

# **Florida Office of Insurance Regulation**



## **Report on Review of the 2011 Personal Injury Protection Data Call**

**April 11, 2011**

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## **I. Introduction and History**

Pursuant to Section 624.316, Florida Statutes, the Florida Office of Insurance Regulation (Office) gathered data from insurers writing personal auto lines of business in Florida. The requested data focused on Personal Injury Protection (PIP) claims associated with policies bearing a Florida PIP endorsement.

In the 1971 legislative session, Florida adopted a no-fault automobile insurance plan which took effect on January 1, 1972. A no-fault plan is designed to quickly provide benefits for a person injured in an automobile accident, regardless of fault. A no-fault plan provides payment for medical, wage loss and death benefits, however it does limit the insured's right to sue for non-economic losses such as pain and suffering.

In 1974, the Supreme Court opined in Lasky vs. State Farm Insurance Company (296 So.2d 9 (Fla. 1974)) that the no-fault law was intended to:

- assure that persons injured in vehicular accidents would be directly compensated by their own insurer, even if the injured party was at fault, thus avoiding dire financial circumstances with the "possibility of swelling the public relief rolls;"
- lessen court congestion and delays in court calendars by limiting the number of law suits;
- lower automobile insurance premiums; and
- end the inequities of recovery under the traditional tort system.

Over the years, there have been many concerns over inflated claims, fraud and abuse of the system, and increasing premium and numbers of law suits filed under the no-fault system. In Special Session A of the 2003 Legislative Session, a sunset provision was passed that, effective October 1, 2007, repealed the Motor Vehicle No-Fault Law unless the Legislature reenacted the law prior to such date. While the sunset provision did take effect on October 1, 2007, the Legislature reenacted the no-fault law, effective January 1, 2008, with several changes (including use of fee schedules for some services) designed to help control medical costs.

Since the reenactment of the no-fault system, anecdotal data as well as insurers' own experience, has demonstrated a significant uptick in the claim experience of the PIP coverage provided under the no-fault system. Many large insurers have found it necessary to file average statewide rate increases for PIP coverage exceeding 10% per year in the last couple of years. Changes by territory vary significantly. Anecdotally, these increases have been attributed to increased fraud activity.

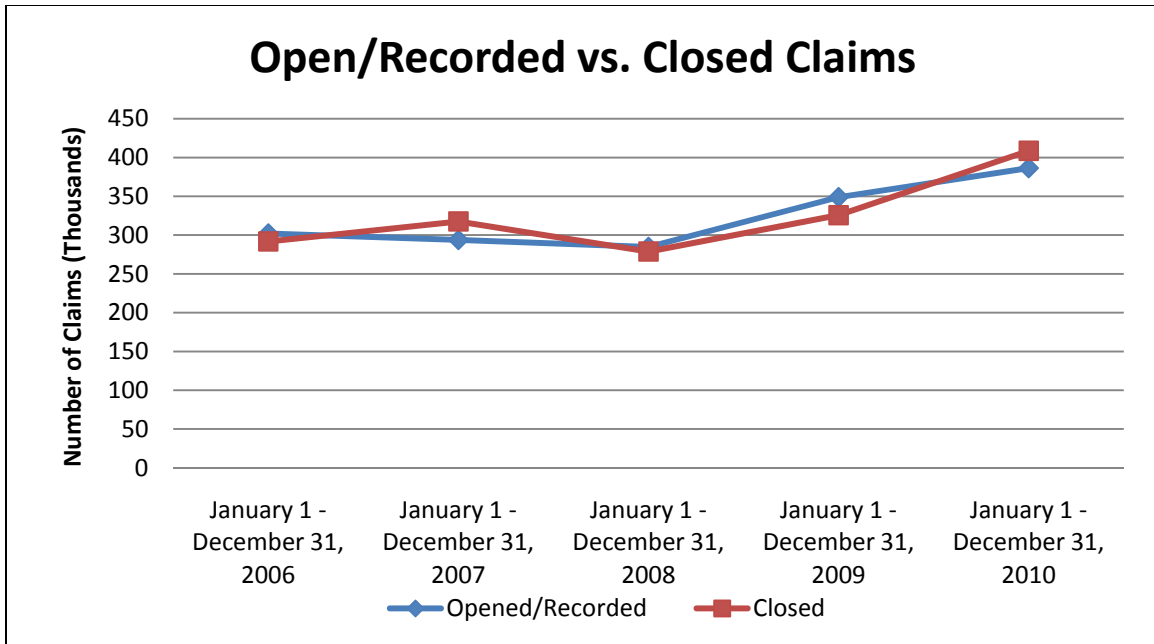
Thirty-one companies participated in the Data Call, which covered a scope period from 2006-2010. Twenty-five of those companies represent 80.1% of the market place based on 2009 Total Private Passenger Auto No-Fault Premiums reported to the NAIC. The claim data is based on the

date the claim was opened or recorded on the company's system. Closed Claim data is based on the date the claim was closed regardless of when it was opened or recorded.

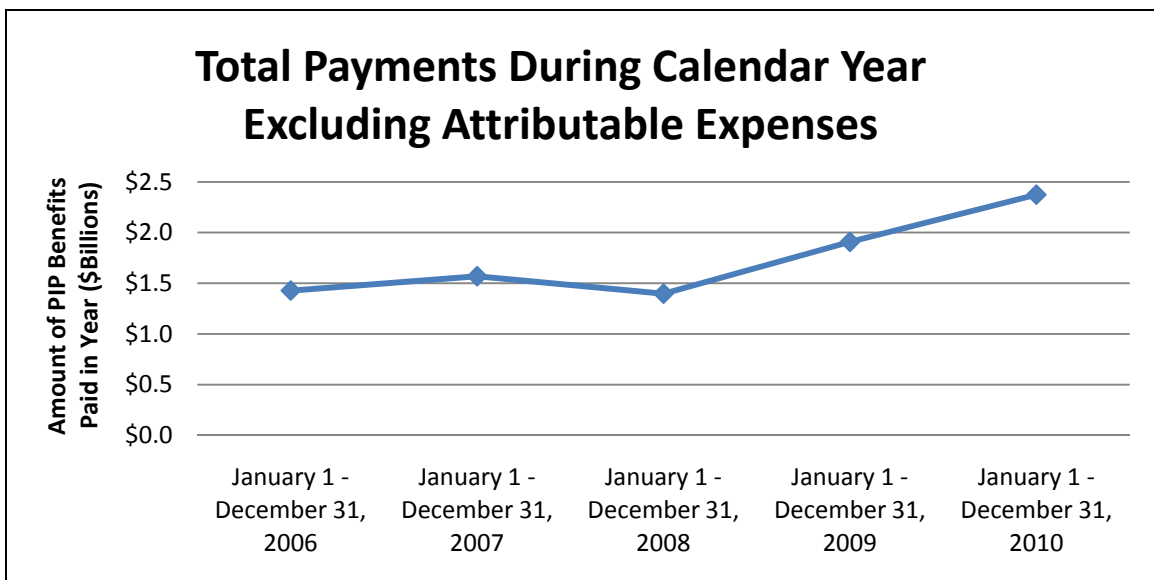
The data submitted was checked for data integrity, however, the information in this report is based upon the information as received and no audit of the data has been performed.

## II. Data and Findings

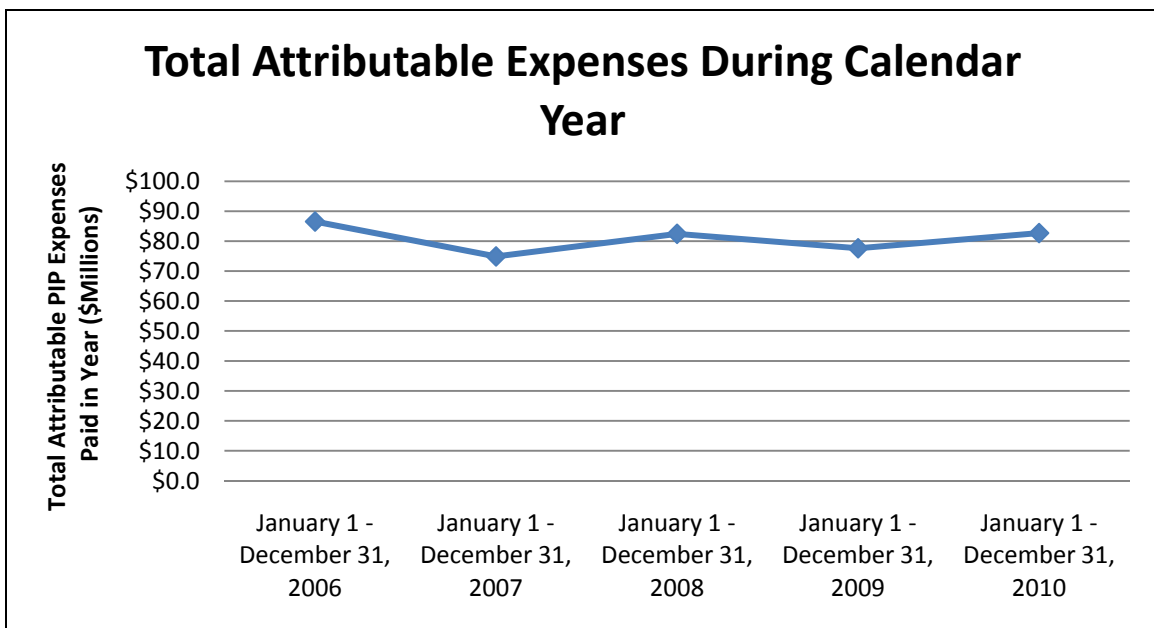
### 1. Statewide Results



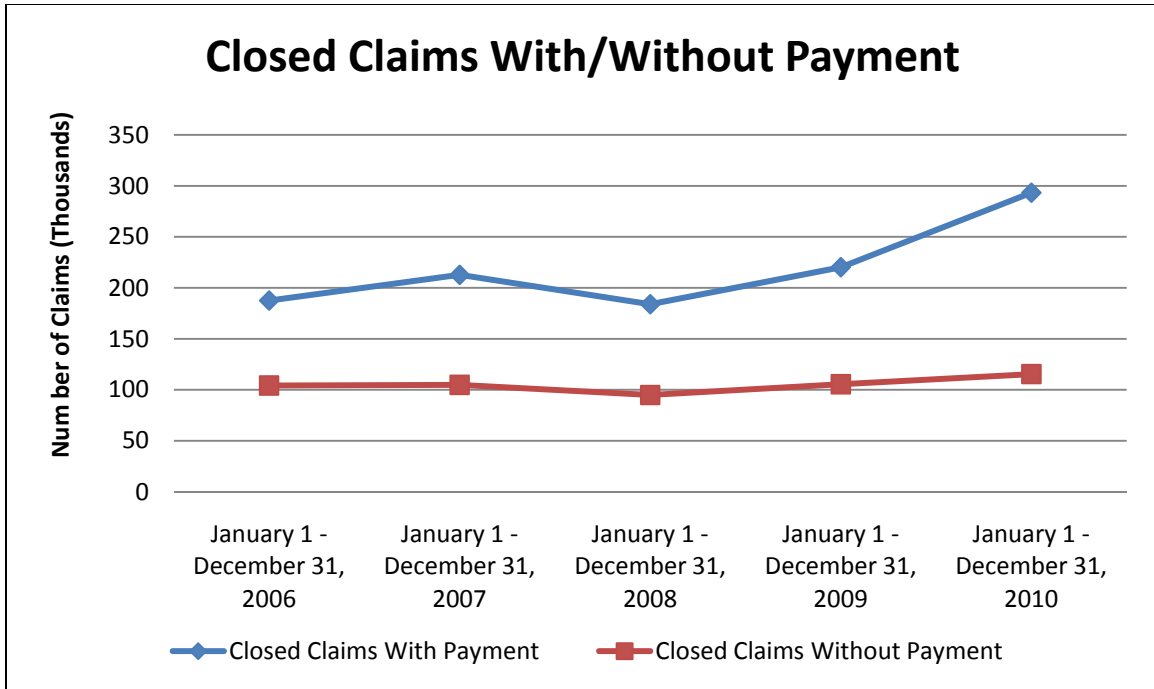
The total number of PIP claims opened or recorded in 2010 (386,464) increased 28% since 2006 (302,141). During the same time period the total number of PIP claims closed rose by 40% with 408,651 claims in 2010 and 291,819 in 2006. For the entire period 2006 to 2010, the number of PIP claims opened or recorded totaled 1,615,998 while the number of PIP claims closed totaled 1,622,548. Over the same time period, insurers have made payments totaling \$8.7 Billion for PIP claims. However, the payment on all claims has increased significantly since 2008, and there is a 66% increase over the entire period 2006 to 2010.



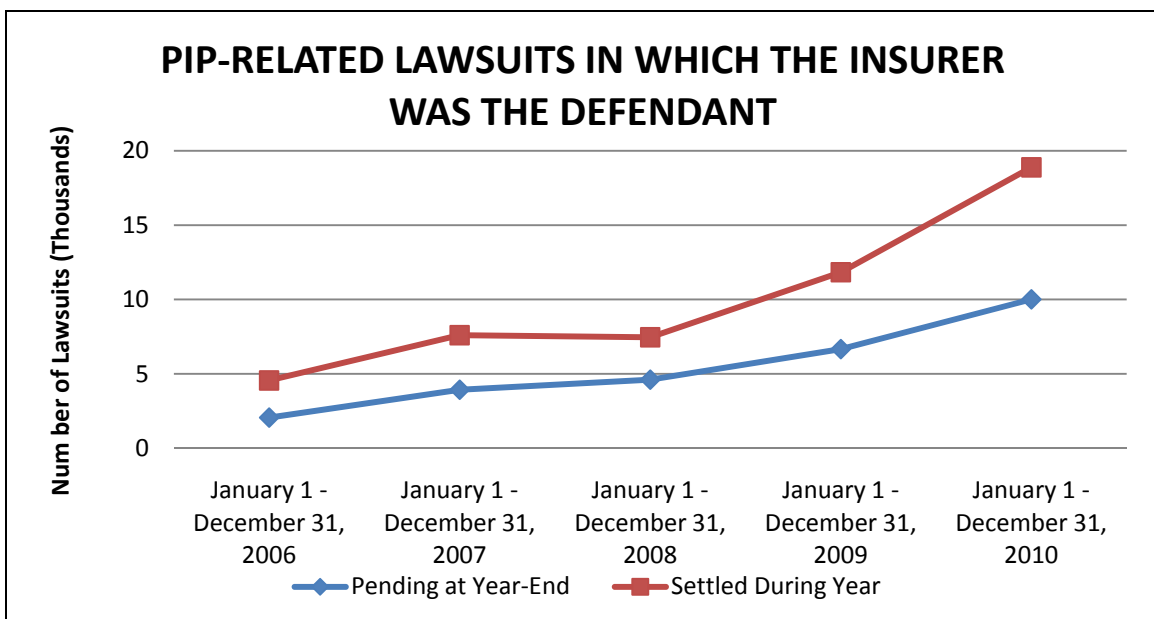
In addition to the benefits paid by an insurer to insureds, the insurer also must pay all expenses associated with adjusting and processing claims. These expenses, also known as loss adjustment expenses, may be broken into two categories: 1) Defense and Cost Containment Expenses (DCC) and 2) Adjusting and Other Expenses (A&O). In some cases, insurers can attribute these expenses directly to a particular claim or line of business (e.g. the hiring of an outside adjuster for a particular claim or line of business). In other cases, an insurer may not be able to directly attribute the expenses to a particular claim or line of business (e.g. an adjuster that is paid on salary and adjusts claims under multiple lines of business). For this data call, insurers reported only those loss adjustment expenses that could be directly attributed to the adjustment of personal injury protection claims. These attributed expenses (whether DCC or A&O) on all claims have shown a decrease of 4% from 2006 to 2010.



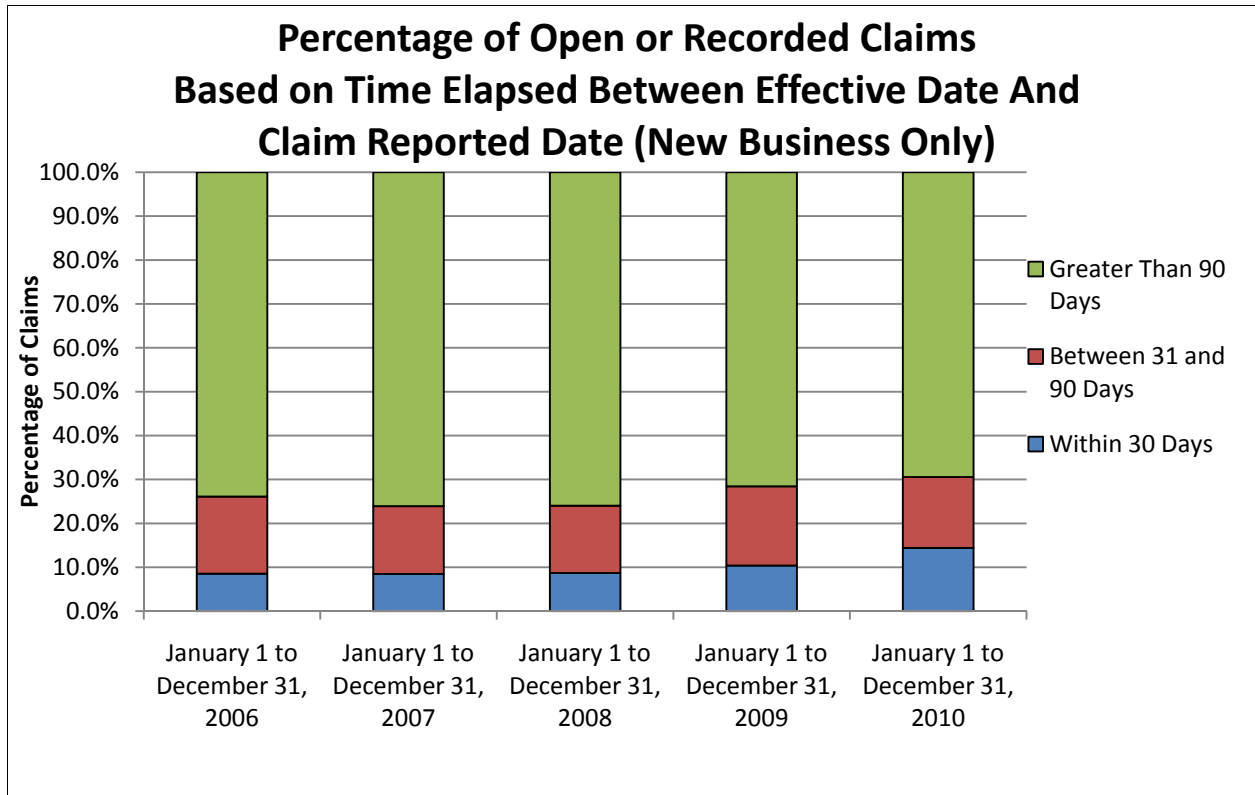
The number of PIP claims closed without payment increased somewhat during the experience period, by almost 11% from 2006 (104,259) to 2010 (115,421). During that same period, the number of PIP claims closed with payment increased significantly, especially since 2008. The increase for claims closed with payment was 56% from 2006 (187,560) to 2010 (293,230).



The number of pending and settled PIP-related lawsuits in which the insurer was the defendant has increased significantly from 2006 to 2010. During that period, the number of lawsuits pending at year-end increased by 387%, while the number settled during the year increased 315%.

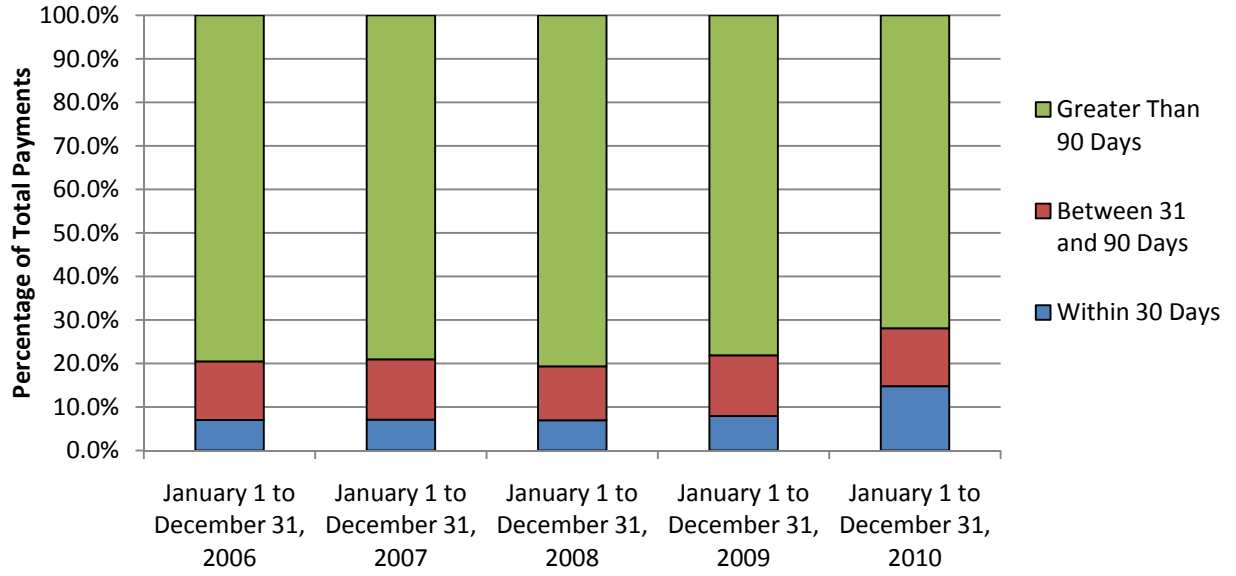


Another area examined was the length of time from policy inception date for a PIP claim to be reported on new business. This was examined as a potential indicator of fraud. It appears that, for those insurers that were able to report their data to this level, there was an increase in the percentage of claims occurring in the first 30 days that a new policy was effective. In 2006, 8.6% of the claims that were reported on a new policy were reported in the first 30 days. In 2010, this percentage increased to 14.4%. A similar increase was observed in the amount of payments made on these claims.





### Percentage of Total Payments Based on Time Elapsed Between Effective Date And Claim Reported Date (New Business Only)



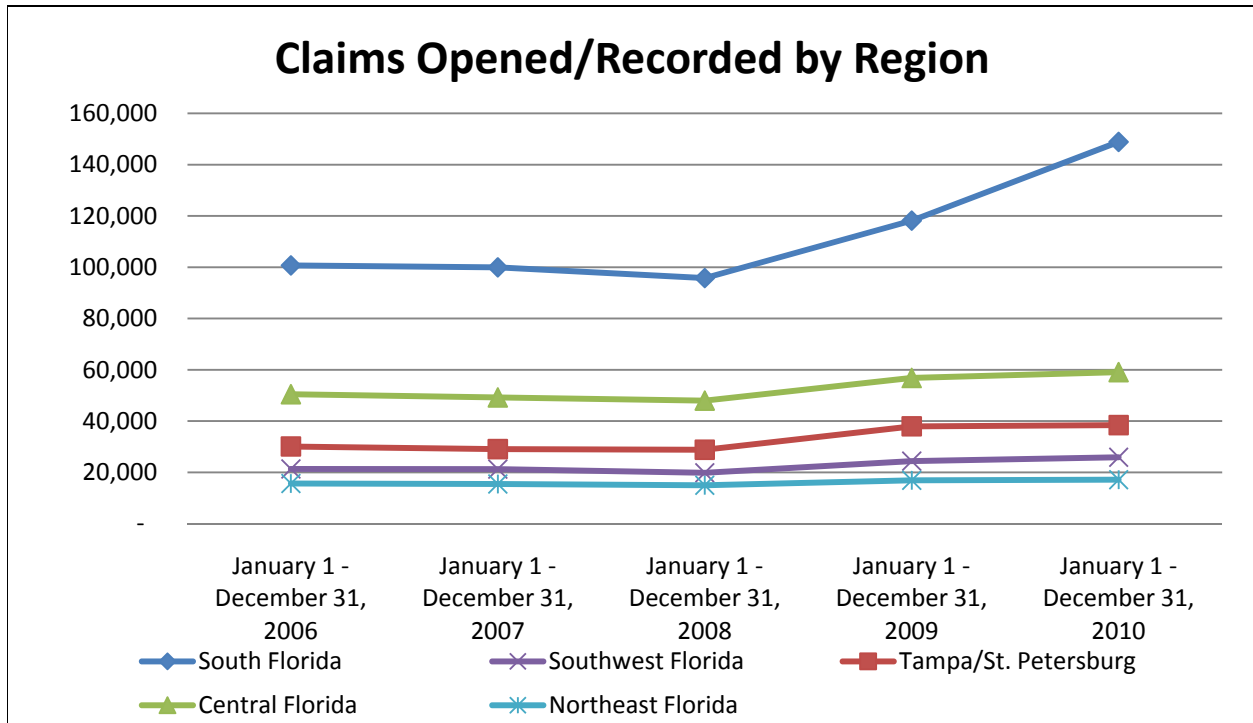
## 2. Regional Analysis

The breakdowns below correlate to those carriers who were able to report data at the county level. As of 2010, five regions (22 counties) represented 87% of the total PIP claims opened that were able to be reported at the county level – South Florida, Tampa/St. Petersburg, Northeast Florida, Southwest Florida and Central Florida (Appendix A).

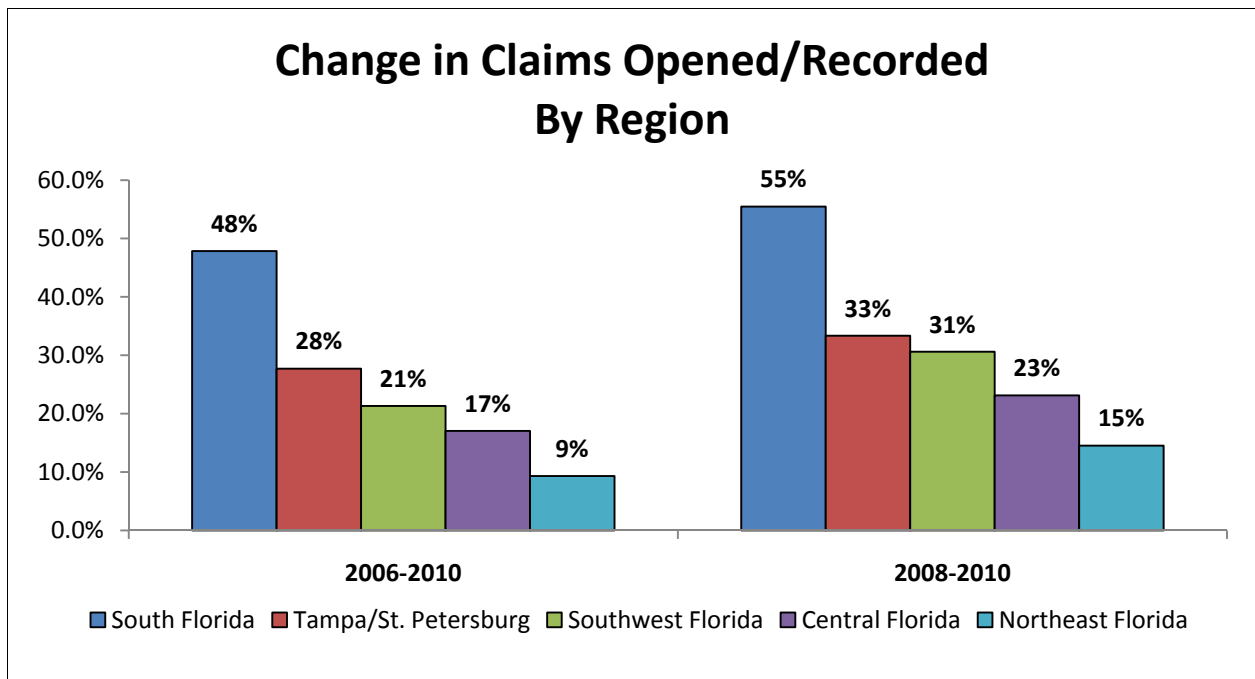
2010 Regional Analysis Comparison				
Region	% of Licensed Drivers*	% of PIP Claims Opened or Recorded in Region	% of PIP Benefits Paid in Region	% of Attributed Expenses Paid in Region
South Florida	27%	45%	55%	54%
Central Florida	21%	18%	14%	18%
Tampa/St.Petersburg	11%	12%	11%	12%
Southwest Florida	9%	8%	7%	6%
Northeast Florida	6%	5%	3%	3%

\* Based on licensed drivers as of January 1, 2011

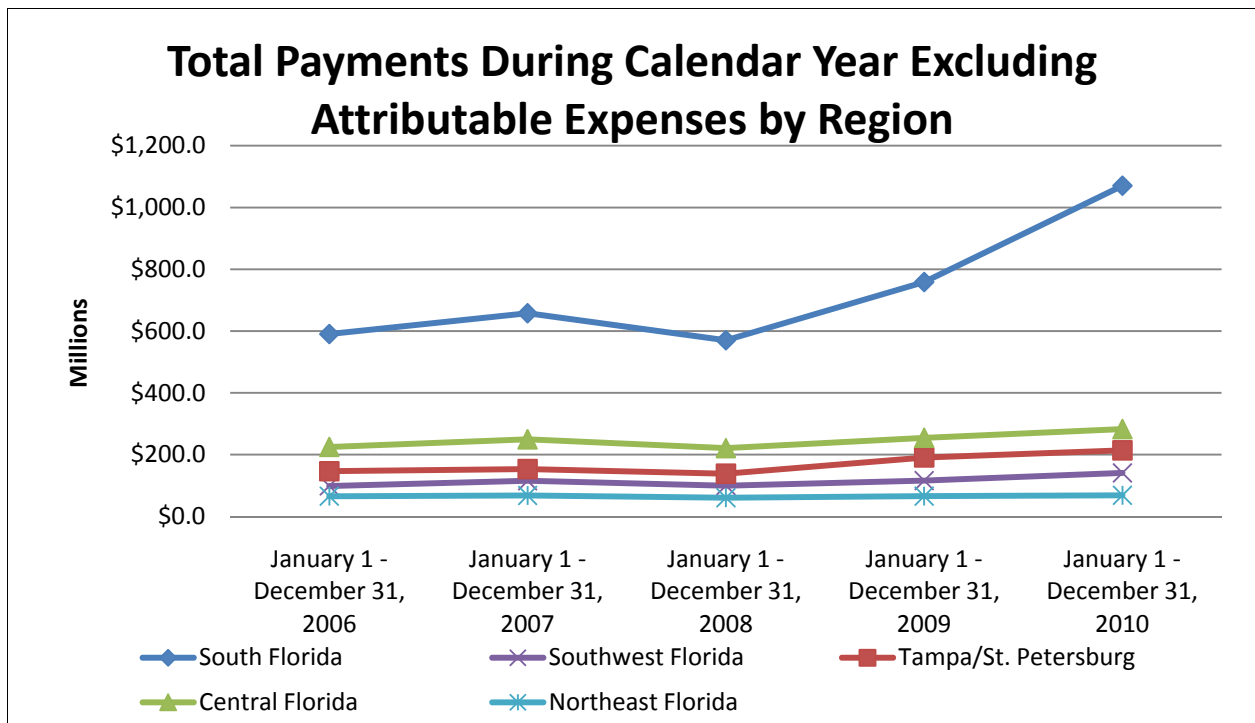
As can be seen below, the number of claims opened/recorded in the South Florida region has increased significantly since 2008. The other regions have also experienced large increases in the number of opened claims, but not to the extent experienced by South Florida.



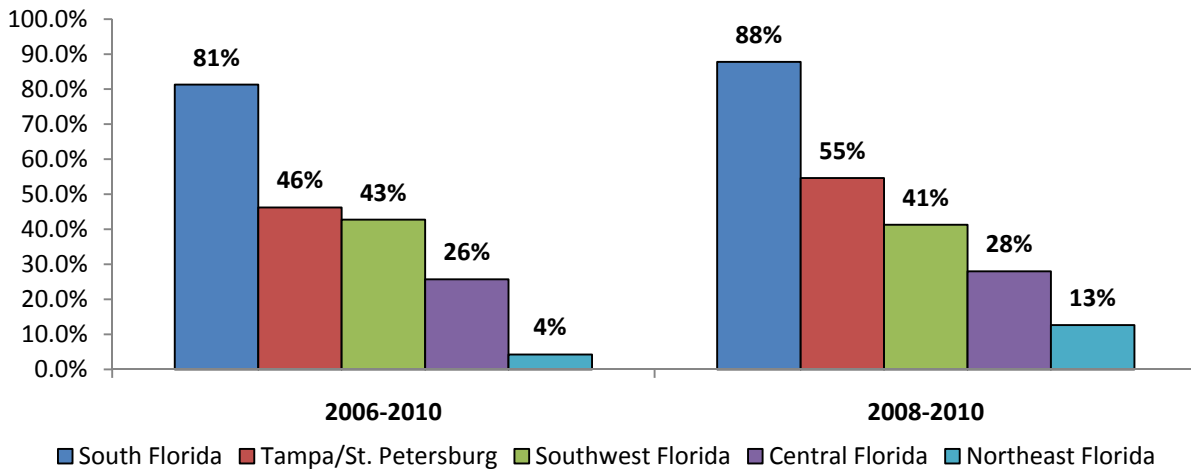
Due to the size of the South Florida region, looking at absolute dollar or claim numbers can be misleading. Below is a chart that shows the change by region measured over two time periods: 2006 to 2010 and 2008 to 2010.



Insurers have also experienced a sharp increase in the total payment since 2008 in South Florida. In 2010, payments on PIP exceeded \$1 billion in South Florida, which is more than all four of the other regions combined.

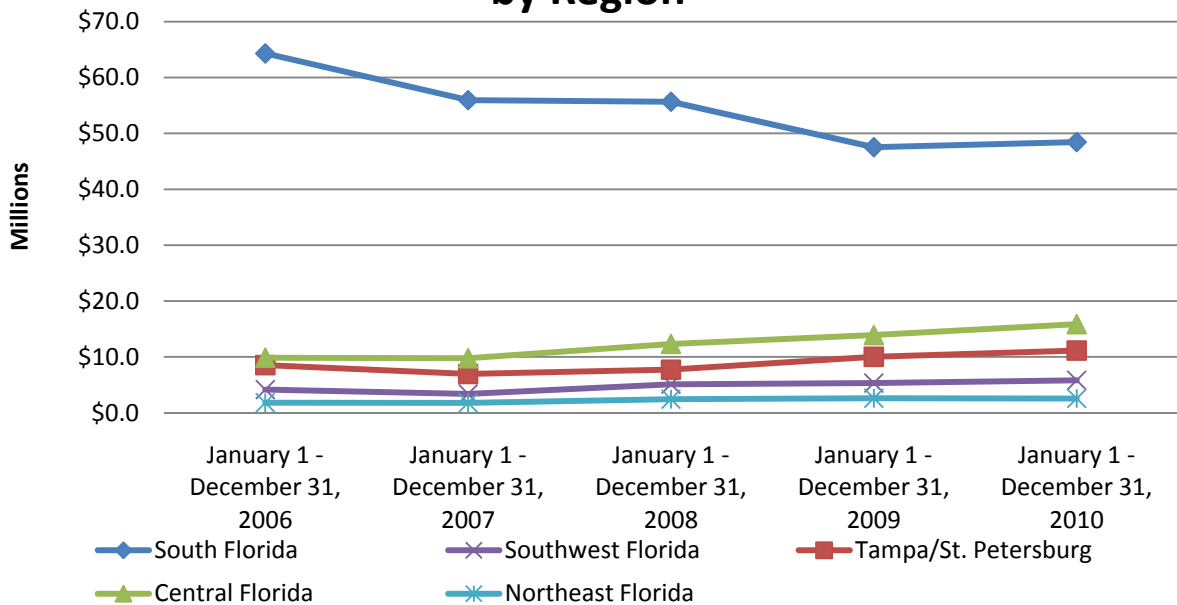


## Change in Total Payments Excluding Attributable Expenses by Region

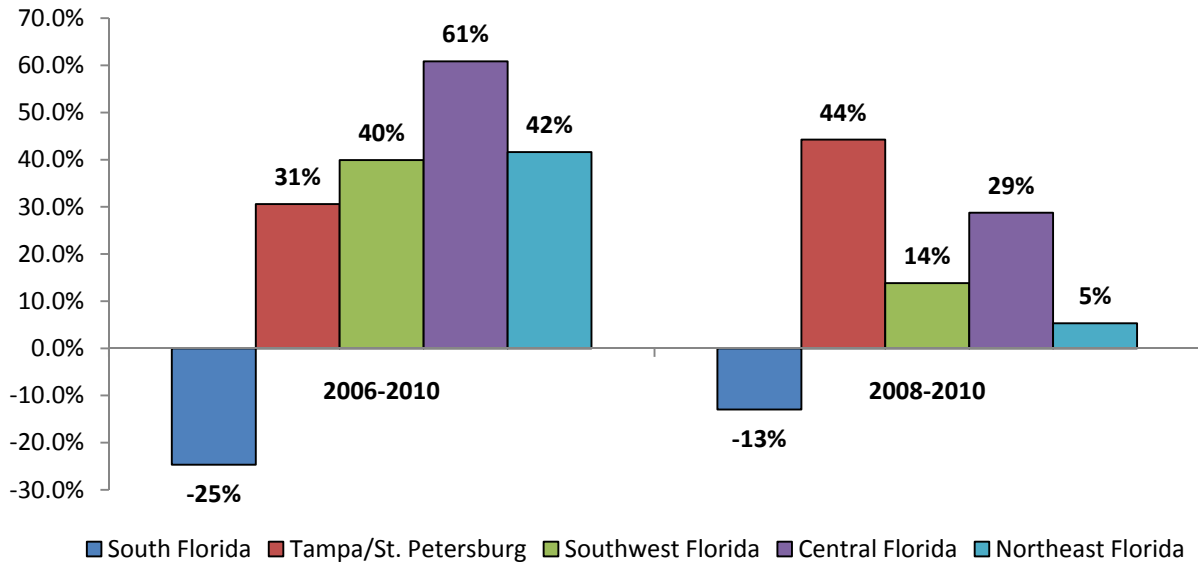


Although allocated expenses have been decreasing consistently in South Florida, totals in 2010 were still more than all four other regions combined.

## Total Attributable Expenses During Calendar Year by Region

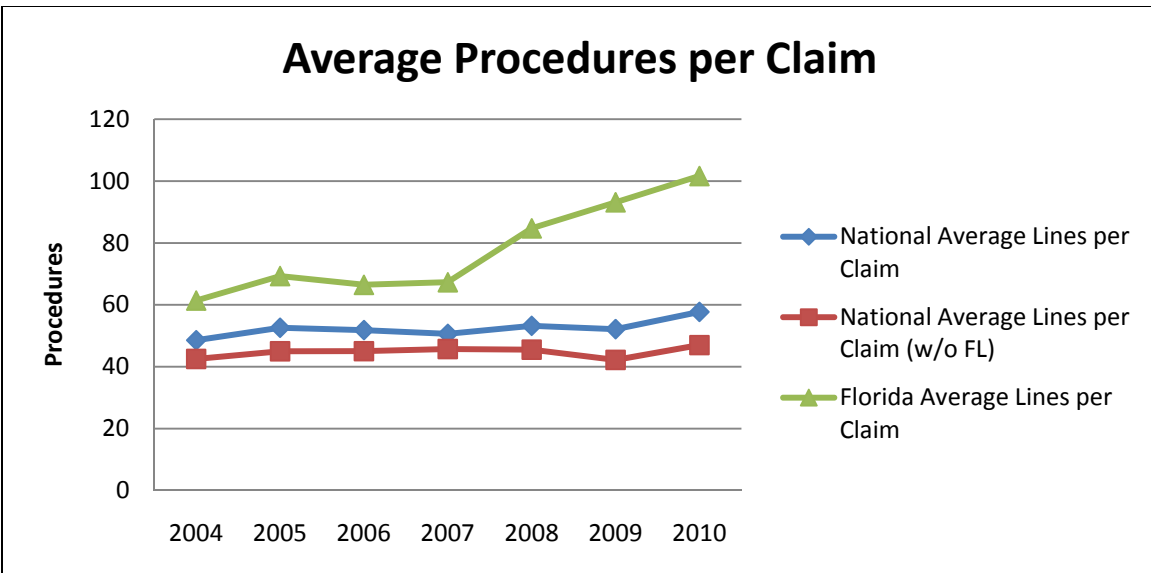
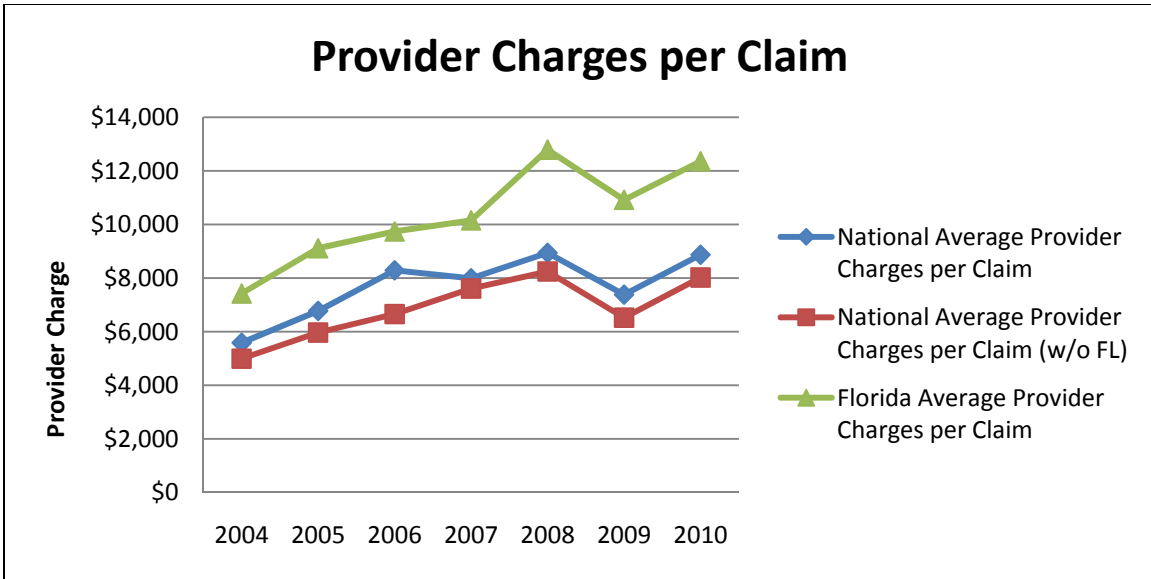


### Change in Total Attributable Expenses By Region

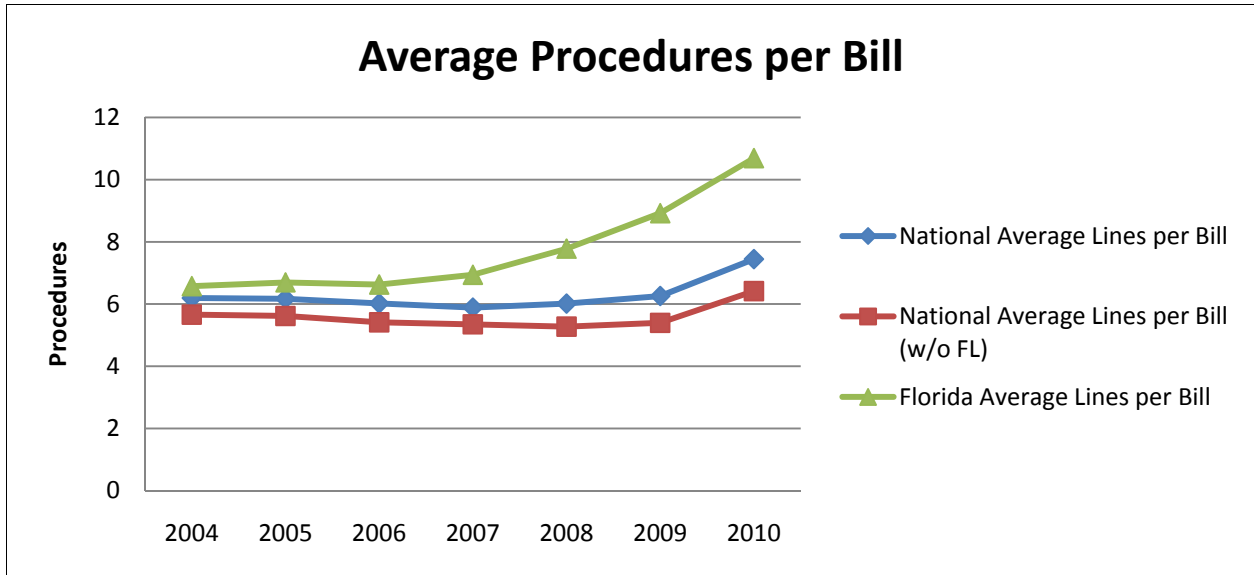


### 3. Mitchell International Inc. Data

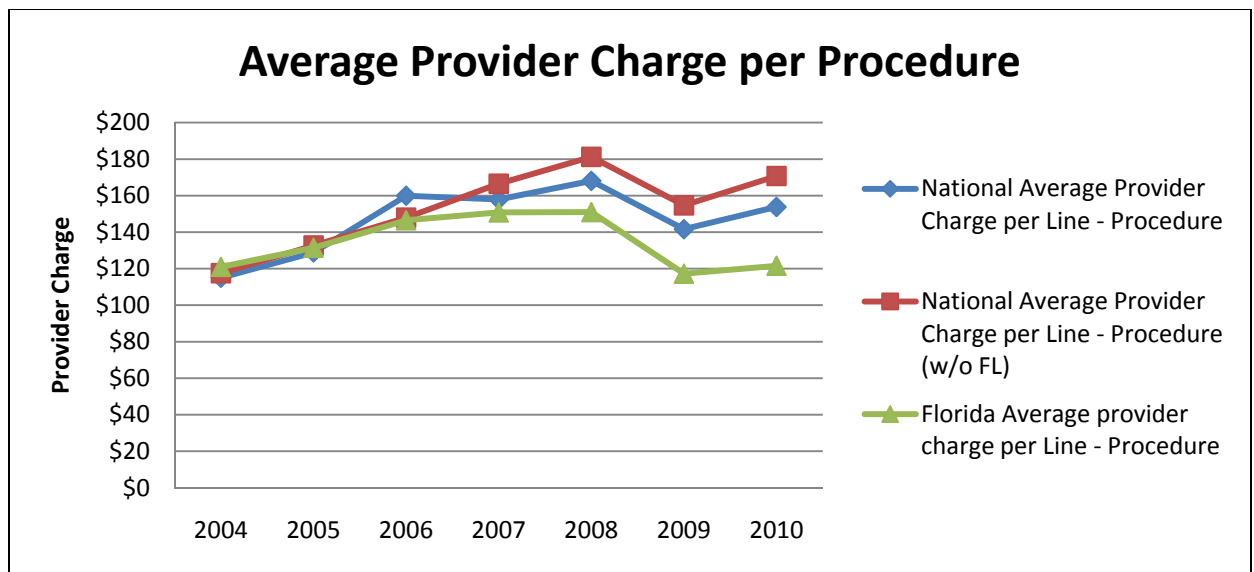
As a provider of Property & Casualty claims technology solutions, Mitchell International, Inc. (“Mitchell”) processes over 50 million transactions annually for over 300 insurance companies. Mitchell has at least 62 customers in the auto insurance market that utilize their medical claims software, DecisionPoint. Mitchell supplied data to the Office which provided a high level review of national trends and the experience here in Florida. The results show that Florida is above the national average in many instances, including provider charges per claim and the average number of procedures per claim.



Another chart shows Florida's average number of procedures per bill. From 2004-2006, the average hovered around six procedures per bill. However beginning in 2007, the numbers have begun to spike upward. As of 2010, the average number of procedures per bill in Florida is just over ten, compared to a National Average that is just below eight.



The amount that a provider charges for a claim will be impacted both by the number of procedures that a provider performs for each claim, as well as the charges for each procedure. As shown by the chart on the previous page, the number of procedures performed per claim for Florida is significantly higher than the National Average. However, the average charge that is billed for each procedure is lower than National Average and the gap has widened since 2007.



#### 4. Supplemental Carrier Data

Voluntary data for medical billing associated with PIP claims from one insurer group who does not use Mitchell International, Inc, was provided to the Office. The information suggests a recent spike in the numbers of procedures involving physical medicine and rehabilitation as well as an increase in the total billed amounts.

As shown in the chart below, the number of total units (how many times a procedure was performed) for Physical Medicine and Rehabilitation has increased significantly since 2007.

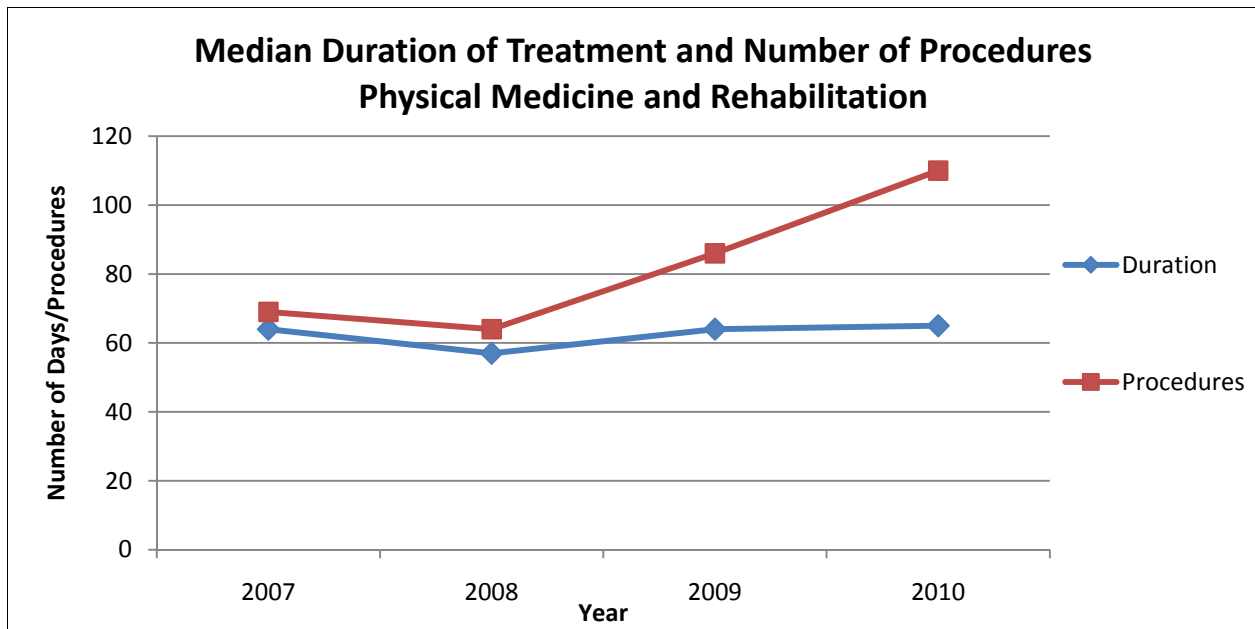
Number of Total Units By Year	2007	2008	2009	2010
Physical Medicine and Rehabilitation	1,695,509	1,649,954	3,290,285	4,809,289
Chiropractic Manipulative Treatment	211,014	205,912	277,882	290,830

Physical medicine and rehabilitation includes a variety of procedures, such as the application of hot or cold packs, electrical stimulation, and contrast baths. Based on the total allowed amount paid in 2010, below are the top five procedures for the insurer group:

Type of Procedure	Total Number of Units			Total Allowed Amount		
	2006	2010	Change	2006	2010	Change
Unlisted modality	146,711	788,094	437%	8,862,589	45,585,755	414%
Therapeutic massage	266,494	935,083	251%	14,503,541	43,744,631	202%
Manual therapy	146,237	385,832	164%	8,504,514	20,357,623	139%
Ultrasound	177,999	556,028	212%	9,073,475	14,096,055	55%
Neuromuscular reeducation	35,702	237,833	566%	1,954,589	14,068,065	620%

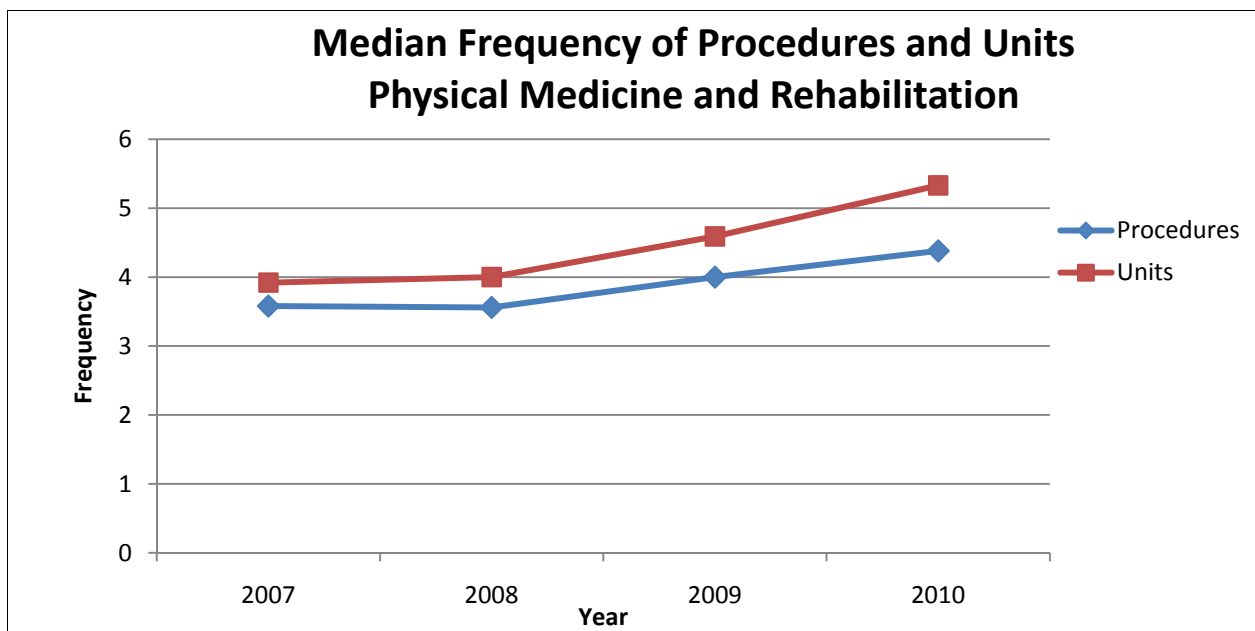


While the median duration of treatment has remained relatively stable, the median number of procedures per claim has increased 59% from 2006 to 2010. Medians were used for this data as there were outliers that were skewing the means.



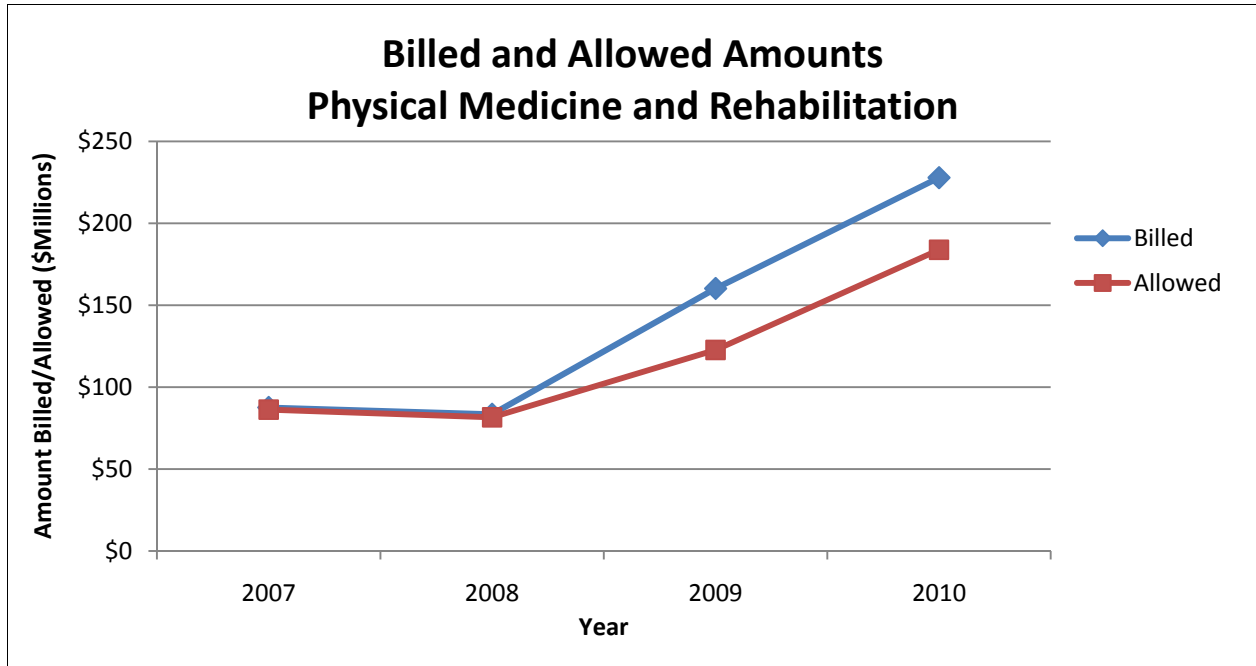
Source: Data provided by one insurer group

The frequency of procedures shown in the chart below represents the median of the number of times a particular procedure was billed. The frequency of procedures for physical medicine and rehabilitation has increased 22% since 2006, while the frequency of the units per procedure charged has increased 36%.



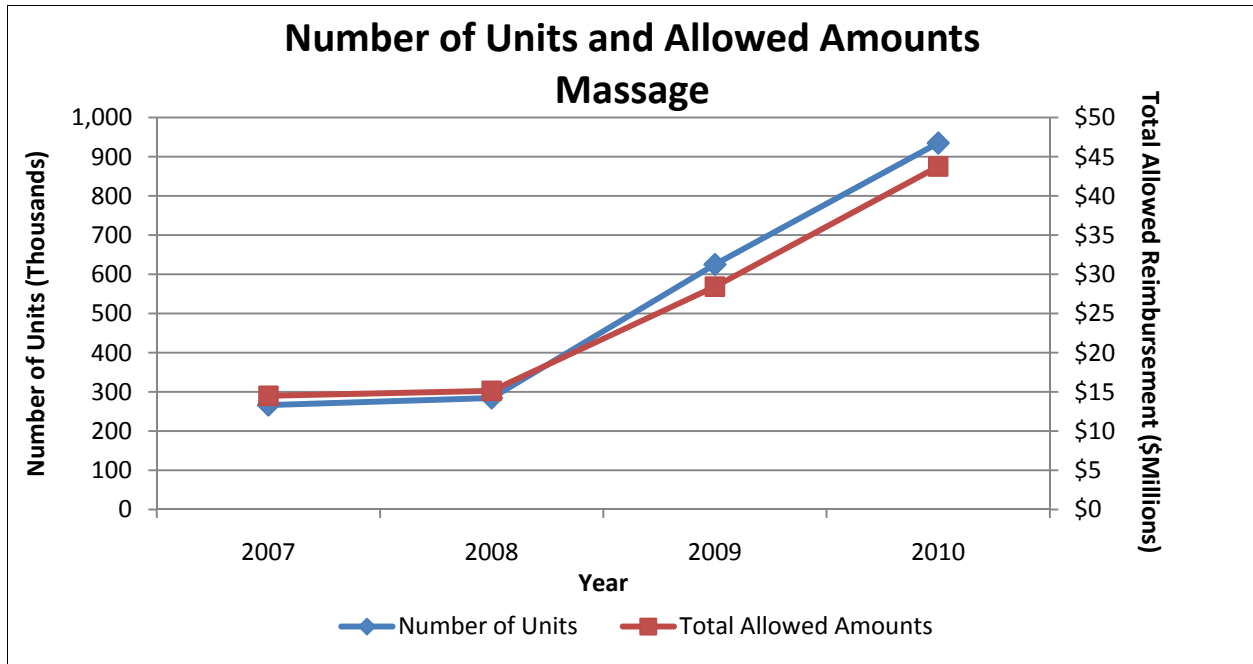
Source: Data provided by one insurer group

From 2008 to 2010, the total billed amount increased by 173%. The allowed amount, which represents the actual reimbursement after the application of the fee schedule but prior to deductible and co-pay provisions, increased 125% over that same period.



Source: Data provided by one insurer group

The biggest driver of the increase in the amount of billed and allowed reimbursement amounts for the medical services included in physical medicine and rehabilitation is the increase in the number of claims which includes a massage as part of their treatment. In 2010, almost a quarter of the allowed amounts paid by the insurer under physical medicine and rehabilitation were for massages. The number of units of massages increased 251% from 2007 to 2010, while the total allowed reimbursement amount increased 202%.



Source: Data provided by one insurer group

Summary of *Licensed Practitioners			
	Total Licensed Practitioners'	Licensed Massage Therapists	Percent of Licensed Massage Therapists to Total Licensed Practitioners
July 1, 2007 - June 30, 2008	687,131	25,715	4%
July 1, 2008 - June 30, 2009	715,345	28,229	4%
July 1, 2009 - June 30, 2010	783,932	26,127	3%

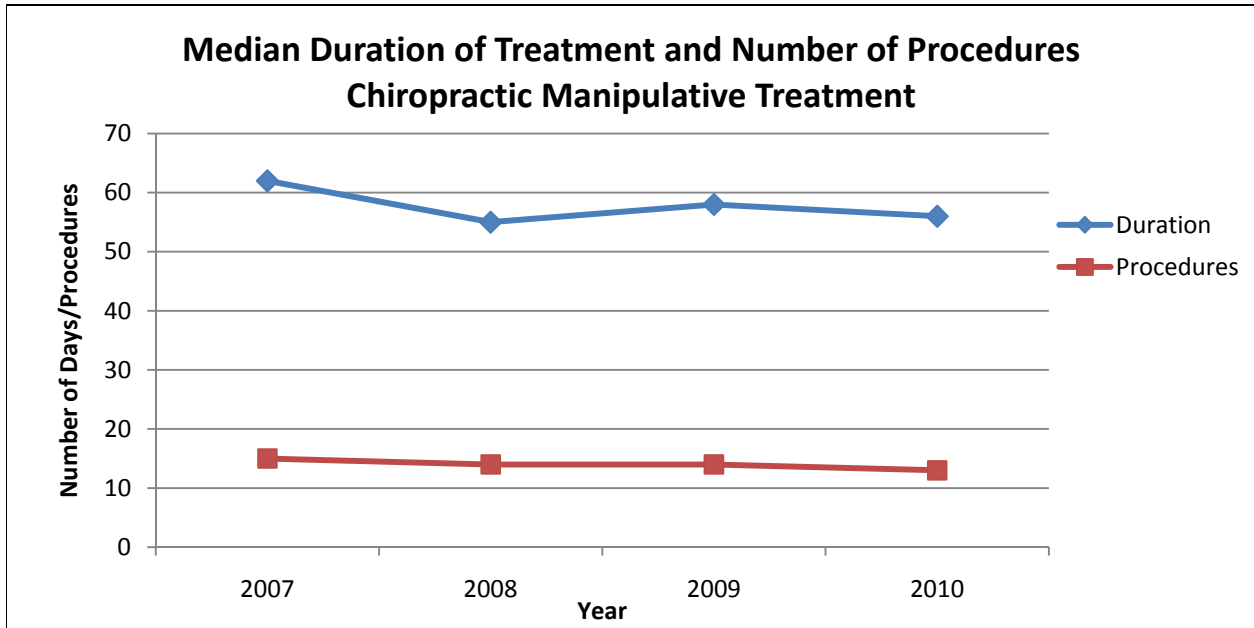
\* Licensed practitioner has a Florida address of record and is clear to practice his/her profession in the state of Florida  
 Source: The Florida Department of Health Division of Medical Quality Assurance Annual Report 2007-2010  
<http://www.doh.state.fl.us/mqa/reports.htm>

Unlicensed Activity (*ULA) Program Arrests			
	Total Arrests	Unlicensed Massage Therapist Arrests	Percent of Unlicensed Massage Therapist Arrests to Total Arrests
July 1, 2007 - June 30, 2008	234	126	54%
July 1, 2008 - June 30, 2009	153	98	64%
July 1, 2009 - June 30, 2010	128	77	60%

\*Partners with law enforcement and the state attorney's office to criminally prosecute individuals practicing without a license

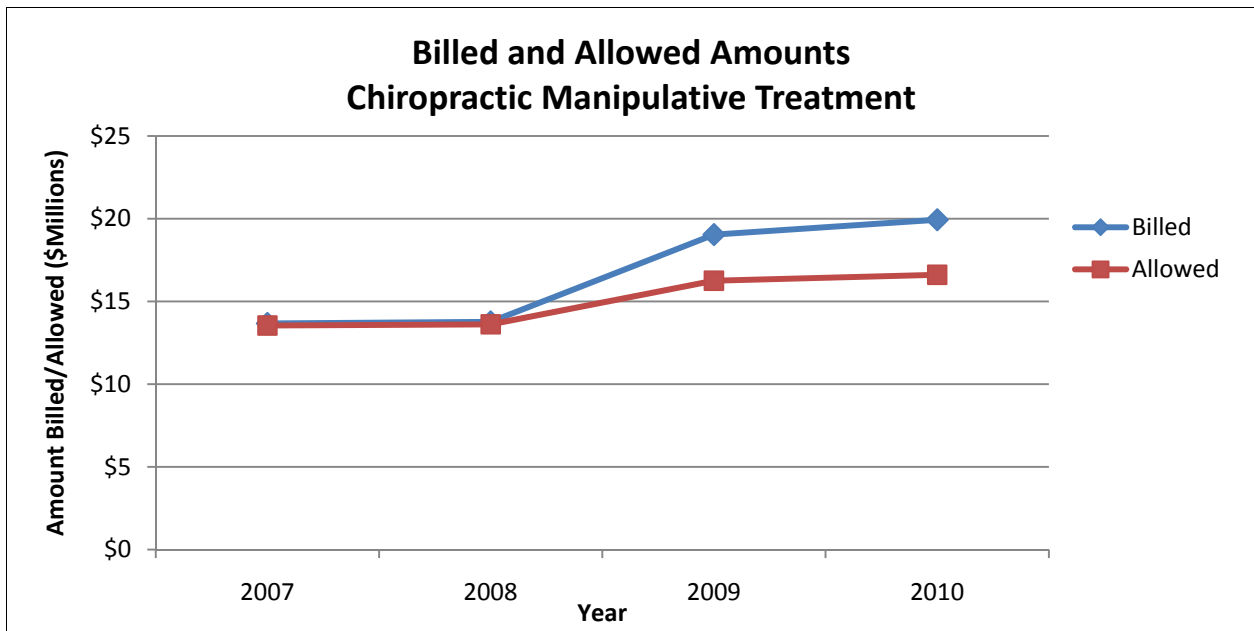
Source: The Florida Department of Health Division of Medical Quality Assurance Annual Report 2007-2010  
<http://www.doh.state.fl.us/mqa/reports.htm>

In regards to medical procedures for chiropractic treatment, the median number of treatments and duration has slightly decreased (10% and 13%, respectively) since 2007, while the median frequency of procedures and units has remained consistent at 1.0.



Source: Data provided by one insurer group

The total billed amount has increased by 46 percent since 2007, while the total allowed reimbursement increased by 23%.



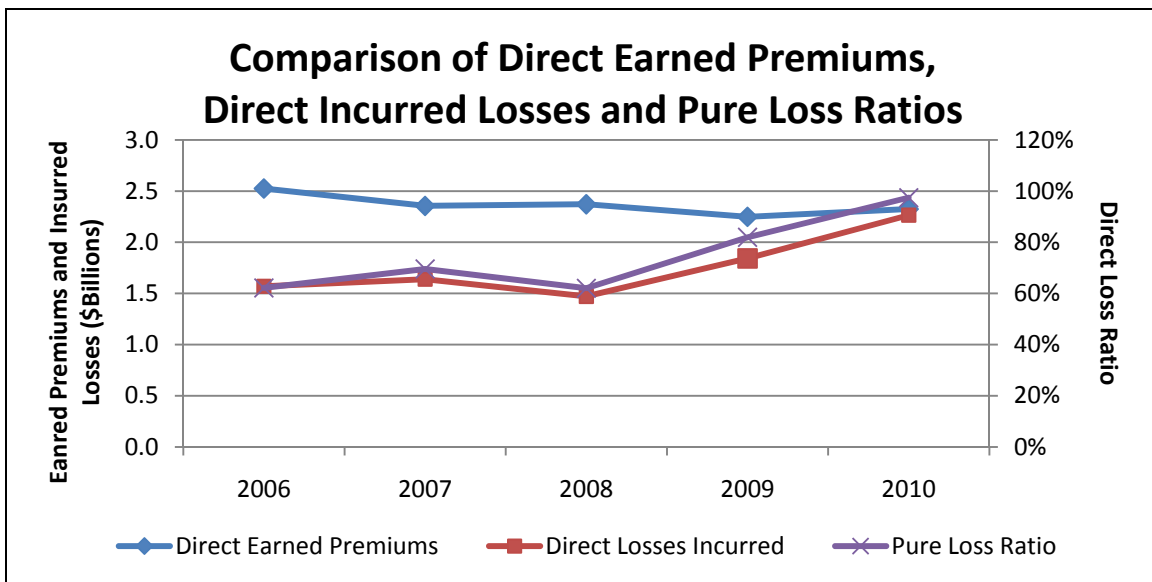
Source: Data provided by one insurer group

### III. Data from Additional Sources

#### 1. Annual Statement Data

In addition to data provided through the data call, data from other sources was also examined. The first source of data examined was the annual statements submitted by each insurer licensed to write PIP in Florida.

The total Florida direct earned premiums for PIP coverage have remained relatively stable from 2006 to 2010, decreasing 8% from 2006 to 2010, while only decreasing 2% from 2008 to 2010. In contrast to the earned premiums, the amount of losses that were incurred in Florida over that same time period increased significantly. This increase in incurred losses primarily occurred from 2008 to 2010, when incurred losses increased 54%.

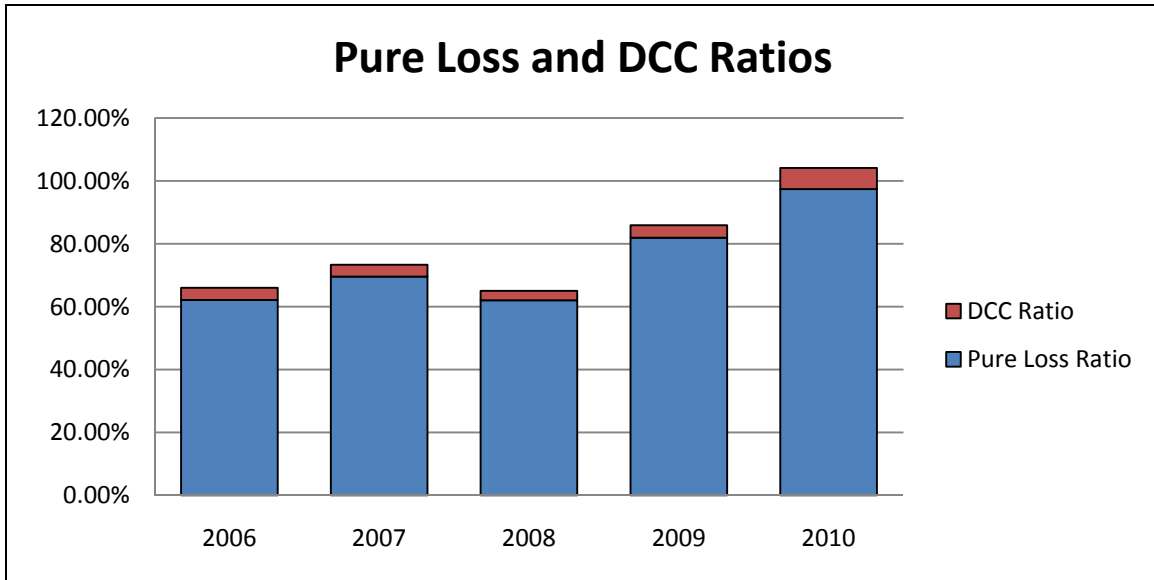


The pure loss ratio (measured as Direct Incurred Losses divided by Direct Earned Premiums) increased 57% from 2006 to 2010. In 2010, the pure direct loss ratio for PIP was 97.4%. This means that for every dollar of premium that the insurer collects; over ninety-seven cents went to pay for losses.

In addition to losses, an insurer must pay for various expenses that occur from issuing the policy and the handling/adjustment of claims. One such expense is Defense and Cost Containment (DCC), which includes, but is not limited to:

- Fees or salaries for appraisers, private investigators, hearing representatives, and fraud investigators (if working in defense of a claim), and
- Attorney fees incurred owing to a duty to defend the insured.

After including the cost of DCC expenses that the insurer paid in 2010, the loss and DCC ratio was 104.1%. This means that for every dollar of premium that the insurer collects; over \$1.04 is paid out purely in losses and DCC expenses. This ratio has increased 58% from 2006 to 2010.



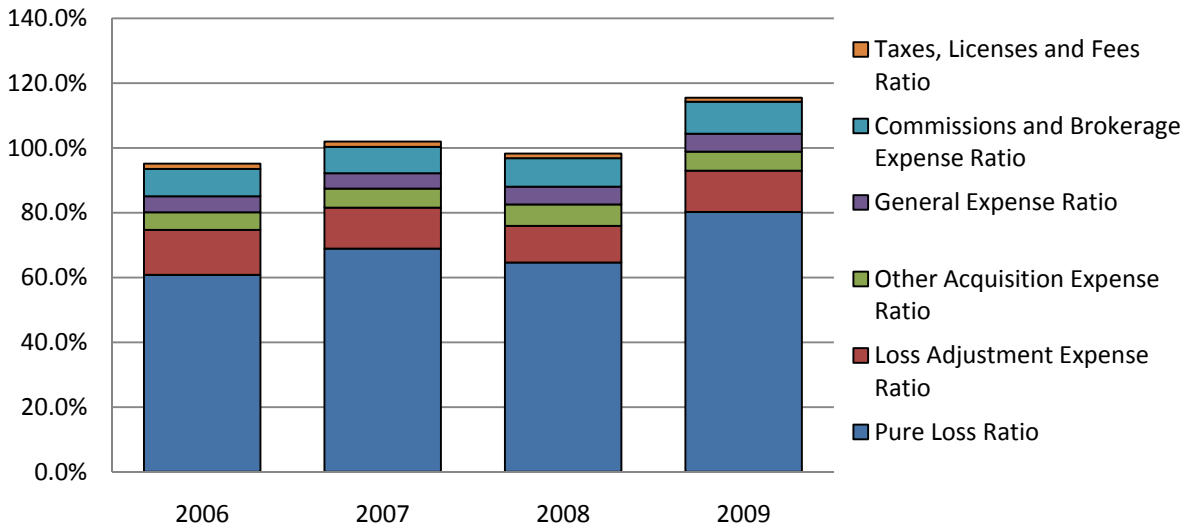
In addition to losses and DCC, insurers incur other expenses, such as:

- Adjusting and Other (A&O) Expenses which includes, but is not limited to, fees of adjusters and settling agents, attorney fees incurred in the determination of coverage, including litigation between the insurer and the policyholder, and fees or salaries for appraisers, private investigators, hearing representatives, and fraud investigators, if working in the capacity of an adjuster,
- Commission and Brokerage Expenses,
- Other Acquisition Expenses,
- General Expenses, and
- Taxes, Licenses and Fees

One measure of the profitability of an insurer is the combined ratio. This ratio is determined by summing the loss ratio and all of the various expense ratios. A combined ratio below 100 percent is indicative of an underwriting profit for the insurer.

On the next page is a breakdown, by component, of the combined ratios for 2006 through 2009 for PIP coverage. This data was determined using information submitted by insurers in the Calendar Year Experience Reporting Form (Form OIR-B1-308) that insurers submit annually on April 1<sup>st</sup>. It represents data from all insurers that write 0.5% or more of the total Florida written premium for that line of business of the preceding calendar year. After all losses and expenses were paid, 2006 and 2008 were the only years in the period shown where the combined ratio was less than 100%. It should be noted that the combined ratios do not include provisions for policyholder dividends or investment gain/loss.

## Combined Ratios



Source: *Calendar Year Experience Reporting Form (Form OIR-B1-308)*  
 Only includes information from insurers that write 0.5% or more of the total industry-wide written premium for that line of business of the preceding calendar year

## 2. Fast Track Monitoring System Data

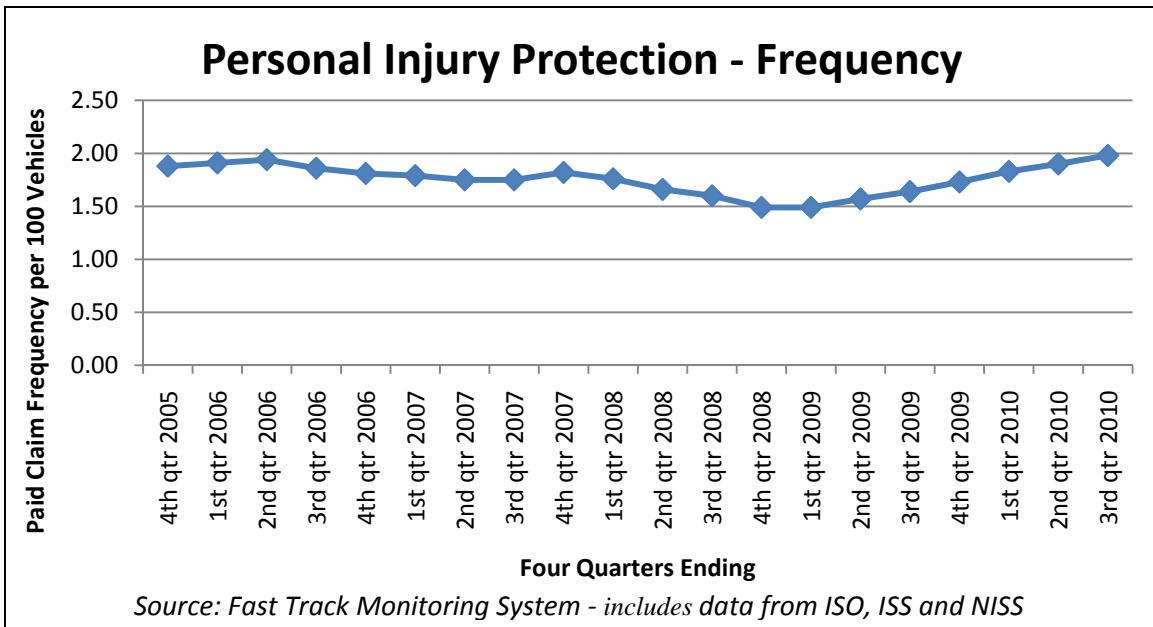
Another useful tool examining claims and loss patterns is data from the Fast Track Monitoring System (“Fast Track”) that contains information collected by the following statistical agencies:

- Independent Statistical Service, Inc. (ISS),
- Insurance Services Office, Inc.(ISO), and
- National Independent Statistical Service (NISS)

Fifty of the largest insurers, representing approximately 70% of the nationwide personal auto premium, contribute data for this voluntary report. The data, which is reported quarterly, is an indicator of how claim and loss patterns are changing over time. To avoid the effects of seasonality, the data is generally reviewed by looking at the most recent four quarters of information at each quarter. In the graphs below, the data is broken into three indicators:

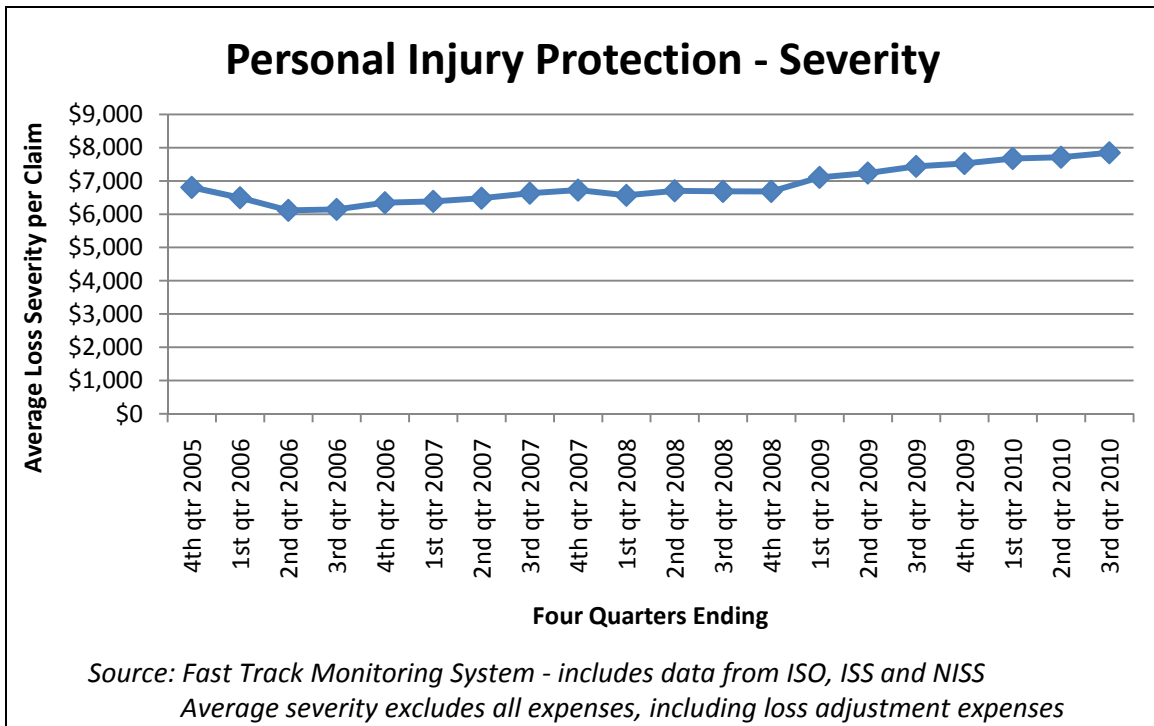
- Frequency – The number of paid claims per 100 vehicles (paid claims are ones in which an amount has been paid, but does not necessarily represent a closed claim)
- Severity – The average cost per claim (only includes losses covered by PIP – all expenses are excluded)
- Pure Premiums – The average premium per exposure – in this case earned car year – needed to cover the expected losses for that exposure

The frequency of PIP claims in Florida has generally decreased from 4<sup>th</sup> quarter 2005 to 4<sup>th</sup> quarter 2008. Since that time, there has been a sharp increase in the frequency of paid claims. If the frequency continues to increase at that same rate over the next year, we can expect a 19% increase in the frequency of paid claims in the next year.

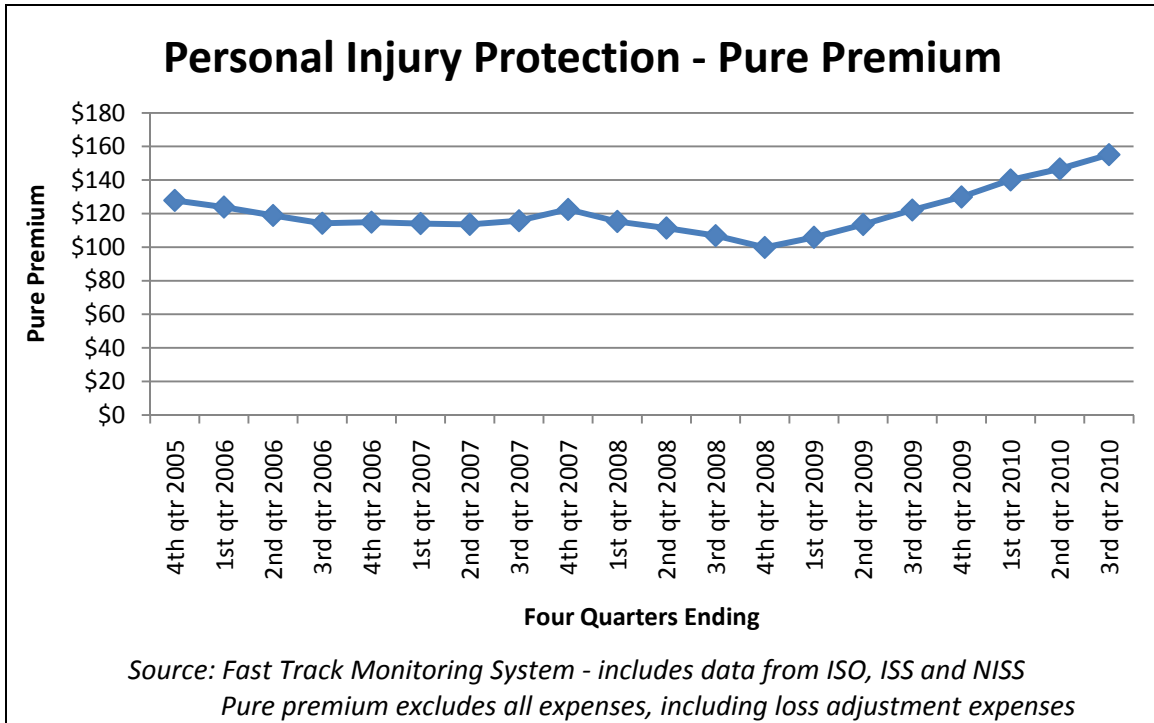




The severity of PIP claims in Florida has generally increased since 4<sup>th</sup> quarter 2005. If the severity continues to increase at that same rate over the next year as it has from 4<sup>th</sup> quarter 2008, we can expect a 9% increase in the severity of paid claims in the next year.



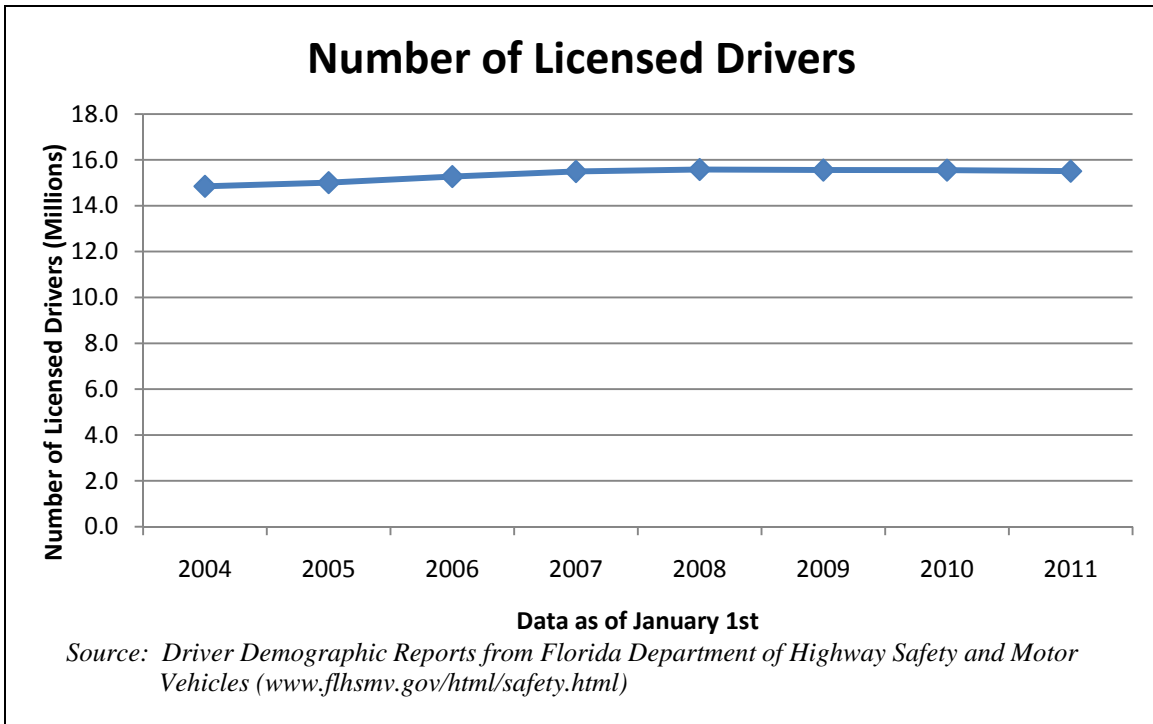
On average, the decreases in frequency from 4<sup>th</sup> quarter 2005 to 4<sup>th</sup> quarter 2008 were larger than the increases in the severity, which resulted in a decrease in pure premium. Since that time, however, the increases in frequency coupled with the increases in severity have resulted in a significant increase in the average premium needed to cover the expected losses per vehicle. If the pure premiums continue at that same rate over the next year, we can expect a 29% increase in the pure premium in the next year.



### 3. Licensed Drivers and Number of Accidents

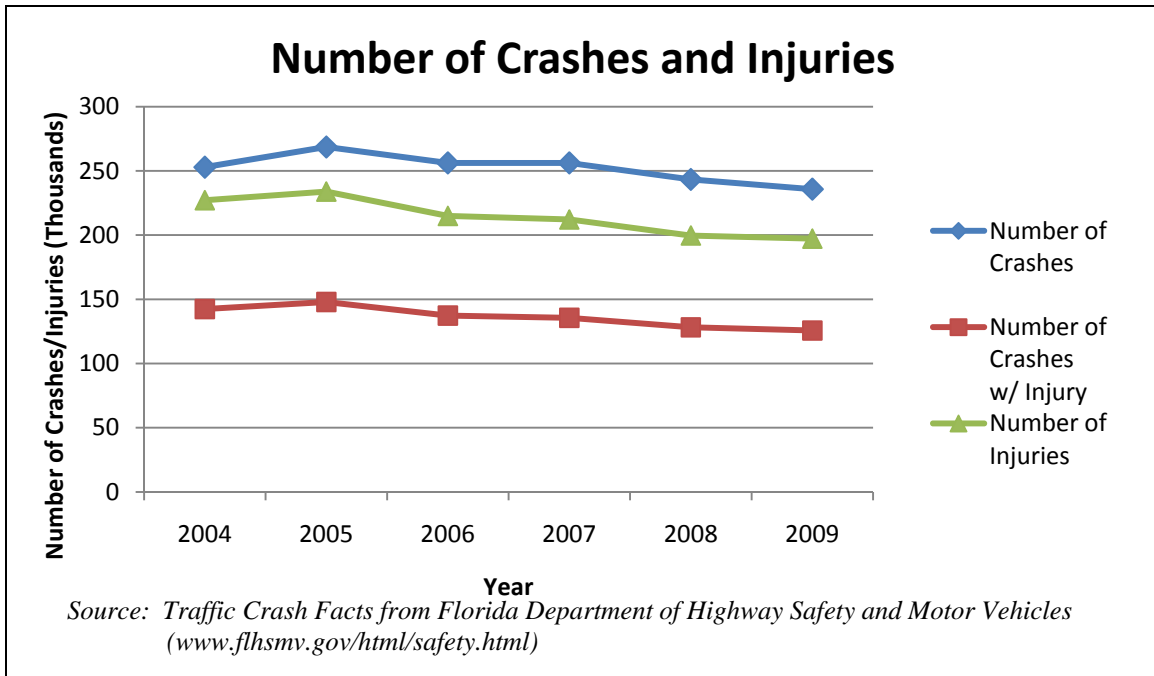
One explanation for the increase in frequency of PIP claims could be an increase in the number of drivers or accidents. However, this does not appear to be the case based on data from the Florida Department of Highway Safety and Motor Vehicles.

Based on that data, the number of licensed drivers decreased by 0.5% from January 1, 2008 to January 1, 2011.

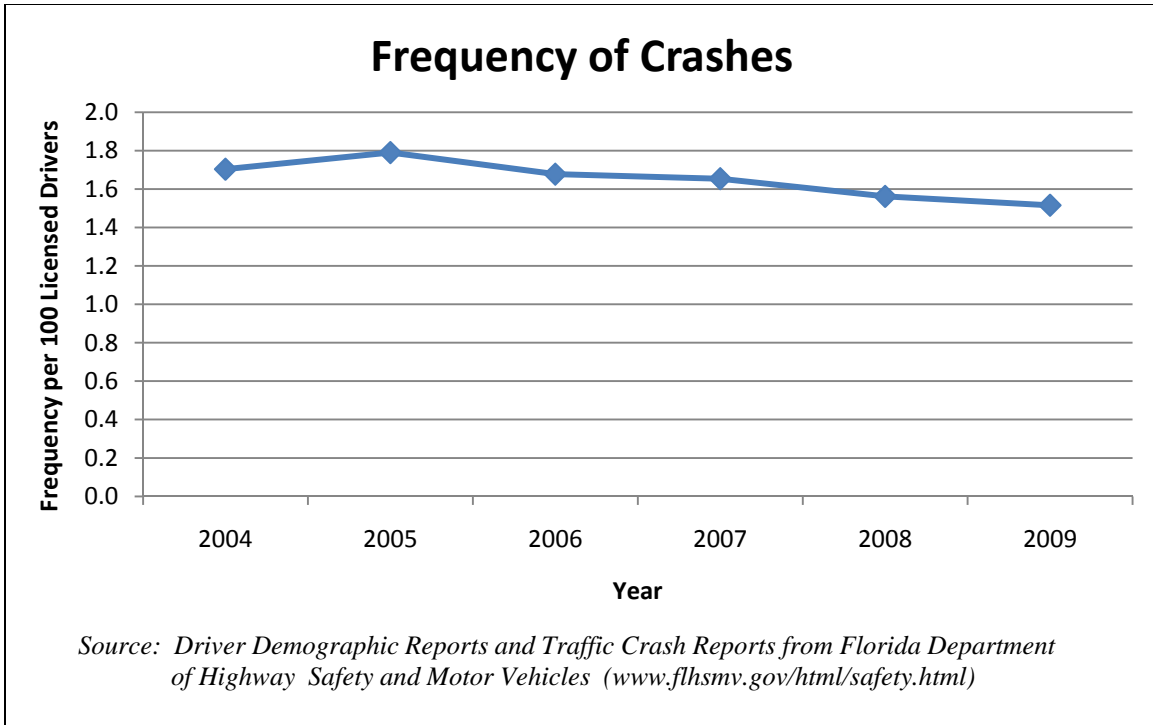


Section 316.066, Florida Statutes, requires a “Long Form” crash report be completed by a law enforcement officer for any crash that results in a death or personal injury, involves an intoxicated or "hit and run" driver, or when a vehicle was rendered inoperative and required a wrecker to remove it from traffic.

In addition to the decrease in licensed drivers, the number of crashes reported on a “Long Form” crash report (including crashes with injuries) have also decreased. Between 2007 and 2009, the number of crashes decreased 8%, while the number of crashes with injuries decreased 7.3%.

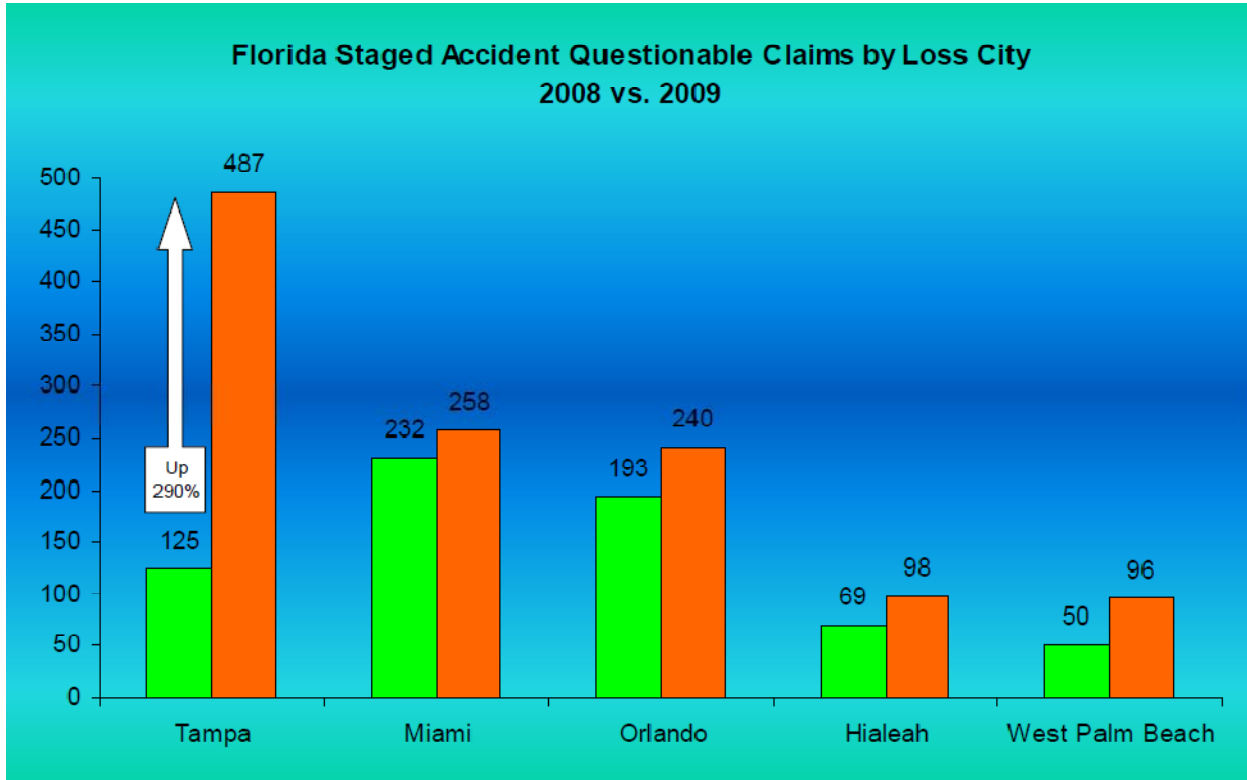


The frequency of crashes per 100 licensed drivers has decreased 8.4% from 2007 to 2009.



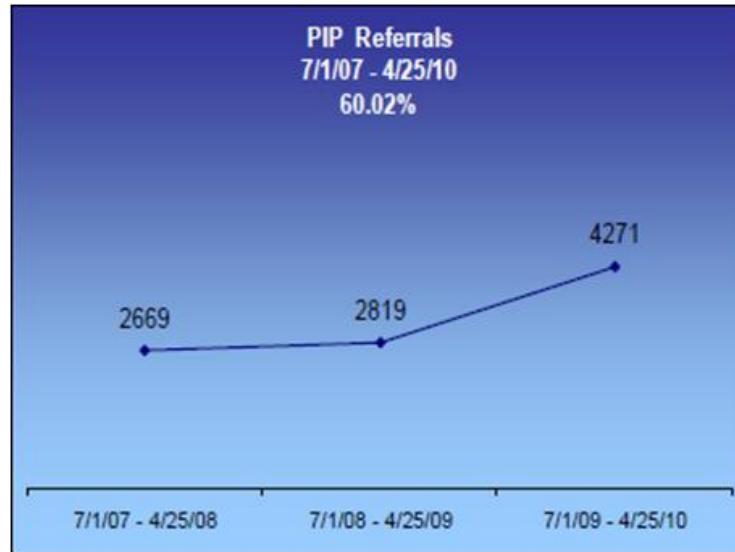
#### 4. Fraud

A recent study by the National Insurance Crime Bureau shows that the Tampa area has become the state leader in the number of suspicious auto accidents that were staged or deliberately caused by criminals. In fact, the number of staged accidents in 2009 in the Tampa area was almost double that of the number of staged accidents in the Miami area. Tampa experienced an increase in staged accidents of 290% in 2009.



Source: NICB, "Staged Accidents Analysis – Florida 2008-2009", released June 23, 2010  
([www.nicb.org/newsroom/news-releases/florida-staged-accidents](http://www.nicb.org/newsroom/news-releases/florida-staged-accidents))

The Division of Fraud, within the Department of Financial Services, is responsible for investigating insurance fraud, including personal injury protection fraud. Based on information presented on their website, the Division has experienced a sharp increase in the number of fraud cases reported to them.



Source: Florida Department of Financial Services, Division of Insurance Fraud, 3rd Quarter FY 2009-2010 Economic Impact Report (page 8)  
[www.myfloridacfo.com/fraud/forms/EconomicImpactReport\\_3rd\\_Quarter\\_FY%2009-10.pdf](http://www.myfloridacfo.com/fraud/forms/EconomicImpactReport_3rd_Quarter_FY%2009-10.pdf)

PERSONAL INJURY PROTECTION FRAUD						
Type of Case	Complaints	Cases Opened	Cases Closed	Presented for Prosecution	Arrest	Convictions
BY ATTORNEY	25	21	3	1	2	0
BY CLAIMANT	2019	1795	37	73	54	30
BY PROVIDER	1523	1500	62	67	37	25
FICTITIOUS INSURANCE CARD	148	120	6	38	33	20
ILLEGAL POSSESSION OF ACCIDENT REPORT	3	2	0	0	0	0
JUMP IN	128	155	14	36	37	25
LOST WAGES	12	11	0	3	1	1
PAPER ACCIDENT	18	17	1	9	4	7
PATIENT BROKERING	26	31	2	17	2	5
SOLICITATION	91	96	1	7	9	2
STAGED ACCIDENT	1461	1388	34	183	152	123
UNLICENSED ACTIVITY	89	80	3	8	6	2
	<b>5543</b>	<b>5216</b>	<b>163</b>	<b>442</b>	<b>337</b>	<b>240</b>
	43.23%	43.80%	26.59%	35.82%	32.34%	34.00%

Source: Florida Department of Financial Services, Division of Insurance Fraud, 2010 Annual Report (page 12)  
[www.myfloridacfo.com/fraud/Annual%20Report/StatPack\\_FY\\_2009\\_2010.pdf](http://www.myfloridacfo.com/fraud/Annual%20Report/StatPack_FY_2009_2010.pdf)

<b>VEHICLE FRAUD</b>						
<i>Type of Case</i>	<i>Complaints</i>	<i>Cases Opened</i>	<i>Cases Closed</i>	<i>Presented for Prosecution</i>	<i>Arrest</i>	<i>Convictions</i>
ACCESSORIES	84	79	2	3	4	5
BCDY SHOP	95	88	6	6	5	1
DAMAGE TO VEHICLE	444	436	25	30	24	18
DITCHING	588	578	19	47	41	27
FAILURE TO RETURN (THEFT)	26	20	0	4	3	3
	<b>1237</b>	<b>1201</b>	<b>52</b>	<b>90</b>	<b>77</b>	<b>54</b>
	9.65%	10.0%	8.48%	7.29%	7.38%	7.65%

Source: Florida Department of Financial Services, Division of Insurance Fraud, 2010 Annual Report (page 13)  
[www.myfloridacfo.com/fraud/Annual%20Report/StatPack\\_FY\\_2009\\_2010.pdf](http://www.myfloridacfo.com/fraud/Annual%20Report/StatPack_FY_2009_2010.pdf)

As can be seen from the charts above, insurance fraud (and in particular PIP insurance fraud) is a major issue and, based on anecdotal evidence from the insurers, is contributing significantly to recent filed rate increases. In addition to raising rates, insurers have tried to reduce their costs from insurance fraud by tightening their underwriting requirements. Many insurers will no longer accept an insured for new business if that insured has had a PIP claim within the last three years.



## **IV. Appendices**

Appendix A – Regional Breakdown

*SOUTH FLORIDA							
	NUMBER OF PIP CLAIMS OPENED OR RECORDED DURING YEAR	% OF TOTAL PIP CLAIMS OPENED OR RECORDED IN ALL COUNTIES	NUMBER OF CLOSED PIP CLAIMS DURING YEAR (REGARDLESS OF DATE OPENED)	NUMBER OF CLOSED PIP CLAIMS DURING YEAR WITH PAYMENT (REGARDLESS OF DATE OPENED)	NUMBER OF CLOSED PIP CLAIMS DURING YEAR WITHOUT PAYMENT (REGARDLESS OF DATE OPENED)	GROSS DOLLAR AMOUNT OF PIP CLAIMS PAID DURING YEAR (COMBINED FOR ALL CLAIMS - OPENED OR CLOSED)	DOLLAR AMOUNT OF ALLOCATED EXPENSES ON ALL PIP CLAIMS (DCC AND A&O)**
2006	100,725	39%	96,372	62,702	33,670	\$ 590,461,034	\$ 64,326,440
2007	99,948	39%	111,752	76,729	35,023	657,545,188	55,949,291
2008	95,779	39%	94,749	64,331	30,418	570,113,524	55,660,066
2009	118,184	40%	111,527	79,126	32,401	758,674,654	47,530,684
2010	148,910	45%	150,684	114,403	36,281	1,070,493,614	48,446,478
<b>TOTAL</b>	<b>563,546</b>		<b>565,084</b>	<b>397,291</b>	<b>167,793</b>	<b>3,647,288,014</b>	<b>271,912,959</b>

*\*Palm Beach, Miami-Dade and Broward*

\*\*DCC and A&O refer to Defense Costs Containment and Adjusting & Other Expenses.

**\*TAMPA/ST. PETERSBURG**

	NUMBER OF PIP CLAIMS OPENED OR RECORDED DURING YEAR	% OF TOTAL PIP CLAIMS OPENED OR RECORDED IN ALL COUNTIES	NUMBER OF CLOSED PIP CLAIMS DURING YEAR (REGARDLESS OF DATE OPENED)	NUMBER OF CLOSED PIP CLAIMS DURING YEAR WITH PAYMENT (REGARDLESS OF DATE OPENED)	NUMBER OF CLOSED PIP CLAIMS DURING YEAR WITHOUT PAYMENT (REGARDLESS OF DATE OPENED)	GROSS DOLLAR AMOUNT OF PIP CLAIMS PAID DURING YEAR (COMBINED FOR ALL CLAIMS - OPENED OR CLOSED)	DOLLAR AMOUNT OF ALLOCATED EXPENSES ON ALL PIP CLAIMS (DCC AND A&O)**
2006	30,083	12%	28,773	19,803	8,970	\$ 146,401,075	\$ 532,002
2007	29,043	11%	31,234	21,806	9,428	153,314,317	6,948,813
2008	28,810	12%	27,365	18,700	8,665	138,436,568	7,723,022
2009	37,945	13%	33,757	24,128	9,629	190,880,414	10,025,643
2010	38,420	12%	42,361	31,791	10,570	214,089,649	11,140,448
<b>TOTAL</b>	<b>164,301</b>		<b>163,490</b>	<b>116,228</b>	<b>47,262</b>	<b>843,122,023</b>	<b>44,369,928</b>

*\*Hillsborough and Pinellas*

\*\*DCC and A&O refer to Defense Costs Containment and Adjusting & Other Expenses.

**\*SOUTHWEST FLORIDA**

	NUMBER OF PIP CLAIMS OPENED OR RECORDED DURING YEAR	% OF TOTAL PIP CLAIMS OPENED OR RECORDED IN ALL COUNTIES	NUMBER OF CLOSED PIP CLAIMS DURING YEAR (REGARDLESS OF DATE OPENED)	NUMBER OF CLOSED PIP CLAIMS DURING YEAR WITH PAYMENT (REGARDLESS OF DATE OPENED)	NUMBER OF CLOSED PIP CLAIMS DURING YEAR WITHOUT PAYMENT (REGARDLESS OF DATE OPENED)	GROSS DOLLAR AMOUNT OF PIP CLAIMS PAID DURING YEAR (COMBINED FOR ALL CLAIMS - OPENED OR CLOSED)	DOLLAR AMOUNT OF ALLOCATED EXPENSES ON ALL PIP CLAIMS (DCC AND A&O)**
2006	21,327	8%	20,042	13,024	7,018	\$ 98,735,169	\$ 4,157,878
2007	21,246	8%	22,071	15,227	6,844	115,466,063	3,380,460
2008	19,812	8%	19,103	12,926	6,177	99,748,544	5,110,818
2009	24,366	8%	22,327	15,222	7,105	116,133,110	5,326,953
2010	25,875	8%	27,311	19,936	7,375	140,932,243	5,818,192
<b>TOTAL</b>	<b>112,626</b>		<b>110,854</b>	<b>76,335</b>	<b>34,519</b>	<b>571,015,129</b>	<b>23,794,301</b>

*\*Charlotte, Collier, Lee, Manatee and Sarasota*

\*\*DCC and A&O refer to Defense Costs Containment and Adjusting & Other Expenses.

**\*CENTRAL FLORIDA**

	NUMBER OF PIP CLAIMS OPENED OR RECORDED DURING YEAR	% OF TOTAL PIP CLAIMS OPENED OR RECORDED IN ALL COUNTIES	NUMBER OF CLOSED PIP CLAIMS DURING YEAR (REGARDLESS OF DATE OPENED)	NUMBER OF CLOSED PIP CLAIMS DURING YEAR WITH PAYMENT (REGARDLESS OF DATE OPENED)	NUMBER OF CLOSED PIP CLAIMS DURING YEAR WITHOUT PAYMENT (REGARDLESS OF DATE OPENED)	GROSS DOLLAR AMOUNT OF PIP CLAIMS PAID DURING YEAR (COMBINED FOR ALL CLAIMS - OPENED OR CLOSED)	DOLLAR AMOUNT OF ALLOCATED EXPENSES ON ALL PIP CLAIMS (DCC AND A&O)**
2006	50,463	19%	48,279	32,537	15,742	\$ 225,072,827	\$ 9,862,438
2007	49,210	19%	52,396	36,504	15,892	249,774,998	9,758,868
2008	47,970	20%	46,375	31,607	14,768	221,041,006	12,321,434
2009	56,800	19%	52,305	36,339	15,966	254,558,399	13,904,500
2010	59,070	18%	64,823	47,431	17,392	282,924,741	15,862,557
<b>TOTAL</b>	<b>263,513</b>		<b>264,178</b>	<b>184,418</b>	<b>79,760</b>	<b>1,233,371,971</b>	<b>61,709,797</b>

*\*Brevard, Citrus, Hernando, Lake, Orange, Osceola, Pasco, Polk and Seminole*

\*\*DCC and A&O refer to Defense Costs Containment and Adjusting & Other Expenses.

**\*NORTHEAST FLORIDA**

	NUMBER OF PIP CLAIMS OPENED OR RECORDED DURING YEAR	% OF TOTAL PIP CLAIMS OPENED OR RECORDED IN ALL COUNTIES	NUMBER OF CLOSED PIP CLAIMS DURING YEAR (REGARDLESS OF DATE OPENED)	NUMBER OF CLOSED PIP CLAIMS DURING YEAR WITH PAYMENT (REGARDLESS OF DATE OPENED)	NUMBER OF CLOSED PIP CLAIMS DURING YEAR WITHOUT PAYMENT (REGARDLESS OF DATE OPENED)	GROSS DOLLAR AMOUNT OF PIP CLAIMS PAID DURING YEAR (COMBINED FOR ALL CLAIMS - OPENED OR CLOSED)	DOLLAR AMOUNT OF ALLOCATED EXPENSES ON ALL PIP CLAIMS (DCC AND A&O)**
2006	15,657	6%	16,058	10,733	5,325	\$ 65,517,081	\$ ,808,816
2007	15,435	6%	16,540	11,068	5,472	68,055,870	1,778,393
2008	14,944	6%	14,594	9,617	4,977	60,637,549	2,432,803
2009	16,882	6%	15,939	10,504	5,435	65,758,270	2,606,975
2010	17,115	5%	18,336	12,737	5,599	68,318,844	2,561,744
<b>TOTAL</b>	<b>80,033</b>		<b>81,467</b>	<b>54,659</b>	<b>26,808</b>	<b>328,287,614</b>	<b>11,188,731</b>

*\*Clay, Duval and Saint Johns*

\*\*DCC and A&O refer to Defense Costs Containment and Adjusting & Other Expenses.