



MLM§C
Medical Liability Mutual Insurance Company
2010 Annual Report

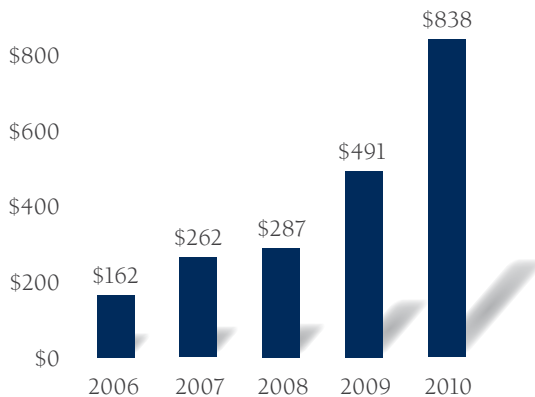


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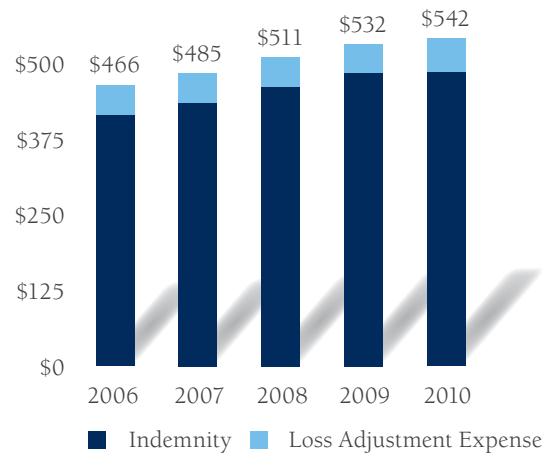
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Statutory Policyholders' Surplus
(Dollars in Millions)
as of December 31



Average Closed Claim Severity
(Dollars in Thousands)
for the year ended December 31



With the economic picture slowly improving and the malpractice market softening, 2010 was a successful year on several fronts. Underwriting changes, solid financial developments, and close work with coalition partners have produced results that have strengthened the Company. The underwriting process has been changed to a more efficient and equitable system to help control our losses. Improving financials have contributed to surplus growth, enabling the Company to consider using other underwriting options to respond to growing competition. Further underwriting changes will arise from a claims free discount program that has just been approved by the Insurance Department. Lastly, the Company has worked closely with a variety of coalition partners who are seeking reforms to the medical liability system.

Last year, the Company made several important underwriting changes.

Underwriting will become more streamlined and equitable due to the new claims free discount program for physicians and surgeons who qualify. This discount will affect more than half of our current policyholders (see our Web site for details). A new Physician Underwriting Committee was created by the Board and charged with reviewing all individual policyholders who are cost outliers when compared with their peers in both specialty and territory. Recommendations for interviews or appeals are heard by two new seven-member Peer Review Committees located upstate and downstate. The State Medical Society elected to disband its Professional Liability and Defense Board to accommodate this change, while retaining the ability to make recommendations for membership on these Committees. The Peer Review Committees report to the Physician Underwriting Committee, which makes final underwriting decisions.

Under limited circumstances, policyholders may still appeal the final decision to a three-member appeals committee.

MLMIC was able to experience surplus growth during the year. Good investment returns, in addition to solid performance from our subsidiary, Princeton Insurance Company, contributed to surplus. The Company is also experiencing a decreasing frequency, while still seeing severity rise. We are in a multiyear cycle, in which the Company has experienced favorable reserve changes that also contribute to surplus. However, despite reporting a surplus in excess of eight hundred million dollars, our risk-based capital score remains perilously low because of the size of our liabilities. While we are currently exempt from risk-based capital requirements in New York, it is my desire to maintain enough capital in the Company to cover unexpected developments. Any legislation in New York that restricts this will be opposed by the Company as being irresponsible. The growth of surplus will enable the Company to revisit underwriting groups and entities in the Free Trade Zone, as it did in past cycles when surplus was adequate to support this writing.

Practicing physicians and facilities are understandably frustrated by the high cost of medical professional liability insurance. The Company is an “at cost” provider, seeking rates that are actuarially sound. We continue to have the lowest expense ratio possible, because we are a direct provider. One of the best ways to reduce the high cost of insurance is to have

significant changes in the liability environment. We are working with a variety of coalition partners who are seeking to bring about such changes. We are particularly pleased to work with the Medical Society of the State of New York in this regard. We continue to regularly meet with our regulators and legislators to inform them of the needs of our policyholders.

The primary mission of this Company has not changed. Your Board of Directors is committed to maintain the stability of the Company to protect the policyholders from ruinous litigation. The results over the last year have demonstrated this commitment. It is my intention to maintain that posture so that MLMIC will be well positioned to meet its future challenges.



Robert A. Menotti, M.D.
President of MLMIC
April 14, 2011



Robert A. Menotti, M.D.
President of MLMIC

Overview

Medical Liability Mutual Insurance Company (MLMIC) is a mutual insurance company, owned and directed by the healthcare professionals it insures. With assistance provided by the Medical Society of the State of New York (MSSNY), MLMIC was originally organized in 1975, in response to a crisis of availability of medical professional liability insurance.

The integrity, vision, and consistently high standards set by MLMIC's Board of Directors endure and explain why MLMIC is the only professional liability insurance company endorsed by MSSNY, numerous county and specialty medical societies, the Iroquois Hospital Association, the New York State Dental Association (NYSDA), and many of its component dental societies.

In New York, MLMIC insures 54 hospitals, more than 17,500 physicians and surgeons, and approximately 4,150 dentists and oral surgeons, as well as numerous other healthcare providers and facilities. From this substantial insured population, MLMIC has developed a current and comprehensive statistical database on medical and dental malpractice claims to evaluate causes of loss, claim trends, and specialty and territory risk relativities.

Management and direction of MLMIC is accomplished through its Board of Directors, which is primarily comprised of physicians, dentists, and hospital executives. As an active participant in the national organization, Physician Insurers Association of America, as well as with national medical and surgical specialty societies, MLMIC has been a leading force in the development of risk management programs and systems, cause of loss

identification, and patient safety education both in New York and nationally. MLMIC officials have frequently represented the interests of the healthcare professions on issues relating to tort reform at the national and state level.

MLMIC is the entity resulting from the merger in 2001 of the Healthcare Underwriters Mutual Insurance Company (HUM) and the original Medical Liability Mutual Insurance Company. The MLMIC Group also includes Princeton Insurance Company (Princeton). Princeton provides professional liability coverage, risk management expertise, and other related services to healthcare professionals, hospitals, and other facilities in New Jersey.

Underwriting and Policyholder Services

Policyholders – MLMIC underwrites professional liability insurance in New York for physicians and surgeons, their employees, hospitals, healthcare facilities, and dentists, as well as professional liability, general liability, and directors' and officers' liability insurance for certain other groups and entities.

The primary purpose of underwriting is to evaluate the type of exposures each risk poses and establish premiums for those risks and exposures. In the evaluation, classification, rating, and selection of risks, MLMIC's emphasis has always been on equity, quality, and reasonableness of cost. Policyholder service representatives are available to answer questions, provide claim histories and certificates of insurance upon request, address billing issues, and provide support to insureds.

For physicians, MLMIC's underwriters also assist the Physician Underwriting Committee in its deliberations on various classification

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and coverage issues. They also work with the Physician Underwriting Committee and its Peer Review Committee to monitor the claims experience of MLMIC insureds through peer review and to interview policyholders and applicants for coverage, when necessary. MLMIC's dentist policyholders have a similar review program administered by the NYSDA – MLMIC Underwriting/ Claims Committee, which is composed of dentists appointed by NYSDA.

Policy Provisions – MLMIC issues non-assessable policies and offers both occurrence and claims made coverage to physicians, surgeons, dentists, hospitals, and other healthcare facilities. Primary policy limits of liability are available for physicians and surgeons in amounts up to \$1,300,000/ \$3,900,000 (each person/annual aggregate). Primary policy limits of liability are available for dentists in amounts up to \$2,000,000/ \$6,000,000. MLMIC's standard professional liability policies provide coverage up to the applicable limits of liability without a required deductible or co-insurance retention provision. MLMIC policies insuring physicians, surgeons, and dentists afford limited reimbursement for loss of income in the event an insured, at the request of MLMIC, appears in court during trial as a defendant for a covered claim.

MLMIC-insured physicians, surgeons, and dentists may be eligible for “defense only” coverage, with limits ranging from \$25,000 to \$100,000. This coverage provides for the costs of defending an administrative action brought against a policyholder, which arises out of allegations that could form the basis of a claim for legal liability under an insured's policy. Defense only coverage also includes legal costs for governmental proceedings alleging Medicare/Medicaid fraud and/or abuse. Depending on the class of business, this coverage is either included in the basic policy or is available by endorsement for an additional premium charge.

Separate limits of liability of up to \$1,000,000/ \$3,000,000 may be available for an additional premium charge to an eligible professional entity formed by physicians, surgeons, or dentists. MLMIC offers medical professional liability coverage for hospitals and other types of healthcare providers and facilities on occurrence and claims made policy forms with primary limits of liability of \$1,000,000 each person and \$3,000,000 total liability (i.e. annual aggregate). Higher primary limits, excess coverage layers, and umbrella coverage may also be available to certain facility policyholders.

Eligibility for Insurance – Insurance coverage is afforded to qualified New York applicants pursuant to plans of operation and rating rules filed by MLMIC with the Superintendent of the State of New York Insurance Department (the Superintendent). In order for dentist applicants to qualify for insurance, they must also be members in good standing with NYSDA.

An applicant, who has prior adverse loss experience or displayed improper conduct or methods of practice, may not be eligible for insurance with MLMIC. Applicants for insurance must file an application with MLMIC, detailing the history of their prior claims and professional activities, which will be used as the basis for determining risk acceptability and the premium amount to be charged.

Premium Rate Structure – Pursuant to legislation, the Superintendent has been establishing premium rates for physician and surgeon policyholders for all New York State authorized insurers since 1985. MLMIC prepares an advisory rate filing to assist in rate determinations made by the Superintendent for each specialty class and territory. The Superintendent did not establish rates in policy years 2008 and 2009 due to a freeze on physician and surgeon professional liability rates imposed by the New York State Legislature. For policy year 2010 (July 1, 2010 – June 30, 2011), the Superintendent increased the base rates by 5% and authorized certain class and territory changes for physicians and surgeons.

MLMIC's premium rates for dental professional liability coverage are subject to prior approval by the New York State Insurance Department. The Department approved a

10% rate increase effective June 1, 2009 for all dentists and oral surgeons, and the rates remained unchanged in 2010.

Insured physicians, surgeons, and dentists, who have just completed training and are beginning their first year of private practice, receive a premium rate reduction of 50% of the standard applicable premium in their first year of private practice. Those insureds purchasing claims made coverage also receive a 25% reduction in their second and third years of private practice.

Physicians and surgeons who attend a basic risk management course and complete the related home study project will receive a 5% premium rate reduction for two successive policy years. If they attend a follow-up course, as required, the 5% rate reduction will be continued. Dentists who successfully complete NYSDA's risk management program receive a 10% rate reduction for three successive policy years. The risk management programs are repeated for both physicians and dentists in subsequent years.

Insured physicians and surgeons principally affiliated with participating MLMIC-insured hospitals are entitled to a rate reduction equal to 12% of the standard applicable premium, provided such insureds:

- (1) agree to complete a risk management and loss control program designated by MLMIC; and,
- (2) agree to a joint defense of claims, when appropriate, consisting of a unified claims investigation and litigation defense by a single claims manager and attorney representing all such insureds in the program.

Physicians and surgeons benefiting from the previously described discounts provided



to beginning practitioners and part-time practitioners are not eligible to receive this 12% discount simultaneously.

Periodic actuarial reviews of loss experience for professional liability insurance in New York indicate whether claims costs and expenses have been rising or falling from year to year and are the most important indicators of future rates. Were it not for MLMIC's low administrative expenses, which are less than those of many other similar type insurers, and its successful investment and claims management programs, the cost of professional liability insurance to MLMIC policyholders would be higher.

Distribution of Dividends – Physician and hospital policyholder dividends have not recently been declared. With regard to the NYSDA–MLMIC Program and MLMIC's commitment to share profits generated by the program with its dentist policyholders, New York dentist and oral surgeon policyholders have received over \$8.3 million in cash dividends throughout the history of the NYSDA–MLMIC Professional Liability Program.

Legal Services

Policyholders may access a variety of legal services provided by Fager & Amsler, L.L.P., counsel to MLMIC. The firm's experienced

attorneys specialize in healthcare law, including professional liability issues, medical malpractice defense litigation, and regulatory compliance. Fager & Amsler attorneys are frequently called upon to render legal advisory opinions concerning medical and/or dental professional liability issues, liability litigation proceedings, regulatory compliance, and professional liability/misconduct hearings. They also conduct legal audits and assessments of areas of medical practice that require focused review and frequently serve as featured speakers at various medical and dental society member programs. The attorneys monitor current statutes, regulations, and case law, and keep insureds apprised when there is an impact on potential liability.

Claims

It is MLMIC's philosophy, as established by the Board of Directors, to settle meritorious claims as equitably and expeditiously as possible and to resist and aggressively defend cases without merit.

MLMIC maintains a professional claims staff whose experience is unequalled in the medical professional liability insurance industry. MLMIC's claims staff works with respected medical experts and the finest defense

attorneys to provide policyholders with quality representation. Through the years, MLMIC has been the one company that has successfully defended more New York physicians than all other New York insurers combined – a fact held in high regard in the legal community.

MLMIC's claims teams are aware of the importance of conducting prompt evaluations and maintaining direct personal contact with policyholders. By conducting early and comprehensive analyses of claims and lawsuits, MLMIC seeks to control defense and settlement costs.

Every claim received against a physician, surgeon, or hospital is reviewed by physician members of MLMIC's Claims Review Committee. The reviewing physicians provide the claims staff and defense counsel with an evaluation of the claim's merit. When indicated, the Committee calls upon other recognized specialists to aid in the evaluation of claims.

In most instances, MLMIC may not settle any claim or suit against an insured without his/her written consent. In the event an insured New York physician or hospital refuses to agree to the recommended settlement of a claim or suit, either the company or the insured may refer the matter for binding peer review. Physicians may choose to waive this consent for a premium discount of 5%.

Similarly, all claims against New York dentists are reviewed by the dentists who are members of NYSDA's Underwriting/Claims Committee. No claim against an insured dentist will be settled without the consent of a majority of the members of the District Claims Committee of the insured's component of NYSDA.

MLMIC retains highly qualified attorneys to defend suits against its policyholders. The process of selecting attorneys includes personal interviews of applicants. As a result, more than one hundred firms have been approved to defend cases, based upon their competence and their commitment to resist groundless claims. Further, MLMIC has established certain minimum guidelines. These guidelines require each attorney to:

(1) *provide individualized attention to the insured defendant and keep the insured apprised of the claim's progress;*

(2) *meet as necessary with the insured after the basic investigation is received from MLMIC representatives;*

(3) *explain the anticipated activities, expand on the investigation as necessary, and report to MLMIC representatives on the results of these procedures; and,*

(4) *provide thorough preparation of the insured well in advance of the Examination Before Trial or any other court appearances that may be required.*

MLMIC publishes these guidelines and distributes questionnaires to each defendant physician and dentist that evaluate the attorney's performance when a case is closed.



In New York, MLMIC insures 54 hospitals, 17,500 physicians and surgeons, and over 4,100 dentists.

Risk Management & Continuing Medical Education

MLMIC provides its insureds with risk management programs that help improve patient care and, ultimately, reduce the frequency and severity of claims.

MLMIC is accredited by MSSNY to provide continuing medical education (CME) for physicians. MLMIC utilizes conventional formats and newer technologies, including an Internet-based format, to provide and deliver its CME programs. Satisfactory completion of these courses allows physicians to earn CME credits, the applicable premium credit, as well as qualify for participation in the medical malpractice excess insurance program.

Additionally, MLMIC is approved by NYSDA as a provider of dental education in New York. Dentists who complete these courses also qualify for participation in the medical malpractice excess insurance program.

MLMIC's Risk Management personnel also offer MLMIC policyholders a number of additional services, including advisory opinions, a resource library, a speakers' bureau, educational lectures and seminars, and consulting services, such as office practice surveys and quality assurance assessments.

Investment Policy

MLMIC has adopted a conservative policy for the investment of assets in order to preserve principal for future claim payments and to generate return on that principal with reasonable risk. The vast majority of all non-affiliate investments are in investment grade fixed maturity securities.

Membership

As a mutual insurer, MLMIC's policyholders are the company's owners. MLMIC policyholders have input through the Board of Directors into vital areas of operation, such as rate-setting recommendations, claims management, underwriting and policy coverage provisions, merit rating, and risk management.

Each policyholder is a member, and only policyholders may be members. Each individual member has one vote at the annual policyholders' meeting, which is held on the first Wednesday after the first day of May in each year. Each hospital policyholder is entitled to ten votes at such meeting. HMO, PPO, and certain other healthcare facility members are

entitled to either two or five votes, depending upon the organization's structure. Members may attend the annual meeting and any special meetings of members in person or by proxy. At annual meetings, the members elect MLMIC directors and vote on any other business before the meeting.

The time and place of each annual meeting is established by the Board of Directors and is set forth in a notice with each policy issued by MLMIC. Membership in MLMIC is nonassessable, and no claim may be made by MLMIC against the assets of any member by virtue of membership other than the premium charge for that member's insurance policy.



Board Of Directors

The management of MLMIC is the responsibility of a Board of Directors which is comprised of up to 39 professionals. All but four directors must be members of MLMIC, and no more than half of the directors may be officers of MLMIC. An Executive Committee of the Board has been established to act in lieu of the full Board, to the extent permitted by law, when the full Board is not in session. The Board has established several committees, including a Finance Committee, an Underwriting

Committee, a Claims Committee, and an Audit Committee to oversee those aspects of MLMIC's business. The Board of Directors, pursuant to the by-laws of MLMIC, is divided into three classes of 13 directors each*. One class of directors is elected each year to a three-year term.

**In addition, Mary Ann Bishara, M.D., Irwin J. Cohen, M.D., and George Lim, M.D. serve as Directors Emeriti.*

The present Board of Directors is composed of the following persons:

CLASS I (TO SERVE UNTIL MAY 2011)

NAME	DIRECTOR SINCE ⁽¹⁾	SPECIALITY/AFFILIATION
John V. Capotorto, M.D.	2008	Endocrinology
William A. Dolan, M.D.	1996	Orthopaedic Surgery, Member Board of Trustees of the AMA
Mark J. Feldman, D.M.D. ⁽²⁾	1992	Dentistry; ADA Past President, Executive Director of NYSDA
Timothy F. Gabryel, M.D.	2009	Internal Medicine
Samuel M. Gelfand, M.D.	1981	Surgery
Kira Geraci-Ciardullo, M.D.	2005	Allergy, Pediatrics
Stanley L. Grossman, M.D. ⁽²⁾	1984	Surgery; Past President of MLMIC
Martin Lee, M.D.	2009	Internal Medicine
Tarky J. Lombardi, Jr.	1993	Attorney; Former Member of the New York State Senate
Samuel H. Madell, M.D.	1996	Radiology
Robert A. Menotti, M.D. ⁽²⁾	1989	Surgery; President of MLMIC
James K. Reed, M.D. ⁽²⁾	2005	President and CEO, Northeast Health; Treasurer of MLMIC.
John R. Remillard	2008	President, A.O. Fox Memorial

(1) Year started as a Director on either MLMIC's or HUM's predecessor Board

(2) Member of the Executive Committee



Membership & Management

continued

CLASS II (TO SERVE UNTIL MAY 2012)

NAME	DIRECTOR SINCE ⁽¹⁾	SPECIALITY/AFFILIATION
Anthony A. Ascioti, M.D.	1993	Anesthesiology
Charles N. Aswad, M.D.	1976	Emergency Medicine
Ann M. Barbaccia, M.D. ⁽²⁾	2000	Obstetrics and Gynecology
David W. Felton ⁽²⁾	1982	President and CEO, Community Memorial Hospital
John A. Fracchia, M.D.	1991	Urology
Alvin Katz, M.D.	1988	Otolaryngology
Margaret Lewin, M.D.	2009	Internal Medicine
Joseph R. Maldonado, Jr., M.D.	2006	Urology
Paul J. Okosky, M.D.	1995	Family Practice
Kenneth D. Roberts ⁽²⁾	1987	President, John T. Mather Memorial Hospital
L. Arne Skilbred, M.D.	1993	Orthopaedic Surgery
Salvatore S. Volpe, M.D.	1997	Pediatrics, Internal Medicine
Murray A. Yost, Jr., M.D.	2004	Obstetrics and Gynecology

CLASS III (TO SERVE UNTIL MAY 2013)

NAME	DIRECTOR SINCE ⁽¹⁾	SPECIALITY/AFFILIATION
Beth Cady Burghardt, M.D.	2008	Otolaryngology
Duane M. Cady, M.D. ⁽²⁾	1989	Surgery; Past Chairman, Board of Trustees of AMA
Gerald J. Cassidy	1989	Former Vice President of MLMIC
Richard L. Hehir, M.D.	2009	Internal Medicine
Richard H.S. Karpinski, M.D.	1992	Plastic Surgery
Ezriel E. Kornel, M.D.	1998	Neurosurgery
Edward D. Lewis, M.D.	2009	Pediatrics
John W. Lombardo, M.D. ⁽²⁾	2004	Ophthalmology
Andrew J. Merritt, M.D.	2007	Family Practice
Richard M. Peer, M.D. ⁽²⁾	1998	Surgery; Member Board of Trustees of MSSNY; Secretary of MLMIC
David Sibulkin, M.D. ⁽²⁾	1985	Dermatology
Frederick W. Wetzel, D.D.S.	1998	Dentistry
Betsy Wright	2007	President and CEO, WCA Hospital

(1) Year started as a Director on either MLMIC's or HUM's predecessor Board

(2) Member of the Executive Committee

Officers

The officers of MLMIC are appointed by, and serve at the sufferance of the Board of Directors. The officers presently serving are:

Robert A. Menotti, M.D.,
President

Richard M. Peer, M.D.,
Vice President and Secretary

James K. Reed, M.D.,
Vice President and Treasurer

Donald J. Fager,
Vice President and Assistant Secretary

Edward J. Amsler,
Vice President and Assistant Treasurer

K. Wayne Kahle,
Vice President and Comptroller

Daniel F. Canniff,
Vice President

Servicing Contractor

Donald J. Fager & Associates, Inc. (Fager & Associates) is retained by MLMIC as servicing contractor to provide, under the supervision of the Committees of the Board and the officers of MLMIC, administrative functions on MLMIC's behalf. These services include underwriting activity, information services, marketing, actuarial support, and claims handling, including investigation of cases, monitoring of defense attorneys, and adjustment of claims with approval of MLMIC's Claims Committee. Currently, over 13,000 open claims and lawsuits are being handled. In addition, risk management staff is provided to supervise extensive quality assurance programs for insured physicians and hospitals. At the present time, Fager & Associates employs a staff of about 430 people who render these services from offices in New York City, Syracuse, East Meadow, and Latham, New York. Fager & Associates provides policyholder services for all insureds.

Professional Services

MLMIC utilizes the services of professionals to handle specific tasks. INVESCO provides MLMIC with financial advice and services with respect to the investment of funds. Milliman, Inc. is retained as consulting actuary. The firm of Dewey & LeBoeuf, L.L.P. is retained as legal counsel to MLMIC. The accounting firm KPMG, L.L.P. serves as independent auditor of MLMIC's financial statements.



Summary Financial Information

Medical Liability Mutual Insurance Company

<i>(Statutory basis, dollars in millions)</i>	2010	2009
ADMITTED ASSETS, LIABILITIES AND POLICYHOLDERS' SURPLUS		
Bonds	\$4,234	\$4,081
Stocks	314	273
Cash, short-term and other invested assets	263	309
Cash and invested assets	4,811	4,663
Premiums receivable and other assets	403	410
Total admitted assets	\$5,214	\$5,073
Loss and loss adjustment expenses unpaid	\$3,725	\$3,879
Unearned premiums	324	325
Other liabilities and accrued expenses	327	378
Total liabilities	4,376	4,582
Policyholders' surplus	838	491
Total liabilities and policyholders' surplus	\$5,214	\$5,073
SUMMARY OF OPERATIONS AND CHANGES IN POLICYHOLDERS' SURPLUS		
Earned premiums	\$ 599	\$ 602
Loss and loss adjustment expenses incurred	506	490
Other underwriting expenses	45	51
Net underwriting gain	\$ 48	\$ 61
Investment income (net of expenses)	\$ 171	\$ 181
Net realized capital gains (losses)	81	(8)
Net investment gains	\$ 252	\$ 173
Net income	\$ 301	\$ 107
Change in net unrealized gains (losses)	44	64
Other surplus changes	2	33
Net increase in policyholders' surplus	\$ 347	\$ 204
PERFORMANCE RATIOS (BASED ON EARNED PREMIUMS)		
Loss and loss adjustment expense	84.4%	81.4%
Other underwriting expense	7.5%	8.5%
Combined ratio	91.9%	89.9%

Summarized from the 2010 Statutory Annual Statement as filed with the State of New York Insurance Department

Medical Liability Mutual Insurance Company

2 Park Avenue
New York, NY 10016
(212) 576-9800
(800) 275-6564

2 Clinton Square
Syracuse, NY 13202
(315) 428-1188
(800) 356-4056

90 Merrick Avenue
East Meadow, NY 11554
(516) 794-7200
(877) 777-3560

8 British American Boulevard
Latham, NY 12110
(518) 786-2700
(800) 635-0666

Our defense never rests.



A MEMBER OF THE MLMIC GROUP