

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
INSTRUCTIONS FOR COMPLETION OF SPECIAL REPORT
UNDER NY INSURANCE LAW §308 FOR MEDICAL MALPRACTICE PREMIUMS

1. The “m308rept.xlsx” file you will be working with contains the table for entering the information on Medical Malpractice written premiums required to complete this Special Report. It is strongly recommended that you immediately back-up the “m308rept.xlsx” file to your computer before inputting any data.

2. Please rename the “m308rept.xlsx” file, by saving it with the five-digit NAIC number of the reporting insurer. For example, if your NAIC number is 12345, you should save the file as "12345.xlsx." Make as many separate files as necessary to report on all the entities in your reporting group which have received a survey.

3. After saving and naming the file(s), open one spreadsheet file, and before entering any other data, complete the INSURER and CONTACT information section. In the highlighted yellow cells enter (your company's name, NAIC and group number, etc.) You should enter information only in the cells highlighted in yellow; all other cells in the file are protected and no entries should be made into them.

4. DO NOT CHANGE THE POSITION OR CONTENT OF ANY CELLS ON THE REPORT.

5. Section I - "Medical Malpractice Insurance Direct Premium Written in NY State for Calendar year 2020"; all direct Medical Malpractice premiums, including Free Trade Zone business, must be included in Section I. In this section, you should enter the amount of the company's 2020 Direct Written Premium for each medical specialty listed. Please note the following:

a) Items one through nine are the medical specialties listed in Section 5501(b) & (c) of the New York Insurance Law as comprising items covered under "Medical Malpractice Insurance";

b) Item 10. asks you to include "ALL OTHER MEDICAL SPECIALTIES" - not listed (in items one through nine) and requests that you enter each specific specialty being written, as well as the Direct Written Premium for each in 2020;

c) Therefore, the "GRAND TOTAL" should equal the amount reported in the company's 2020 “Exhibit of Premiums and Losses - New York” - Line 11.

6. The lines labeled "TOTAL LINES 1-9", "TOTAL LINE 10 ITEMS", and "GRAND TOTAL", contain formulas which sum the amounts from the various lines above. **These areas are protected and no entries should be made into them.** These areas will initially display a "0" value, and will automatically total the values as you fill in information in the appropriate cells (highlighted in yellow).

7. Section II requests that the premiums be further segregated between voluntary and MMIP premiums, and specifically requests if the insurer is writing medical malpractice business in the Free Trade Zone:

a) Please complete Question 1. If the company writes any business described in lines 1-9 of Section I, then it is required to participate in the MMIP and therefore will have premiums attributable to this participation, which must be included in premiums in the annual report. If the answer is "Yes" to Question 1, an amount must be entered for Question 2 (see #8 below).

NOTE: There should be no MMIP premiums included in the lines of business reported on Line(s) 10, as these are not written through the MMIP and therefore should have no participation.

b) Please complete question 3 (identify the annual statement location and amount of the premiums).

c) Please answer “Yes” or “No” to Question 4 if your company had any written Medical Malpractice insurance premiums attributable to the Free Trade Zone during Calendar Year 2020.

8. With respect to the amount requested in item (2) of Section II, the MMIP issues quarterly reports of participating premiums to all member companies, for use in reporting on each company's annual financial statements.

In addition, the MMIP issues annual statements in January which contain a breakdown of each company's total participation numbers; a copy of the current statement has been provided ("MMIP-Financial Report-Dec2020.pdf"). There is a page in this statement for each company (9 thru 69); on the company's page, subtracting the "Total" number of Premiums Written for the previous year's report (2019) from the same item for the current year's report (2020) will arrive at the reportable dollar amount of participating premium for the current year; this number should also match the total of the four quarterly statements provided to the company.

A separate document has also been provided ("MMIP-Premium Written-Jan-Dec2020.pdf"), which displays the written premium for each company on page 2.

9. Also attached to this survey is an AFFIRMATION form ("MMIP308_Affirmation.doc"). The name and signature of the Senior Underwriting Officer and the date of the affirmation should be entered in the spaces provided. A separate affirmation form must be submitted for each reporting company. The affirmation form(s) should be scanned and submitted with the report.

10. The table below contains the range names which will allow you to print the various parts of your submission, for your records. Use the appropriate range name to select the desired print items, then print as you normally would.

To Print:	Hit	Select Range
Section I - Insurer/Contact Information	F5 (GoTo)	Info
Section II - Calendar year 2020 Data	F5 (GoTo)	Database

11. Please e-mail your completed report(s), including the completed Excel file, saved using your five-digit NAIC number as discussed in step (2) above, and scanned Affirmation form, to: MMIPsurvey@dfs.ny.gov. The subject line of the email containing the submissions should contain the Company's name (abbreviation is acceptable), NAIC code, and "MMIP Section 308 Report".

Note that the Department does not require a printed copy of any part of the report.

12. If you experience technical difficulties in using this survey file, please contact Mr. Fredric Tinkelman at (Fredric.Tinkelman@dfs.ny.gov), or Mr. Alan Goren at (Alan.Goren@dfs.ny.gov).

13. The due date of the report is: **April 30, 2021**