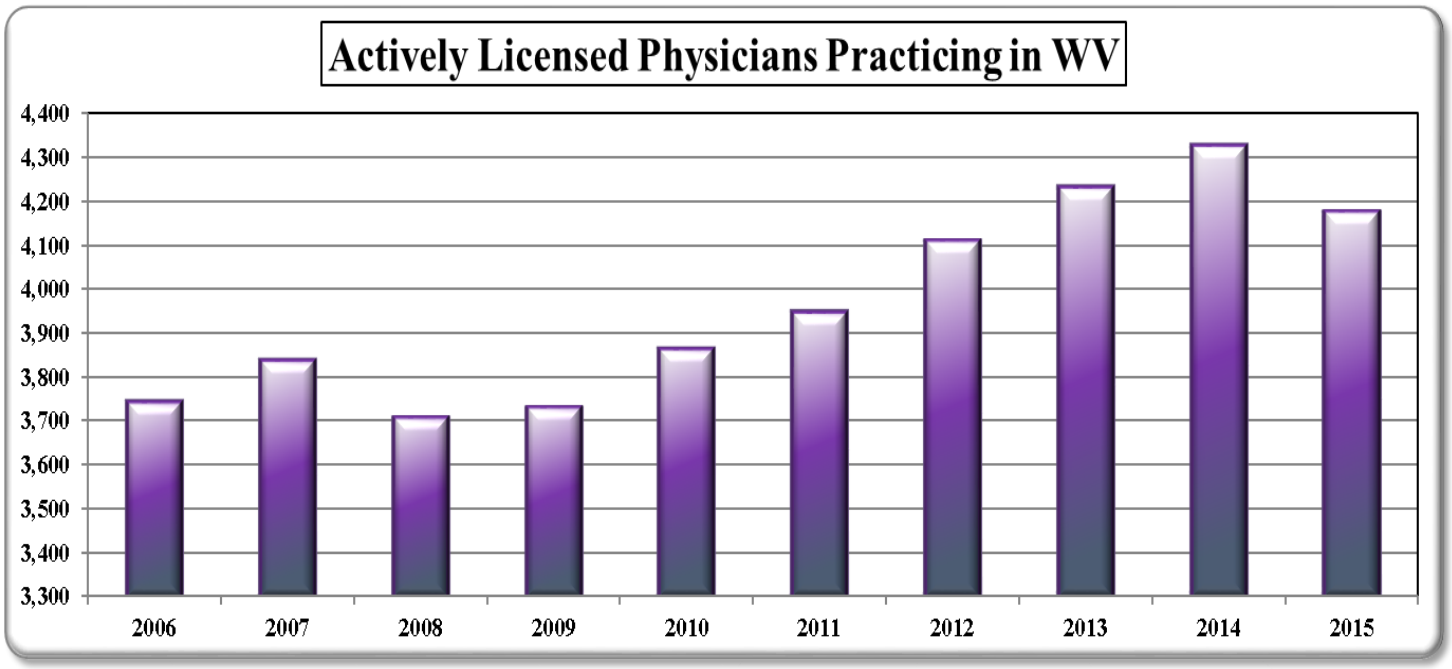
Similar to 2011, the number of actions filed in 2015 increased dramatically. This is an indication of the unpredictability this market may experience in any given year.

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	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Actively Licensed Physicians (M.D.)	5,187	5,379	5,594	5,776	5,857	5,962	6,020	6,282	6,636	6,533
Inactively Licensed Physicians	734	692	650	627	628	628	632	613	484	527
Actively Licensed Podiatrists (D.P.M.)	105	103	104	101	111	101	103	100	101	111
Inactively Licensed Podiatrists	20	16	16	15	14	15	15	12	12	11
Actively Licensed Physicians Practicing in WV	3,743	3,837	3,708	3,730	3,864	3,946	4,111	4,231	4,327	4,177
Actively Licensed Podiatrists Practicing in WV	66	75	73	64	68	72	74	65	67	71
Physician Assistants (P.A.)	540	542	580	604	658	671	732	781	821	791
Medical Corporations	521	513	502	500	498	495	498	487	432	450
Professional Limited Liability Companies	51	47	50	50	53	59	79	100	98	109
Special Volunteer Medical Licenses	15	13	16	15	16	17	16	15	11	11
Medical School Faculty Limited Licenses	4	4	2	3	4	3	3	3	3	4

Looking at only licensed physicians that report as actively practicing in West Virginia, 2015 was the first year since 2008 that realized a decline of 3.5% in physicians practicing in West Virginia. This decline could be attributed to mandates included in the ACA healthcare reforms and/or an aging population where older medical professionals may be retiring.



Section V

Summary Observations

V: Summary Observations

- In 2015, medical malpractice insurance in West Virginia continued to demonstrate favorable results, concluding with an overall admitted loss ratio of 66.2% and a business written loss ratio of 60.5% this being for all companies and types of medical malpractice. The premium volume remained relatively the same.

- Countrywide net operating results for all property and casualty lines of business in 2015 were at 92.3%.

- During 2015 medical malpractice rates in West Virginia remained relatively unchanged. WVMIC held the substantial majority of the market share and initiated no overall rate changes. Medicus had the second greatest market share and also proposed no rate changes during 2015. Medical Protective Co. made no rate changes in 2015.

- In the admitted market for physicians and surgeons, the top five malpractice writers in West Virginia by premium written accounted for 83.3% of the entire admitted market. For the entire market, the top five writers account for 61.2% of the market.

- An analysis of West Virginia Board of Medicine data revealed the following:
  - The total number of claims in 2015 (123) is about a third of the claims 375 in 2001.
  - On average, approximately 8% of claims filed actually go to court.
  - On average, most claims are settled outside of court, approximately 64%.

- A review of the Medical Liability fund data indicates that the number of filed actions in West Virginia remained steady with an increase of only one claim from 2014.

- Examination of the 5% market share companies data as required by §114CSR22, §114CSR23, and §33-20B-6 notes some loss issues, but found no areas of material concern.

Glossary of Terms

Accident Year Experience: Measures premiums and losses relating to accidents which occurred during a 12-month period. Ties loss dollars to the year in which the premiums were earned.

Admitted Market: Comprised of only Insurance Companies that are specifically authorized and licensed to write business in a given state. Contrast this with the market as a whole which would also include non-admitted insurers who write in a given state on an Excess and Surplus lines basis. (i.e. Business Written Basis.)

BRIM: West Virginia Board of Risk and Insurance Management

Calendar Year Experience: Measures premiums and losses entered on accounting records during the 12-month calendar. Losses may be from prior years.

Claims-made Coverage: A policy which provides coverage only when a claim is made during its active policy period or any automatic or purchased supplemental extended reporting period. For example, generally a claim that is made in the current year will be charged against the current policy even if the injury or loss giving rise to the claim had occurred many years in the past. However, a claims-made policy will also have a set specific retroactive date, prior to which any occurrence giving rise to a claim will not be covered. From a pricing perspective, claims-made coverage is much more straightforward since it strictly limits the insurers' exposure only to unknown future liabilities (called "incurred but not reported" claims). Contrast this coverage with "Occurrence Coverage". Claims-made coverage became a more accepted approach towards writing long-tailed exposure lines like medical malpractice and products liability during the mid-'80's after its introduction by the Insurance Services Organization (ISO).

Combined Ratio: The percentage of each premium dollar a property/casualty insurer spends on claims and expenses. A decrease in the combined ratio means financial results are improving; an increase means that they are deteriorating. When the ratio is over 100%, the insurer has an underwriting loss.

Direct Combined Ratio: The sum of expenses and incurred losses combined versus earned premiums. On a direct basis, this ratio does not take into account any adjustments for reinsurance recoveries or payments for reinsurance coverage.

Direct Loss Ratio: The ratio of incurred losses to earned premium. The direct loss ratio is in contrast to a 'net loss ratio' which compares losses after reinsurance recoveries to earned premiums after paying for reinsurance.

Earned Premium: The pro rata portion of written premium which represents the expired portion of the insurance contract. For example, an annual policy of $100 written on July 1, 2001, assuming a calendar year accounting period, will be shown on the company's books as being partially earned in 2001 and 2002, i.e. fifty dollars earned in 2001 and fifty dollars in 2002.

Guide (a) rating (also known as 'refer to company' and 'judgment rating'): (a)-rating is typically used for large and/or unique commercial risks. It is generally provided for in the rules section of a company's underwriting manual. When a risk, such as a hospital, qualifies for (a)-rating, the actual price for the risk will be determined by an experienced underwriter. In this situation, actual filed rates are superseded by the underwriter's judgment.

Incurred Loss: A monetary payment and/or reserve on the part of the insurance company to cover claims of the insureds which are payable by the terms of the insurance contract.

Investment Gain/(Loss): The investment gain relates a company's total return on all invested funds (premiums, reserves, and equity) to the calendar year earned premium. Thus this figure will usually be quite substantial for a long-tailed line like medical malpractice which requires considerable funds to be held in reserves and surplus.

Loss Adjustment Expense (LAE): Costs on the part of an insurance company to cover expenses incurred in settling their claims. This expense can be divided into two types: Allocated Loss Adjustment Expenses (ALAE aka Direct Cost Containment Expense [DCCE]) which are those expenses such as outside attorney and necessary court fees which can be directly tied to a specific claim, and Unallocated Loss Adjustment Expenses (ULAE aka Adjusting and Other [AO]) which are insurance company general claim department expenses, etc. and are not directly allocated to a particular claim.

Loss Development Factors: Designed to account for the subsequent development of losses or those that are late in being reported in order to attempt to reasonably estimate ultimate settlement amounts. Loss development factors are frequently utilized in those lines of insurance where claims develop slowly or are commonly reported later than the year in which the original premiums were earned. Prospective loss development factors are based upon changes in the relationships of historical claim data at specific and set periods during their subsequent development, such as after 12, 24, and 36 months, etc.

Occurrence Coverage: A policy that pays claims arising out of incidents that occur during the policy term, even if the claims are filed many years later.

Operating Profit/(Loss): Bottom-line profit or loss of an insurance company. Calculated by adding investment income to underwriting profit/(loss).

Premium-to-Surplus Ratio: The ratio of written premium to surplus. This ratio is commonly used in the property/casualty insurance industry as a measure of financial strength or to indicate the degree to which a company is leveraged. In Medical Malpractice insurance, this ratio is often less than one-to-one.

Punitive Damages: Damages awarded over and above compensatory (economic) damages to punish a negligent party because of wanton, reckless, or malicious acts or omissions.

Pure Premium: The portion of the total premium only needed to pay expected losses. The pure premium does not take into account the portion of premium necessary for company expenses (e.g., commissions, taxes, etc.)

Risk Retention Group: Liability Insurance Companies which are owned by their policyholders. Membership is limited to people in the same business or activity which exposes them to similar risks. The purpose is to assume and spread liability exposure to group members and to provide an alternative risk financing mechanism for liability. (See also the Federal Liability Risk Retention Act of 1986.)

Severity: Average loss per claim.

Surplus Line: (aka Excess Line) A risk or part of a risk for which there is no market available through the original broker or agent in its jurisdiction. Therefore, it is placed with non-admitted insurers on an unregulated basis, in accordance with the surplus or excess lines provisions of the state law.

Underwriting Expense: The expenses which are realized by an insurance company in acquiring, selecting, and servicing policies. Underwriting expense includes agents' commissions, general administration expenses, inspection and bureau expenses, and taxes, licenses and fees. It does not include any loss adjustment expenses.

Underwriting Profit/(Loss): The remainder when loss, loss adjustment expense and underwriting expense are subtracted from earned premium income.

Written Premium: The total premium from all policies with effective dates within a given time period.

Exhibits

West Virginia Offices of the Insurance Commissioner

5% Market Share Report **Exhibit I- Sheet 1a**

Loss and Premium Information/Reconciliation

West Virginia Mutual Ins Co

2016 Rate Filing	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Adj On-Lev EP	$34,871,000	$29,555,000	28,078,000	25,198,000	26,545,000	26,241,000
Tr, Dev Ult Loss & ALAE	$12,327,370	$15,768,966	17,497,749	18,140,502	17,452,882	18,715,003
Loss & ALAE Ratio	35.4%	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**
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**
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%

2012 Rate Filing	**2010**	**2011**
Adj On-Lev EP	$35,403,530	$32,683,858
Tr, Dev Ult Loss & ALAE	$15,904,672	$19,334,225
Loss & ALAE Ratio	44.9%	59.2%

West Virginia Offices of the Insurance Commissioner

5% Market Share Report **Exhibit I - Sheet 1b**

Loss and Premium Information/Reconciliation

Medicus Insurance Company

2016 Rate Filing	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Adj On-Lev EP	4,935,000	5,539,000	6,493,000	6,497,000	6,441,000	5,389,000
Tr, Dev Ult Loss & ALAE	3,256,000	6,930,000	110,000	6,473,000	7,916,000	7,746,000
Loss & ALAE Ratio	66.0%	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**
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**
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**
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%

West Virginia Offices of the Insurance Commissioner

5% Market Share Report **Exhibit I - Sheet 1c**

Loss and Premium Information/Reconciliation

Medical Protective Company

2016 Rate Filing	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Adj On-Lev EP	n/a	n/a	295,276	1,186,461	1,171,522	1,537,968
Tr, Dev Ult Loss & ALAE	n/a	n/a	227,000	654,000	657,000	8,000
Loss & ALAE Ratio	n/a	n/a	76.9%	55.1%	56.1%	0.5%

West Virginia Offices of the Insurance Commissioner

5% Market Share Report

Comparison of Budgeted Expenses Exhibit II

West Virginia Mutual Ins Co							
Filing Number	100040549	100030006	100023353	100016727	100011255	100006008	90918009
Effective Date	1/1/2016	1/1/2015	1/1/2014	1/1/2013	1/1/2012	1/1/2011	1/1/2010
Variable Expense							
Commission	6.90%	7.00%	7.00%	n/a	n/a	n/a	n/a
Gen & Acq	19.50%	7.30%	n/a	7.00%	6.50%	6.50%	6.00%
Taxes & Fees	3.40%	4.20%	4.20%	5.00%	5.00%	5.00%	5.00%
Other	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Profit & Cont	2.30%	2.30%	2.30%	2.25%	6.10%	6.10%	6.10%
Total Var Exp	**32.10%**	**20.80%**	**13.50%**	**14.25%**	**17.60%**	**17.60%**	**17.10%**
Fixed Expense							
F E (Per Pol)	n/a*	$5,184	$6,616	$5,994	$5,532	$5,532	$4,977
Base Rate (MC 3)	n/a	$20,118	$19,501	$19,501	$20,528	$20,528	$20,528
F E load	n/a	**25.77%**	**33.93%**	**30.74%**	**26.95%**	**26.95%**	**24.24%**
* data not included in filing							
Total Exp	**32.10%**	**46.57%**	**47.43%**	**44.99%**	**44.55%**	**44.55%**	**41.34%**

Medicus Insurance Company							
Filing Number	100039178	100033411	100027505	100021635	100015802	100010073	100004152
Effective Date	1/1/2017	1/1/2016	1/1/2015	1/1/2014	10/10/2012	10/27/2011	9/24/2010
Variable Expense							
Commission	8.00%	8.00%	8.00%	8.00%	8.00%	9.00%	8.00%
Gen & Acq	14.00%	14.00%	13.00%	13.00%	13.00%	12.00%	10.00%
Taxes & Fees	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
Other	0.00%	2.70%	5.20%	0.00%	0.00%	0.00%	0.00%
Profit & Cont	5.00%	5.00%	5.00%	5.00%	0.00%	0.00%	1.50%
Total Var Exp	**32.00%**	**34.70%**	**36.20%**	**31.00%**	**26.00%**	**26.00%**	**24.50%**
Fixed Expense							
F E (Per Pol)	$4,882	n/a	n/a	$5,994	n/a	n/a	n/a
Base Rate (MC 3)	$19,501	n/a	n/a	$19,501	n/a	n/a	n/a
F E load	**25.03%**	**n/a**	**n/a**	**30.74%**	n/a	n/a	n/a
Total Exp	**57.03%**	**34.70%**	**36.20%**	**61.74%**	**26.00%**	**26.00%**	**24.50%**

West Virginia Offices of the Insurance Commissioner

5% Market Share Report

Comparison of Budgeted Expenses **Exhibit II (continued)**

Medical Protective Company			
Filing Number	100035921	100018489	100003026
Effective Date	1/15/2016	1/14/2013	7/7/2010
Variable Expense			
Commission	10.00%	10.00%	8.00%
Gen & Acq	0.00%	0.00%	13.00%
Taxes & Fees	5.00%	5.00%	5.00%
Other	0.00%	0.00%	5.20%
Profit & Cont	5.00%	5.00%	5.00%
Total Var Exp	**20.00%**	**20.00%**	**36.20%**
Fixed Expense			
F E (Per Pol)	$1,145	$1,125	$1,125
Base Rate	$15,340	$16,975	$20,915
F E load	**7.46%**	**6.63%**	**5.38%**
Total Exp	**27.46%**	**26.63%**	**41.58%**

5% Market Share Report

Investment Income Provisions - Exhibit III

	WVMIC	Medicus	Medical Protective
Bonds	$144,403,654	$47,652,192	$1,382,710,894
Preferred Stocks	$0	$0	$0
Common Stocks	$10,980,735	$0	$820,578,776
Mortgage Loans on Real Estate	$0	$0	$0
Real Estate	$0	$0	$9,200,520
Cash	$3,453,009	$3,556,724	$277,578,019
Cash Equivalents	$1,250,187	$0	$0
Short-Term Investments	$3,664,068	$428,172	$5,091,499
Contract Loans	$0	$0	$0
Derivatives	$0	$0	$0
Other Invested Assets	$0	$0	$8,750,000
Receivables for Securities	$0	$0	$150
Securities Lending Reinv. Coll. Assets	$0	$0	$0
Agg. w/ins for Invested Assets	$0	$0	$0
Total Cash and Invested Assets	**$163,751,653**	**$51,637,088**	**$2,503,909,858**
Net Investment Income Earned	$4,362,592	$1,070,621	$98,853,894
Investment Yield	**2.66%**	**2.07%**	**3.95%**
Total Loss Reserves	**$31,694,581**	**$0**	**$560,217,808**
Total LAE Reserves	**$13,132,571**	**$12,489,385**	**$234,500,947**
Total Loss and LAE Reserves	**$44,827,152**	**$12,489,385**	**$794,718,755**

West Virginia Offices of the Insurance Commissioner
5% Market Share Report
Premium Reconciliation - Exhibit IV

Company	Schedule T-Written Premium	Filing Forms
West Virginia Mutual Ins Co	$23,382,524	$23,382,524
Medicus Ins Co	$5,578,632	$5,578,632
Medical Protective Company	$2,035,190	$2,035,190
Total	$30,996,346	$30,996,346

Appendix

2015 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	$23,380,524	59.85%	$23,720,421	$10,374,227	43.74%
Medicus Ins Co	$5,578,632	14.28%	$5,388,853	$7,745,725	143.74%
Medical Protective Co	$1,714,830	4.39%	$1,537,986	$8,000	0.52%
Doctors Co An Interins Exch	$977,768	2.50%	$850,244	($634,327)	(74.61%)
Ophthalmic Mut Ins Co RRG	$877,738	2.25%	$864,520	$57,897	6.70%
Capson Physicians Ins Co	$785,575	2.01%	$760,774	$1,041,345	136.88%
Oceanus Ins Co A RRG	$736,915	1.89%	$991,236	$399,848	40.34%
General Star Ind Co	$713,304	1.83%	$737,198	($198,000)	(26.86%)
National Guardian RRG Inc	$673,331	1.72%	$673,331	($380,627)	(56.53%)
Applied Medico Legal Solutions RRG	$612,985	1.57%	$488,388	$217,106	44.45%
Medical Security Ins Co	$427,691	1.09%	$495,250	$450,576	90.98%
National Fire & Marine Ins Co	$345,206	0.88%	$233,802	$109,325	46.76%
Fair Amer Ins & Reins Co	$287,644	0.74%	$341,577	$74,519	21.82%
Hallmark Specialty Ins Co	$252,469	0.65%	$235,104	$93,511	39.77%
Preferred Physicians Medical RRG	$224,220	0.57%	$226,908	$4,191	1.85%
Homeland Ins Co of NY	$223,415	0.57%	$239,967	$154,108	64.22%
ProAssurance Ind Co Inc	$162,306	0.42%	$222,572	($57,954)	(26.04%)
Admiral Ins Co	$143,200	0.37%	$107,796	$77,109	71.53%
MT Hawley Ins Co	$136,832	0.35%	$113,847	($14,335)	(12.59%)
Evanston Ins Co	$135,424	0.35%	$136,097	($25,935)	(19.06%)
The Doctors Co RRG a Recip Exch	$124,152	0.32%	$124,152	$77,471	62.40%
Catlin Specialty Ins Co	$118,395	0.30%	$211,234	$836,811	396.15%
Allied World Specialty Ins Co	$113,741	0.29%	$108,177	($5,993)	(5.54%)
TDC Specialty Ins Co	$88,595	0.23%	$85,310	($10,232)	(11.99%)
Aspen Specialty Ins Co	$61,222	0.16%	$36,053	$10,642	29.52%
Cherokee Guar Co Inc a RRG	$56,675	0.15%	$54,053	($34,286)	(63.43%)
NORCAL Specialty Ins Co	$55,837	0.14%	$55,837	$23,591	42.25%
Landmark Amer Ins Co	$21,252	0.05%	$20,943	($13,868)	(66.22%)
Preferred Professional Ins Co	$19,928	0.05%	$3,748	$720	19.21%
Green Hills Ins Co RRG	$18,262	0.05%	$18,236	($3,022)	(16.57%)
Cincinnati Ins Co	$5,808	0.01%	$5,171	($1,407)	(27.21%)
Columbia Cas Co	$4,375	0.01%	$1,865	$3,987	213.78%
Academic Medical Professionals Ins E	$4,255	0.01%	$4,244	$988	23.28%
Physicians Specialty Ltd RRG	$1,782	0.00%	$1,782	($132,999)	(7463.47%)
Ace Amer Ins Co	$1,279	0.00%	$1,281	($491)	(38.33%)
19 Other Companies	($21,201)	(0.05%)	$253,633	$1,295,778	510.89%
Totals	$39,064,366	100.00%	$39,351,590	$21,543,999	54.75%

2015 Hospitals Business Written Totals

Company	Direct Premium Written	Hospitals Market Share	Direct Premium Earned	Direct Loss Incurred	Pure Direct Loss Ratio
Community Hospital RRG	$4,967,926	38.68%	$4,967,926	$1,732,144	34.87%
Endurance Amer Specialty Ins Co	$2,642,068	20.57%	$849,205	$146,918	17.30%
Illinois Union Ins Co	$1,097,800	8.55%	$1,121,072	$692,039	61.73%
American Excess Ins Exch RRG	$1,079,200	8.40%	$1,104,196	$147,788	13.38%
Nautilus Ins Co	$956,017	7.44%	$950,768	$452,123	47.55%
Arch Specialty Ins Co	$417,500	3.25%	$208,464	$70,034	33.60%
Allied World Surplus Lines Ins Co	$402,500	3.13%	$562,371	$88,491	15.74%
National Fire & Marine Ins Co	$375,477	2.92%	$253,660	$154,823	61.04%
Allied World Assur Co US Inc	$362,000	2.82%	$197,902	$97,265	49.15%
Ironshore Specialty Ins Co	$238,054	1.85%	$119,546	$17,799	14.89%
Lexington Ins Co	$224,642	1.75%	$237,444	($680,723)	(286.69%)
Columbia Cas Co	$50,000	0.39%	$33,470	($10,602)	(31.68%)
Admiral Ins Co	$29,791	0.23%	$18,655	$22,711	121.74%
Ace Amer Ins Co	$1,337	0.01%	$1,337	$128	9.57%
Interstate Fire & Cas Co	$797	0.01%	$855	($466)	(54.50%)
Allied World Specialty Ins Co	$0	0.00%	$0	($1,277)	-
Continental Cas Co	$0	0.00%	$0	$9	-
Health Care Ind Inc	$0	0.00%	$0	$4,456,565	-
Zurich Amer Ins Co	$0	0.00%	$0	$185	-
Capitol Specialty Ins Corp	$0	0.00%	$0	($12,129)	-
St Paul Fire & Marine Ins Co	$0	0.00%	$0	$51,767	-
St Paul Mercury Ins Co	$0	0.00%	$0	$1,809	-
Homeland Ins Co of NY	$0	0.00%	$308,694	$9,400	3.05%
Executive Risk Ind Inc	$0	0.00%	$0	($24,276)	-
Indian Harbor Ins Co	$0	0.00%	$0	($2,074)	-
Executive Risk Speciality Ins Co	$0	0.00%	$0	($913)	-
Steadfast Ins Co	$0	0.00%	$0	($120,603)	-
First Specialty Ins Corp	$0	0.00%	$0	$126,397	-
Zurich Amer Ins Co Of IL	$0	0.00%	$7,808	$3,952	50.61%
Totals	$12,845,109	100.00%	$10,943,373	$7,419,284	67.80%

2015 Other Professionals Business Written Totals

Company	Direct Premium Written	Professionals Market Share	Direct Premium Earned	Direct Loss Incurred	Pure Direct Loss Ratio
Liberty Surplus Ins Corp	$1,423,914	20.12%	$2,797,939	$4,597,480	164.32%
American Cas Co Of Reading PA	$1,086,315	15.35%	$1,080,288	($115,826)	(10.72%)
Continental Cas Co	$752,667	10.64%	$744,127	($50,984)	(6.85%)
Podiatry Ins Co Of Amer	$553,105	7.82%	$543,961	($18,624)	(3.42%)
Cincinnati Ins Co	$520,846	7.36%	$434,162	$488,786	112.58%
Medical Protective Co	$320,360	4.53%	$305,607	$1,000	0.33%
NCMIC Ins Co	$303,248	4.29%	$310,896	$92,976	29.91%
Landmark Amer Ins Co	$285,362	4.03%	$371,075	$1,178,899	317.70%
Western World Ins Co	$280,615	3.97%	$280,056	($17,397)	(6.21%)
Liberty Ins Underwriters Inc	$262,390	3.71%	$251,375	$108,858	43.31%
Oms Natl Ins Co Rrg	$260,821	3.69%	$253,782	$211,926	83.51%
Ace Amer Ins Co	$196,896	2.78%	$194,460	($5,515)	(2.84%)
Evanston Ins Co	$191,589	2.71%	$161,515	($3,676)	(2.28%)
Admiral Ins Co	$162,606	2.30%	$126,445	$268,186	212.10%
Columbia Cas Co	$133,781	1.89%	$141,811	$625,847	441.32%
Beazley Ins Co Inc	$89,889	1.27%	$83,881	$450,789	537.41%
Steadfast Ins Co	$31,862	0.45%	$21,954	$19,788	90.13%
Pharmacists Mut Ins Co	$24,337	0.34%	$24,478	$8,847	36.14%
Allied Professionals Ins Co RRG	$22,932	0.32%	$22,149	$401	1.81%
Interstate Fire & Cas Co	$20,778	0.29%	$20,473	($23,207)	(113.35%)
State Farm Fire & Cas Co	$19,900	0.28%	$19,855	($469)	(2.36%)
Great Divide Ins Co	$19,352	0.27%	$16,941	$4,001	23.62%
The Cincinnati Specialty Underwriter	$19,197	0.27%	$21,353	$3,406	15.95%
Doctors Co An Interins Exch	$17,224	0.24%	$18,143	$0	0.00%
The Cincinnati Ind Co	$13,620	0.19%	$14,333	($145)	(1.01%)
American Assoc Of Othodontists RRG	$11,964	0.17%	$11,802	$1,434	12.15%
Lexington Ins Co	$11,534	0.16%	$12,117	($562,676)	(4643.69%)
Fortress Ins Co	$11,312	0.16%	$11,111	$417	3.75%
PACO Assur Co Inc	$8,863	0.13%	$11,685	($578)	(4.95%)
Cincinnati Cas Co	$6,627	0.09%	$5,441	($3,194)	(58.70%)
Berkley Assur Co	$5,800	0.08%	$5,051	$2,545	50.39%
National Fire & Marine Ins Co	$5,000	0.07%	$1,618	$1,249	77.19%
ProAssurance Specialty Ins Co	$2,490	0.04%	$4,136	($3,072)	(74.27%)
Aspen Specialty Ins Co	$1,933	0.03%	$1,197	$1,051	87.80%
Granite State Ins Co	$830	0.01%	$3,982	$744	18.68%
American Ins Co	$710	0.01%	$710	$1,174	165.35%
Church Mut Ins Co	$671	0.01%	$684	$6,645	971.49%
17 Other Companies	($4,990)	(0.07%)	$6,397	$2,584	40.39%
Totals	$7,076,350	100.00%	$8,336,990	$7,273,670	87.25%

2015 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	$2,382,379	47.40%	$2,253,240	$1,275,770	56.62%
Evanston Ins Co	$546,659	10.88%	$576,945	($50,057)	(8.68%)
Homeland Ins Co of NY	$392,392	7.81%	$463,023	$65,323	14.11%
Ironshore Specialty Ins Co	$208,225	4.14%	$176,855	$293,093	165.73%
Lexington Ins Co	$183,918	3.66%	$178,106	($115,654)	(64.94%)
Nautilus Ins Co	$183,459	3.65%	$212,495	$90,751	42.71%
Allied World Surplus Lines Ins Co	$149,991	2.98%	$201,267	$47,689	23.69%
Arch Specialty Ins Co	$146,781	2.92%	$141,585	($16,565)	(11.70%)
MT Hawley Ins Co	$142,980	2.84%	$148,626	$72,950	49.08%
Cincinnati Ins Co	$102,943	2.05%	$102,715	$359,710	350.20%
ProAssurance Specialty Ins Co	$89,752	1.79%	$78,946	$12,993	16.46%
National Fire & Marine Ins Co	$75,000	1.49%	$43,602	$15,379	35.27%
American Alt Ins Corp	$70,515	1.40%	$70,027	($1,768)	(2.52%)
Capitol Specialty Ins Corp	$62,903	1.25%	$65,177	$22,263	34.16%
Church Mut Ins Co	$60,017	1.19%	$53,337	$94,061	176.35%
General Star Ind Co	$50,635	1.01%	$48,287	$102,000	211.24%
The Cincinnati Specialty Underwriter	$43,766	0.87%	$42,290	$10,832	25.61%
Illinois Union Ins Co	$43,708	0.87%	$43,995	($23,090)	(52.48%)
Columbia Cas Co	$43,140	0.86%	$50,665	$5,963	11.77%
Allied World Assur Co US Inc	$15,450	0.31%	$14,138	$6,650	47.04%
AXIS Surplus Ins Co	$14,953	0.30%	$2,492	$1,543	61.92%
Capitol Ind Corp	$9,465	0.19%	$2,044	$1,067	52.20%
West Virginia Mut Ins Co	$2,500	0.05%	$1,674	$0	0.00%
Allied World Specialty Ins Co	$1,590	0.03%	$400	$99	24.75%
James River Ins Co	$1,350	0.03%	$1,139	($280)	(24.58%)
Hudson Ins Co	$744	0.01%	$503	$306	60.83%
Affiliates Ins Recip a RRG	$457	0.01%	$457	($19)	(4.16%)
Interstate Fire & Cas Co	$93	0.00%	$58	($191)	(329.31%)
Aspen Specialty Ins Co	$0	0.00%	$1,197	$0	0.00%
Hallmark Specialty Ins Co	$0	0.00%	$0	$1,529	-
Catlin Specialty Ins Co	$0	0.00%	$38	$10	26.32%
Zurich Amer Ins Co	$0	0.00%	$0	($697)	-
Chicago Ins Co	$0	0.00%	$0	($5)	-
Firemans Fund Ins Co	$0	0.00%	$0	($12)	-
St Paul Fire & Marine Ins Co	$0	0.00%	$0	$3,520	-
St Paul Mercury Ins Co	$0	0.00%	$0	$542	-
AIG Specialty Ins Co	$0	0.00%	$0	($5,213)	-
Executive Risk Ind Inc	$0	0.00%	$0	($6,913)	-
Executive Risk Speciality Ins Co	$0	0.00%	$0	($4,625)	-
Atlantic Specialty Ins Co	$0	0.00%	$0	$407	-
American Home Assur Co	$0	0.00%	$0	($17)	-
Steadfast Ins Co	$0	0.00%	$0	$14	-
Nationwide Mut Ins Co	$0	0.00%	$0	$91	-
Princeton Excess & Surplus Lines Ins	$0	0.00%	$9,233	($969)	(10.49%)
Totals	$5,025,765	100.00%	$4,984,556	$2,258,480	45.31%

2015 Total Medical Malpractice

Company	Direct Premium Written	Total Market Share	Direct Premium Earned	Direct Loss Incurred	Pure Direct Loss Ratio
West Virginia Mut Ins Co	$23,382,524	36.76%	$23,721,760	$10,374,227	43.73%
Medicus Ins Co	$5,578,632	8.77%	$5,388,853	$7,745,725	143.74%
Community Hospital RRG	$4,967,926	7.81%	$4,967,926	$1,732,144	34.87%
Endurance Amer Specialty Ins Co	$2,642,068	4.15%	$849,205	$146,918	17.30%
Health Care Industry Liab Recip Ins	$2,382,379	3.75%	$2,253,240	$1,275,770	56.62%
Medical Protective Co	$2,035,190	3.20%	$1,843,593	$9,000	0.49%
Liberty Surplus Ins Corp	$1,423,914	2.24%	$2,797,939	$4,597,480	164.32%
Illinois Union Ins Co	$1,141,508	1.79%	$1,165,067	$669,014	57.42%
Nautilus Ins Co	$1,139,476	1.79%	$1,163,263	$543,069	46.68%
American Cas Co Of Reading PA	$1,086,315	1.71%	$1,080,288	($115,433)	(10.69%)
American Excess Ins Exch RRG	$1,079,200	1.70%	$1,104,196	$147,788	13.38%
Doctors Co An Interins Exch	$994,992	1.56%	$868,387	($634,327)	(73.05%)
Ophthalmic Mut Ins Co RRG	$877,738	1.38%	$864,520	$57,897	6.70%
Evanston Ins Co	$873,672	1.37%	$874,558	($79,668)	(9.11%)
National Fire & Marine Ins Co	$800,683	1.26%	$532,682	$280,776	52.71%
Capson Physicians Ins Co	$780,585	1.23%	$767,171	$1,041,345	135.74%
General Star Ind Co	$763,939	1.20%	$785,485	($96,000)	(12.22%)
Continental Cas Co	$752,667	1.18%	$744,127	$416,942	56.03%
Oceanus Ins Co A RRG	$736,915	1.16%	$991,236	$399,848	40.34%
National Guardian RRG Inc	$673,331	1.06%	$673,331	($380,627)	(56.53%)
Cincinnati Ins Co	$629,597	0.99%	$542,048	$847,089	156.28%
Homeland Ins Co of NY	$615,807	0.97%	$1,011,684	$228,832	22.62%
Applied Medico Legal Solutions RRG	$612,985	0.96%	$488,388	$217,106	44.45%
Arch Specialty Ins Co	$564,281	0.89%	$350,049	$53,469	15.27%
Podiatry Ins Co Of Amer	$553,105	0.87%	$543,961	($18,624)	(3.42%)
Allied World Surplus Lines Ins Co	$549,724	0.86%	$918,761	$169,775	18.48%
Ironshore Specialty Ins Co	$446,278	0.70%	$296,401	$310,119	104.63%
Medical Security Ins Co	$427,691	0.67%	$495,250	$450,576	90.98%
Lexington Ins Co	$420,094	0.66%	$427,667	($1,359,053)	(317.78%)
Allied World Assur Co US Inc	$377,450	0.59%	$212,039	$103,914	49.01%
Admiral Ins Co	$335,597	0.53%	$252,896	$368,006	145.52%
Landmark Amer Ins Co	$306,614	0.48%	$392,019	$1,165,031	297.19%
NCMIC Ins Co	$303,248	0.48%	$310,896	$92,976	29.91%
Fair Amer Ins & Reins Co	$287,644	0.45%	$341,577	$74,519	21.82%
Western World Ins Co	$280,615	0.44%	$280,056	($17,397)	(6.21%)
77 Other Companies	$3,190,725	5.02%	$3,317,518	$7,687,651	231.73%
Totals	$64,015,109	100.00%	$63,618,037	$38,505,877	60.53%

Malpractice Actions Filed by County

County	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total
Barbour	1	0	0	1	0	0	0	0	0	2	1	**5**
Berkeley	4	3	3	2	2	2	5	12	9	9	7	**58**
Boone	0	1	1	0	1	1	0	4	6	5	1	**20**
Braxton	1	1	0	0	0	1	0	0	0	1	0	**4**
Brooke	4	0	2	3	2	1	4	3	4	7	1	**31**
Cabell	7	14	14	13	27	17	18	18	13	9	27	**177**
Calhoun	0	0	0	0	0	0	0	1	0	0	0	**1**
Clay	0	0	0	0	0	0	0	0	0	0	0	**0**
Doddridge	0	0	1	0	0	0	0	0	0	0	0	**1**
Fayette	1	5	3	2	5	0	9	1	6	2	1	**35**
Gilmer	0	0	0	0	0	0	0	0	0	0	0	**0**
Grant	0	1	1	1	0	0	0	0	2	1	0	**6**
Greenbrier	4	3	5	5	6	5	4	5	3	2	4	**46**
Hampshire	1	0	1	0	0	0	0	0	0	0	0	**2**
Hancock	0	1	0	1	0	0	0	0	0	0	0	**2**
Hardy	0	0	0	0	0	0	0	0	0	0	0	**0**
Harrison	8	5	9	6	5	7	6	8	5	14	12	**85**
Jackson	1	3	4	1	4	1	1	1	1	1	2	**20**
Jefferson	1	0	2	3	2	1	2	2	2	3	2	**20**
Kanawha	37	47	46	49	53	56	84	100	98	74	126	**770**
Lewis	1	1	1	0	0	0	0	0	0	0	1	**4**
Lincoln	0	1	0	0	0	0	0	0	0	0	0	**1**
Logan	9	2	4	6	7	9	6	9	8	6	3	**69**
Marion	2	1	0	4	4	2	3	6	3	8	5	**38**
Marshall	2	2	2	0	0	0	1	1	1	3	1	**13**
Mason	3	1	2	5	3	2	3	0	1	1	2	**23**
McDowell	0	1	1	3	4	0	1	2	1	8	4	**25**
Mercer	4	8	9	8	15	5	11	7	8	11	11	**97**
Mineral	3	0	0	0	1	1	1	1	1	1	0	**9**
Mingo	5	3	3	2	4	3	5	6	1	1	0	**33**
Monongala	10	15	15	14	17	15	16	21	6	16	16	**161**
Monroe	1	0	1	0	0	0	0	0	0	3	0	**5**
Morgan	0	0	0	0	1	0	1	0	0	0	0	**2**
Nicholas	2	1	2	1	5	0	3	4	3	4	1	**26**
Ohio	10	5	6	5	4	11	9	8	14	15	9	**96**
Pendelton	0	0	0	0	0	0	0	0	0	0	0	**0**
Pleasants	0	0	0	0	0	0	0	0	0	0	1	**1**
Pocahontas	1	0	0	0	0	0	0	0	0	0	0	**1**
Preston	0	2	0	0	0	0	1	1	1	0	1	**6**
Putnam	126	4	5	7	6	5	15	3	5	3	1	**180**
Raleigh	10	7	14	18	11	6	135	14	20	18	95	**348**
Randolph	4	2	5	3	4	4	2	1	1	2	1	**29**
Ritchie	0	0	1	0	0	0	0	0	0	0	0	**1**
Roane	1	0	1	1	0	0	1	1	1	2	0	**8**
Summers	0	0	1	0	1	0	2	0	0	0	0	**4**
Taylor	0	2	0	1	0	0	0	0	0	0	0	**3**
Tucker	0	0	1	0	0	0	0	0	0	0	0	**1**
Tyler	0	0	0	0	0	0	1	0	0	0	2	**3**
Upshur	1	3	1	1	0	4	3	3	2	2	0	**20**
Wayne	0	0	0	0	0	0	0	0	0	0	1	**1**
Webster	0	0	0	0	1	0	1	0	0	0	0	**2**
Wetzel	2	1	0	1	1	1	1	1	0	1	1	**10**
Wirt	0	1	0	0	0	0	0	0	0	0	0	**1**
Wood	6	5	6	11	8	9	15	5	15	8	21	**109**
Wyoming	0	2	1	0	1	0	2	1	1	1	2	**11**
Total	273	154	174	178	205	169	372	250	242	244	363	**2,624**