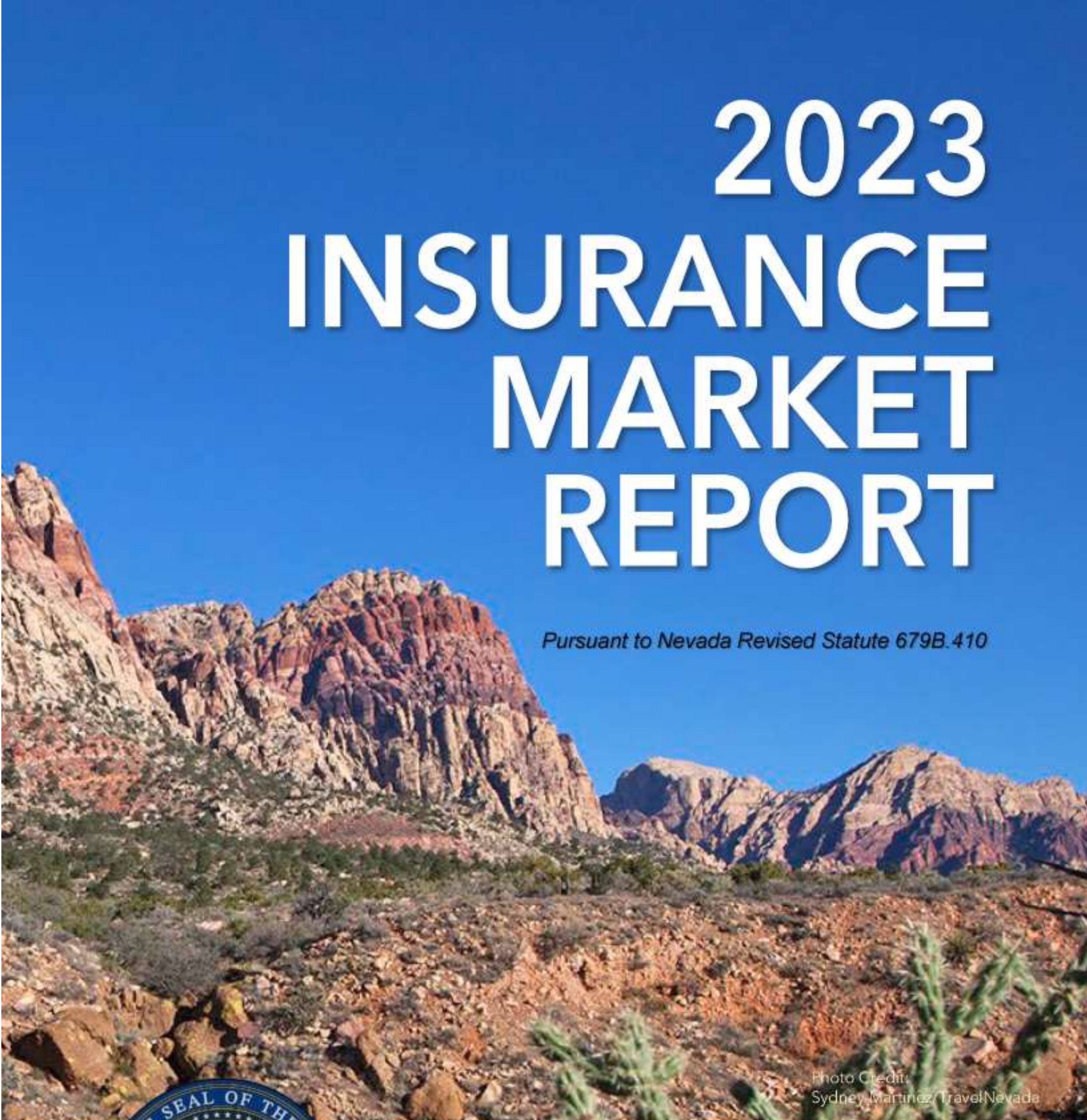
2023 INSURANCE MARKET REPORT

Pursuant to Nevada Revised Statute 679B.410



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NEVADA DIVISION OF INSURANCE
REPORT TO THE
2023 NEVADA LEGISLATURE

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INSURANCE COMMISSIONER'S MESSAGE

I am pleased to present the 2023 Nevada Insurance Market Report. Historically, maintaining the stability of the State's insurance market is a high priority of the Nevada Legislature. This report is intended to provide legislators with a detailed update concerning the State's insurance market, along with key information regarding issues facing Nevada consumers and the insurance industry.

Nevada's insurance market remains in a healthy, competitive, and stable position. The State's written premium volume grew from $11 billion in 2011 to approximately $22 billion by the end of 2021. The State's Insurance Premium Tax continues to be the 4th largest contributor to the State's General Fund. In Fiscal Year 2021, Insurance Premium Tax collections increased by 8.3% to $471 million, and by 5.1% in Fiscal Year 2022 to $495 million.

The Division of Insurance ("Division") is first and foremost a consumer protection agency. Division staff works to provide a secure, competitive market for Nevada consumers by conducting insurer examinations and analyzing insurer solvency of carriers domiciled in this state, through reviewing and approving filed rates and insurance contract forms, and by reviewing and analyzing consumer interactions with carriers. For Fiscal Years 2021 and 2022, the Division's Consumer Services section handled approximately 25,000 consumer inquiries and investigated 5,062 consumer complaints. Through its efforts, the Division recovered $8,883,567 for Nevada insurance consumers.

Since 2018, Nevada's individual health insurance market has been relatively stable. In 2018, 2 carriers offered coverage statewide and only 1 carrier offered coverage in rural counties. Now, the Silver State Health Insurance Exchange ("SSHIX") has 6 carriers for Plan Year 2023, including 3 carriers offering coverage statewide. In 2023, SSHIX is offering 163 plans for Nevada consumers to choose from, compared to 50 in 2021. The average rate increases for the individual market were 4.40% for Plan Year 2022 and 9.0% for 2023. Approximately 4% of the 2023 average increase was caused by one carrier's rate increases.

Nevada's property and casualty insurance market continues to be competitive, with numerous carriers offering coverage in our state. Nevada's home insurance market continues to experience only moderate approved rate increases. The Division has identified a trend of upward rate filings in the automobile insurance market because of worsening loss experience. For example, some rate increases have been caused by increasing costs due to inflation and supply-chain shortages. The Division continues to encourage consumers to take advantage of our competitive market and review coverage and price options.

To enhance Nevada consumers' knowledge of various insurance policies, the Division annually publishes and maintains consumer guides and rate comparisons. Consumer guides are available on the Division's website in the following areas: Automobile, Homeowners, Health, Earthquake, Flood, and Title Insurance. In addition, each year, the Division's staff participates in public outreach programs to educate the public on insurance, safety, and risk mitigation strategies.

Details of these topics, as well as others pertaining to Nevada's insurance market, are included in this report. I encourage you to contact me if you would like to discuss any issue in greater detail as you work to address your constituents' concerns during the 82nd (2023) Legislative Session.

Sincerely,

Nick Stosic

Nick Stosic
Interim Insurance Commissioner

STATE REGULATION OF THE INSURANCE INDUSTRY

With consumer protection as the ultimate purpose in regulating the insurance industry, the primary focuses of the Division are: 1) solvency of the carriers doing business in the state so these carriers can make good on promises made to their customers, and 2) market regulation that investigates and enforces an adequate, competitive marketplace for Nevada consumers to ensure policyholders and claimants are treated fairly.

The current framework for state regulation of the insurance industry started in 1851 when New Hampshire appointed the first state insurance commissioner. While financial services industries like banking and securities are primarily regulated by the federal government, the insurance industry has always been predominately regulated by the states. In 1945, Nevada U.S. Senator Pat McCarran co-sponsored the McCarran-Ferguson Act, which affirmed that the states' right to regulate and tax the business of insurance was in the public's best interest.

In 1999, the United States Congress passed the Financial Modernization Act, which established a framework to permit affiliations among banks, securities firms, and insurance companies. This bill, also known as the Gramm-Leach-Bliley Act ("GLBA"), re-affirmed the states' right to regulate insurance, but also called for states to enact reforms to allow insurance companies to compete more efficiently through increased legislation uniformity and simplicity in market access.

Over 1600 traditional carriers are licensed to conduct business in Nevada. Most of these carriers are domiciled in other states and are licensed and overseen here in Nevada through a reciprocal solvency oversight framework shared among all the U.S. states and territories. The National Association of Insurance Commissioners ("NAIC") is governed by the insurance commissioners from the 50 states, the District of Columbia, and five U.S. territories. Through the NAIC, commissioners work together to create a regulatory framework that provides increased uniformity, sharing, and support to foster more efficient markets and better consumer advocacy. Nevada is a fully accredited member of the NAIC.

The NAIC drafts and adopts model laws and regulations, which is one of the NAIC's key functions. The model laws and regulations are created and voted on by insurance commissioners through a public, transparent, and collaborative process. The NAIC recommends that each state enact approved solvency model laws and regulations. Model legislation helps provide carriers with improved regulation uniformity, which creates efficiencies mandated by the GLBA and helps strengthen consumer protections. Title 57 of the Nevada Revised Statutes ("NRS"), and related insurance regulations, contain language provided throughout the years by the NAIC model language development process. The Division's omnibus bill traditionally proposes changes to Nevada's statutes that include language taken from NAIC model laws, regulations, and guidelines, as well as model law language developed by the National Council of Insurance Legislators ("NCOIL").

Financially regulating carriers is crucial to safeguarding insurance consumers. State regulators perform quarterly and annual analysis of all licensed insurance companies and, at least once every 5 years, conduct thorough financial examinations of those companies to determine financial condition. Regulators from the state that an insurance company is domiciled in are responsible for conducting analysis and exams. Results are shared through an NAIC database and relied upon by all NAIC members. This shared system of oversight is efficient and has provided much greater cost controls to the carriers, which ultimately leads to lower rates while maintaining solvency protections.

Multiple insurance companies became insolvent in the late 1980's due to the national recession. In response, the NAIC formed a special committee in 1988 to address inconsistencies within state regulation solvency oversight. In June 1989, the NAIC adopted the Financial Regulation Standards, which established a baseline for an effective regulatory system. These standards subsequently became known as the "Accreditation Standards."

Under the accreditation program, each state's insurance department is reviewed by an independent review team that assesses the departments' compliance with the Accreditation Standards.

To provide for training uniformity, proficiency, and standards among the state examinations, all NAIC state insurance regulators are, every 5 years, subject to an accreditation process. During the process, the NAIC performs a comprehensive audit and review to ensure the departments have adequate statutory and administrative authority to regulate an insurer's corporate and financial affairs and have a sufficient number of properly trained effective staff, and the resources to carry out the departments' authority.

In addition to its membership in the NAIC, Nevada is a member of the Interstate Insurance Product Regulation Commission ("IIPRC"). The IIPRC serves as a central point of electronic filing for certain insurance products, including life insurance, annuities, disability income, and long-term care insurance to develop uniform product standards, affording a high level of protection to purchasers of asset protection insurance products. This compact enhances the efficiency and effectiveness of the way particular insurance products are filed, reviewed, and approved, allowing consumers to have faster access to competitive insurance products.

The Nevada Legislature plays a critical public policy making role in insurance regulation. By enacting laws that grant specific regulatory authority and approving operating budgets, legislators establish the regulatory framework in which the Division operates.

2023 NEVADA LEGISLATIVE PRIORITIES

The Division is sponsoring two bills during the 2023 Nevada Legislature:

SELF-INSURED GROUPS (S.B. 30)

Associations of Self-Insured Employers ("SIG") are associations comprised of self-insured public or private employers, which allows private companies or government agencies to pool their employees' workers compensation risks. Over the years in Nevada, for small and medium sized employers, SIGs have become a viable alternative to commercial insurance for workers' compensation coverage.

Pursuant to current Nevada statutes, the Division does not financially regulate SIGs the same way it does private insurers. For example, regardless of asset availability to cover unfunded liabilities for long-tail claims, SIGs statutorily are not considered insolvent unless they cannot meet their current obligations. Given that worker's compensation claims can be for the life of the employee, there is no current guarantee that there will be funds to pay these claims throughout the life of the injured worker.

Employers that join a SIG must execute an indemnity agreement that jointly and severally binds each member to secure all liabilities due by that SIG. Under NRS 616B.443, the joint and several liability extends to claims of any insolvent SIG licensed in Nevada. In addition, under the current statutes, within 60 days of being notified of its financial status as insolvent, an insolvent SIG is required to make-up any reserving shortfall through member assessments.

The bill proposes changes to NRS chapter 616B, Association of Self-Insured Employers section, to ensure the Division has sufficient information to regulate and determine financial adequacy of assessments and reserves, to help ensure Nevada injured workers claims are adequately reserved, and to provide additional protections to small and medium sized employers that join SIGs whose assets are broadly exposed to Nevada SIG insolvency. It also provides a longer glide path for the SIGs who find themselves in financial jeopardy to obtain the necessary assets to regain an appropriate financial position.

OMNIBUS BILL (S.B. 57)

The Division's omnibus bill includes a variety of subject matter changes and clarifications related to the regulation of insurers in this state. Some proposed changes include: providing the same confidentiality protections to captive insurers that are currently afforded to traditional insurers; changing the filing date for captive insurers' financial condition report; providing clarification that Pharmacy Benefit Managers are required to be licensed as Third Party Administrators; giving authority to Fraud section staff to keep criminal investigations confidential pending prosecution; clarifying bail enforcement agent authority and adding related consumer protection measures; clarifying "cancelation due to fraud" noticing requirements; limiting a carrier's ability to remove a drug from their formulary, then add the same drug back at a higher tier during the same plan year; and updating NAIC Model 805 language to allow for the sale of contingent deferred annuities and to reduce the minimum allowed rate to determine annuity nonforfeiture benefits.

Changes related to Division licensees include: clarifying the terms "association" and "appointments," as several NRS chapters use them interchangeably; allowing for a time extension request on temporary licenses (ex. estate closings and military tours of duty can sometimes exceed the current 180 day limit); clarifying that managing general agents' licensing requirements include fingerprinting for natural persons and evidence of a security bond; and adding provisions to funeral and cemetery services to prohibit the use of deceptively similar names and adding the "good business and personal reputation" standard currently included in most Title 57 license requirements.

IMPACTS OF COVID-19 ON NEVADA INSURANCE MARKETS

The COVID-19 pandemic penetrated every corner of Nevada, including Nevada's insurance markets. During 2020 and 2021, the Division actively promoted regulations and policies that supported Nevada's insurance consumers during the pandemic. The Division created a COVID-19 based information page on our website containing links to various regulations, consumer alerts, frequently asked questions, and guidance for consumers and small business owners.

The COVID-19 information page also referenced guidance to the insurance industry, including requests for the industry to provide rate relief to property and casualty and health insurance policyholders because of the reductions in insured risks that the pandemic created for many insurance classes. The following sections provide an overview of how the Division responded to the pandemic and how COVID-19 affected particular industry sectors.

HEALTH INSURANCE

The Division's efforts during the Governor's Declaration of Emergency ("Declaration") for COVID-19 focused on providing access to Nevadans seeking diagnosis, testing, and vaccination for COVID-19. These efforts included adopting an emergency regulation that required carriers to provide information to consumers regarding treatment and medical services related to COVID-19, as well as pricing protections for Nevadans who might experience drug supply disruptions because of the pandemic. The emergency regulation also provided for COVID-19 vaccine coverage when the vaccine became available. These provisions applied to all health insurance carriers offering health benefit plans in the individual and group health insurance markets. To ensure these protections would be available to Nevadans for the duration of the pandemic, the Division promulgated the emergency regulation as a permanent regulation under LCB File No. R054-20, which was filed with the Secretary of State on July 2, 2020.

The pandemic greatly impacted the demand for counseling, mental health support, and other services. For the duration of the Declaration, to increase availability of these services for Nevadans who had access to an employee assistance program ("EAP"), the Commissioner invoked NRS 695F.500, subsection 4 to waive the statutorily imposed six-occasion per six-month period limitation for EAPs.

Considering how COVID-19 impacted Nevada's health insurance market, the Division examined relevant, available data for parallels to events that occurred during the pandemic. As Nevada went on lockdown, many of Nevada's employers were forced to reduce or terminate staff. The impact of these events is illustrated by the covered lives data in Exhibit 1. Nevadans previously insured under an employer group health plan sought individual health coverage within SSHIX through a qualified life event or through the special enrollment period. The number of covered lives in the group health market dropped 5.42% and 4.15% in 2020 and 2021, respectively, in comparison to the pre-pandemic levels of 2019. At the same time, compared to the pre-pandemic level of 2019, the individual market saw an increase of 5.61% in 2020 and 18.7% in 2021. The 2021 individual market increase greatly outpaced the drop in group markets, and this additional increase can be attributed to the availability of more affordable health care from expanded subsidies, which were passed as part of the American Rescue Plan Act ("ARPA").

The drop in utilization signifies another area of measurable impact of COVID-19 and the related lockdown. With offices and hospitals limited to emergency services and elective procedures postponed, many health and dental carriers experienced a drop in utilization. Because of the drop in member utilization, several health and dental carriers offered premium credits from May through July 2020, which ranged from 5%-100%. Most carriers offered a one-month credit, but some provided a credit for two or more months. However, the pent-up demand for health and dental services, and the post-lockdown utilization increase, were factored into premiums for Plan Years 2021 and 2022. In the individual markets, the overall average rate change for premiums was 4.42% in 2021 and 4.40% in 2022.

MEDICAL MALPRACTICE INSURANCE

The COVID-19 pandemic has not, in aggregate, adversely affected medical malpractice insurance. Because many medical procedures deemed to be non-urgent were delayed during the early period of the pandemic, and because various medical specialists shifted to a part-time basis (or even took leaves of absence during this time), the potential for liability was accordingly reduced. Further, the pandemic has complicated the process of filing court complaints and, accordingly, has temporarily suppressed the volume of medical malpractice litigation. Some medical professional liability insurers, particularly of specialties such as dentistry, which does not involve the treatment of infectious disease, implemented significant credits. Insurers did so to reflect the shifting of their entire customer population rating onto a part-time basis.

WORKERS' COMPENSATION INSURANCE

Beginning in March 2020, workers' compensation insurers experienced modest revenue decreases because of the COVID-19 pandemic. As many service-oriented businesses were temporarily closed to enforce physical distancing, the decrease was primarily driven by the spike in unemployment resulting from layoffs. Workers' compensation insurance uses payroll as the exposure base, so reductions in payroll will necessarily translate to reductions in premium collected. A small fraction of workers' compensation insurers also offered additional premium relief, but the total premium reduction due to such insurer-initiated measures was estimated by the Division to be a modest -0.95%.

Relative to 2019 levels, annual premiums for this line of business decreased by approximately 3.79% in 2020. Because of corresponding decreases in risk exposure, as many workers stayed home and those who continued to work were often shifted to lower-hazard tasks and environments, the premium changes did not adversely affect the profitability of workers' compensation insurers. Further, as employment has rebounded, workers' compensation premiums have increased due to higher numbers of employees being covered, even while the underlying rates have continued to decrease.

In 2021, compared to 2020 levels, total Nevada workers' compensation premiums increased by approximately 2.00%. The premiums were at their highest amount ($417,481,286) compared to every year except 2019, during which the total workers' compensation premiums in Nevada were $425,385,000. Because telecommuting occupations are generally safer from the standpoint of risk of injury and occupational disease, it is anticipated that any sustained shift in working patterns in the pandemic aftermath will have a favorable impact on workers' compensation loss experience and, accordingly, on insurer profitability. It also appears that, so far, the vast majority of COVID-19 related workers' compensation payments have been distributed for short durations of time, compensating employees for time during which they needed to self-isolate and/or await test results. As of this writing, COVID-19 impacts on the Nevada workers' compensation system medical costs have been minor. However, several additional years will need to pass before loss experience during the pandemic can be considered within the National Council on Compensation Insurance, Inc.'s ("NCCI") loss-cost indications.

PERSONAL LINES INSURANCE

During the early years of the pandemic, because of reduced driving during the state's initial mandated business shutdown, most Nevada automobile insurance consumers were provided rate relief in the form of credits, rate reductions, or dividends. Because reduced driving continued to provide better than expected loss results, some carriers also filed rate reduction requests with the Division. The rate relief and reductions led to a reduction in automobile insurance written premiums by -2.5% in 2020 ($3,265,000,000). Premiums rebounded in 2021, where written premiums increased by 9% ($3,560,000,000).

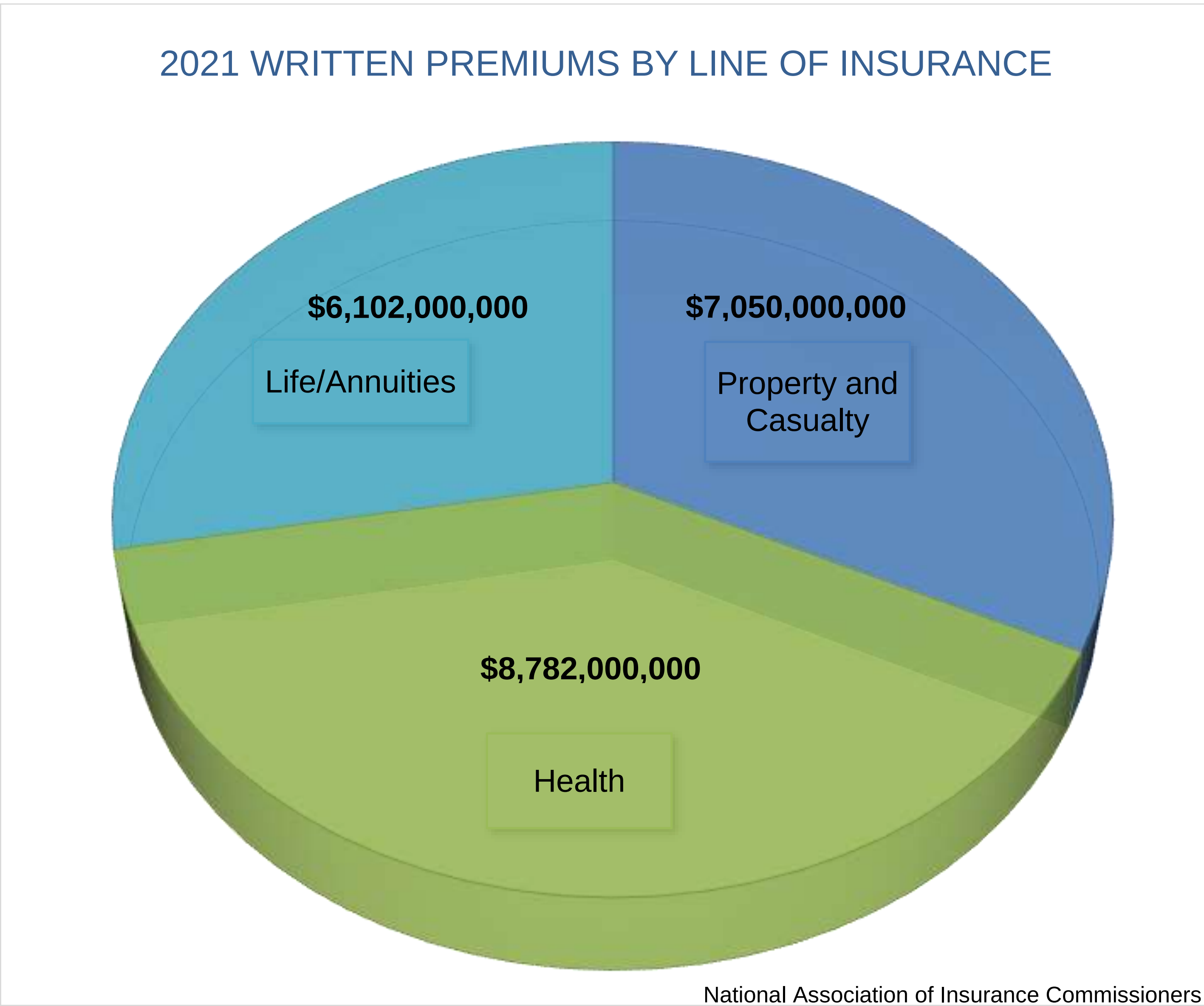
Badwater Basin, Photo Credit: Jian Ping Yang/TravelNevada

OVERVIEW OF THE NEVADA INSURANCE MARKET

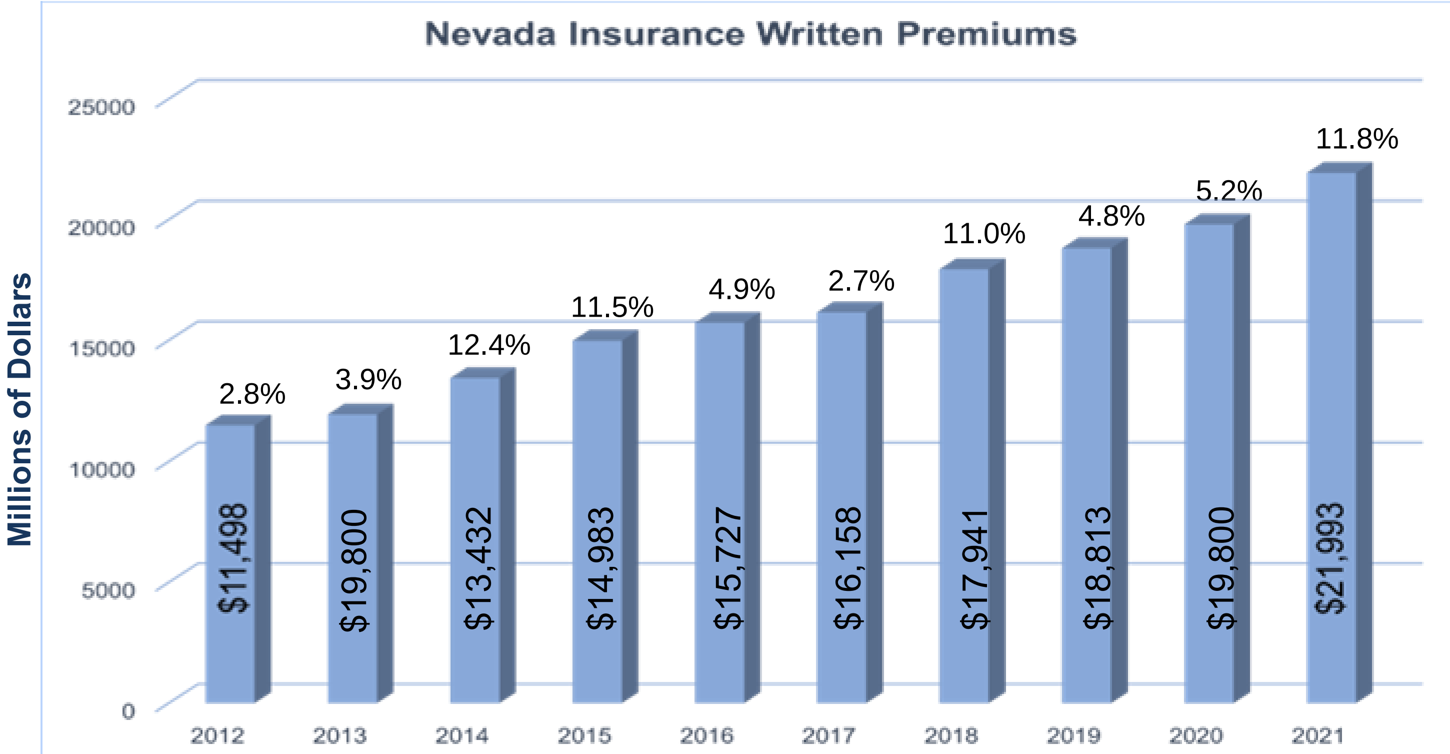
Nevada's insurance market is comprised of 1,652 licensed domestic and foreign insurers, 147 captive insurers and 135 sponsored captive cells, 92 self-insured employers ("SIE"), and 7 SIGs. Insurance was also placed with approximately 160 insurers that are part of the state's non-admitted market, known as surplus-lines insurance.

The NAIC divides Nevada's insurance market into four segments: health, property and casualty, life/annuities (including accident and limited health products), and title. In 2019, Nevada's written premiums, by segment, were as follows: health – 40%; property and casualty – 32%, and life/annuities/limited health benefits – 28%.

The following chart reflects 2021 written premiums, by line of insurance, for policies written to Nevada consumers and businesses.



The chart below reflects the 10-year history of direct written premiums in Nevada. Taxes on insurance written premiums provide the State's 4th largest source of revenue to the General Fund.



National Association of Insurance Commissioners

While Nevada experienced a reduction of written insurance premiums during the Great Recession in 2009-2010, the State's insurance premiums have grown every year since. During the past 10 years, insurance written premiums have increased 91.3%, growing by more than $10 billion. In addition, while COVID-19's impacts on the State's written premiums was unknown during the Nevada Legislature's last session, written premiums increased by 5.2% and 11.8% during 2020 and 2021, respectively.

As written premiums have grown, the corresponding Nevada Insurance Premium Tax collections have also significantly grown. The State's Insurance Premium Tax collections have increased from $236.8 million in Fiscal Year 2012 to $495.7 million in Fiscal Year 2022.

NEVADA HEALTH INSURANCE MARKET

Nevada's health insurance market continues to represent the largest segment of direct written premiums, making up approximately 40% of the State's total.[1] The Division is responsible for the analysis, review and approval (or disapproval) of rates and forms for a variety of insurance products ranging from health benefit plans to life insurance and annuities. Other specific types of insurance reviewed by the Division include accidental death and dismemberment, credit, prescription drug plan, Medicare supplement plan, disability, dental, long-term care, and pre-paid limited Health Service Organizations (lab only, x-ray only, mental health only, etc.).

[1] NAIC 2021 State Page Summary Data.

The Division reviews Nevada insurers' rate and form filings to ensure a competitive and stable market for consumers. The insurance products regulated by the Division are separately controlled by twenty-five different chapters of the NRS. Notably, life and health insurance products are subject to standards defined in NRS 686B.050, which means that rates cannot be inadequate, excessive, or unfairly discriminatory.

While Nevada's Medicaid program is regulated by the Nevada Department of Health and Human Services and while Medicare plans are regulated by the federal government, Medicare Advantage Plan insurers are licensed by the Division and subject to financial solvency regulation; however, they are regulated in all other aspects by the federal government. Other key points are as follows:

- The Division regulates large group health insurance policy forms, but has no regulatory authority over large group health insurance premiums; and
- Self-Insured Employer health plans are regulated under the federal Employee Retirement Income Security Act of 1974 ("ERISA").

The Division collaborates with SSHIX regarding plan management responsibilities. This task involves approving all rates, forms, and binders that must be "validated" by the federal Health Insurance Oversight System (commonly termed "HIOS") prior to submission to SSHIX. The Division's also collaborates with SSHIX on aligning filing and workflow deadlines to ensure that annual rate, form, and plan reviews are timely completed. This ensures completion in line with the plan year open enrollment period and with guidelines set forth by the federal Centers for Medicare & Medicaid Services ("CMS").

In Fiscal Year 2022, the Division's Life and Health section received 3,020 filings, which included rate and form filings, advertising, and informational filings. Of these, 1,158 were approved for use, 47 were approved with stipulations, 12 were disapproved, and 41 were withdrawn. The remaining filings were informational only.

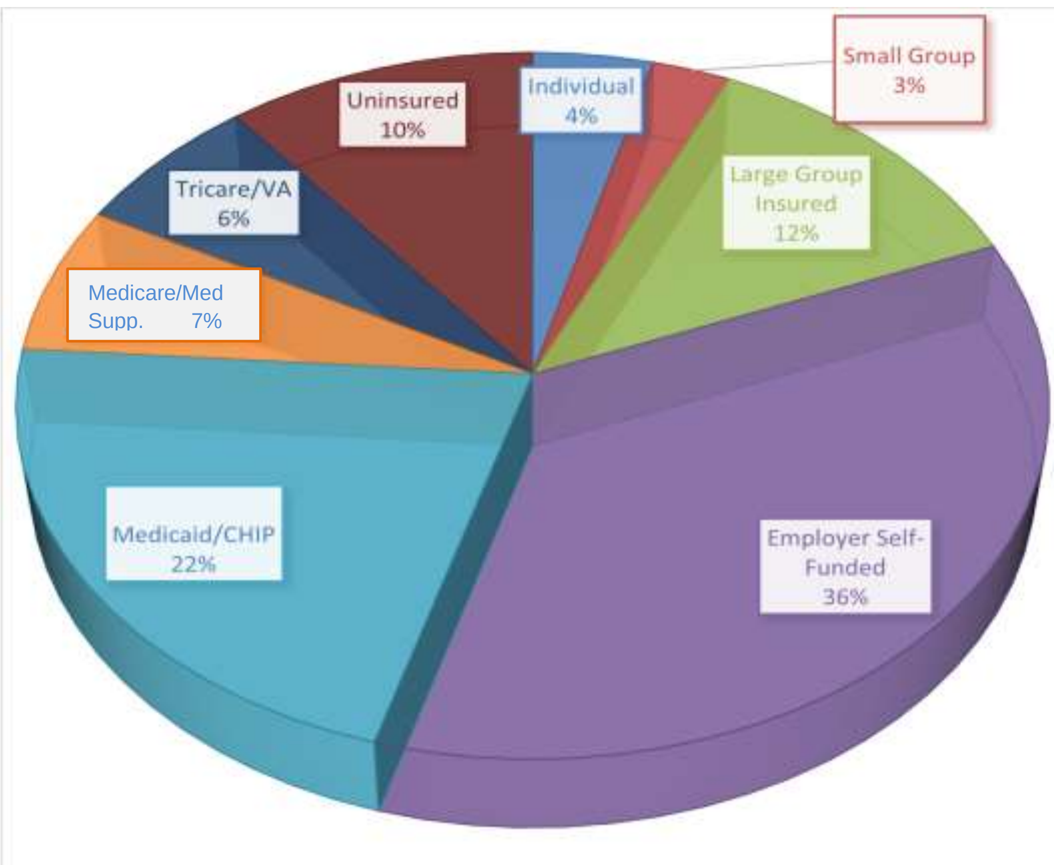
The table and graph below provide an overview of the healthcare coverage by payor source in Nevada. The Division regulates the individual and small group markets, which represent products held by approximately 7% of the state's population. In addition, as noted above, the Division reviews and approves policy forms used in the fully insured large group market (employers with 51 or more employees). The Division has no authority to review large group plan rates, provider networks, or drug formularies.

The health insurance market premiums subject to the State's Premium Tax are individual, small group, fully insured large group, fully insured Association Health Plans ("AHPs"), Medicare Supplement, and Medicaid Managed Care Organization ("MCO") plans.

NEVADA DIVISION OF INSURANCE
HIGH-LEVEL OVERVIEW OF HEALTH INSURANCE COVERAGE BY SOURCE OF COVERAGE IN NEVADA

Population / Coverage Category	Estimated Member Count	Member Count as a Percentage of Total State Population	Data Description	Data Source
Population of Nevada	3,145,184	100%	Certified 07/01/2020 Population Estimates	Nevada Dept. of Taxation
Individual Market	129,350	4.1%	Membership Effective 12/31/2021	NAIC I-Site
Small Group Market	83,340	2.6%	Membership Effective 12/31/2021	NAIC I-Site
Large Group Market (Fully Insured)	379,981	12.1%	Membership Effective 12/31/2021	NAIC I-Site
Group Market (Self-Funded)	1,122,684	35.7%	Estimate based on 2021 Kaiser Foundation Report	Kaiser Foundation
Medicaid / CHIP	679,846	21.6%	Medicaid /CHIP Enrollment 12/2020	Medicaid.gov
Medicare/Medicare Advantage*	210,063	6.7%	2020 Medicare and Medicare Advantage Enrollment	CMS.gov/ 2021 NV Med Sup Guide
Tricare/ VA Health Care (other public)	206,530	6.6%	Tricare Members 2020 + Table HI-05_ACS	Military Health System
Uninsured Estimate	333,390	10.6%	Estimate based on accessible data above	
Total Covered Population	2,682,988	89.4%	Estimate based on accessible data above	

2021 Healthcare Results By Coverage Category



NEVADA INDIVIDUAL HEALTH MARKET

In 2014, when Nevada implemented the Patient Protection and Affordable Care Act ("ACA"), it was impossible to know what impact the ACA would have on the individual market. The ACA's requirements of guaranteed issue, premium subsidies, and other cost-sharing protections and mandated benefits dramatically changed the makeup of Nevada's individual health insurance market. In considering the years since the ACA's implementation, data illustrates the challenges that the market has endured and provides insight into today's market.

The ACA has significantly impacted the growth of Nevada's individual market. With the initial implementation of the ACA in 2014, the individual market experienced a dramatic enrollment and written premium surge. That year, individual market premiums increased from $153,964,556 in 2013 to $330,918,851. In addition, total year-end members increased from 77,617 to 116,131. The data in Exhibit I shows premiums and enrollment numbers from 2014 to 2021. Enrollment numbers have averaged around 116,000 during that period, peaking at 143,257 members at the end of 2016. Member numbers dropped after 2016 when the ACA's individual mandate was removed and continued to drop through 2019, with total members settling at 108,974. During the pandemic, the individual market enrollment increased by 5.6% in 2020 and 18.7% in 2021.

Exhibit II displays Nevada's 2014-2021 individual market statistics by rating area, and it includes the number of carriers in the Off-Exchange and On-Exchange markets, sample monthly rates, and the average annual approved statewide rate increases. The exhibit documents the evolution of the State's individual market. Over the years, there has been a shift in enrollment from the Off-Exchange to the On-Exchange market. Based on enrollment numbers provided by SSHIX, at the beginning of Plan Year 2014, Off-Exchange enrollment made up roughly 70% of the individual market compared to 30% On-Exchange. As of 2022, On-Exchange enrollment now comprises roughly 80% of the total individual market.

Several factors have impacted individual market enrollment since 2016 and the shift from Off-Exchange to On-Exchange plans. The ACA provides premium subsidies for plans purchased through a health insurance exchange for families whose income does not exceed 400% of the federal poverty level. Subsidies have made exchange-based health insurance policies much more affordable for those that qualify. The pandemic also played a role in the enrollment increase because Nevadans who were laid off or no longer eligible for employer sponsored insurance turned to the individual market.

Another contributor to this increase was the passage of ARPA, which was signed into law on March 11, 2021. ARPA increased subsidies, which allowed Nevadans who were already receiving a subsidy to further reduce their monthly health insurance costs and removed the upper income eligibility requirement of 400% of federal poverty level. While the expanded subsidies were set to expire on December 31st, 2022, the Inflation Reduction Act of 2022, which was signed into law on August 16, 2022, extended the subsidies under ARPA until the end of 2025. Prior to the ARPA expanded subsidies, in Plan Year 2020, 85% of enrollees were receiving subsidies. That number increased to 90% for Plan Year 2021.

In addition to subsidies, the ACA provides for guaranteed issue policies and a prohibition against pre-existing condition exclusions for all individual health benefit plans. These requirements were new to the individual market and, in the early years of the ACA, carriers faced substantial challenges in properly rating their insured pools. Exhibit II illustrates these challenges, which are reflected by the steady climb in approved rate increases in the ACA's early years. While 2015 and 2016 heralded modest increases of 4.95% and 8.9%, respectively, approved rate changes peaked at 31.6% in 2018 because of adverse loss experience. In recent years, premiums have relatively stabilized, with overall average rate increases below 5% from 2019 through 2022. The Plan Year 2023 average rate increase was 9%; however, approximately 4% of that change was caused by one carrier's rate increases.

As the individual market continues to stabilize, additional carriers have begun offering plans in Nevada. Since the lows of 2018, participation On-Exchange has increased from 2 carriers in 2018 to 6 carriers in 2023 for Rating Areas 1 and 2, which encompasses Clark, Nye, and Washoe Counties. Carriers in Rating Area 3, which includes Carson City, Douglas, Lyon, and Storey Counties, has increased from 1 carrier to 4. The remaining counties in the State now offer 3 carriers, up from 1 carrier in 2018. The addition of new carriers provides more options for Nevadans, especially in the State's rural areas.

For Plan Year 2023, On-Exchange plans are being offered as follows: Clark and Nye Counties will have the choice of 81 plans, Washoe County will have the choice of 69 plans, Carson City, Douglas, Lyon, and Storey Counties will have the choice of 49 plans, and 45 plans will be available for the State's remaining counties. Further, 34 Off-Exchange plans are being offered in Washoe County, 40 in Clark County, 23 in Carson City, Douglas, Storey and Lyon Counties, 27 in Nye County, and 14 plans in the remaining counties.

SMALL GROUP MARKET

Nevada's small group market remained relatively stable from 2014 to 2017 as the number of covered lives remained at roughly 95,000. Year over year, covered lives have decreased since 2017, except for 2020, where covered lives grew by 4.9%. The reduction in covered lives has occurred as small employers search for options more affordable than the traditional fully funded small group market.

Some small business employers are turning to alternatives such as: Qualified Small Employer Health Reimbursement Arrangements, which allow small employers to provide reimbursement of certain employee health care expenses, including individual health insurance premiums; Association Health Plans, which allow small business employers with common interests to purchase fully insured, large group health plans through associations; and self-funded health plans. The estimated number of Nevadans covered through self-funded plans has grown from 997,385 in 2020 to 1,122,684 in 2021.

Nevada's small group covered lives and written premiums totals were as follows:

Year	2015	2016	2017	2018	2019	2020	2021
Covered Lives	91,625	95,272	95,879	90,719	79,788	83,663	83,340
Written Premiums	$386,778,082	$410,744,728	$444,838,241	$494,110,505	$426,665,240	$404,612,130	$466,759,660

Source: *NAIC i-Site*

FULLY INSURED LARGE GROUP MARKET

The State's fully insured group market has experienced an overall decrease of -6.4% in covered lives since 2015; however, data show a modest increase of 1.4% over 2020. Written premiums have significantly increased since 2015, growing from $1,589,732,026 in 2015 to $1,893,446,619 in 2021. The premium growth for 2019 and 2020 were 6.3% and 3.0%, respectively, while written premiums grew by 0.3% in 2021.

Year	2015	2016	2017	2018	2019	2020	2021
Covered Lives	402,755	392,044	390,000	383,626	396,469	374,652	379,981
Written Premiums	$1,589,732,026	$1,645,662,779	$1,708,765,030	$1,723,428,142	$1,832,807,002	$1,888,388,757	$1,893,466,619

Source: *NAIC i-Site*

MEDICAL LOSS RATIO – NEVADA POLICYHOLDER REBATES

The ACA includes a Medical Loss Ratio ("MLR") requirement, where health insurance carriers in the individual, small group, and large group markets are required to spend at least 80% (individual) and 85% (small and large groups), respectively, of their premium income on medical care and health care quality improvement; leaving the remaining 20% or 15% for administration, marketing, and profit. Carriers are required to price their products well in advance of the plan year, and their rates are based upon projected loss experience. Some carriers' plans' actual loss experience was below the ACA mandated medical loss ratio benchmarks, so premium rebates were issued to Nevada policyholders. Total premiums rebated to Nevada policyholders in 2014 through 2021 were as follows:

	2014	2015	2016	2017	2018	2019	2020	2021
All Markets	**$4,049,168**	**$3,797,839**	**$6,243,165**	**$4,689,070**	**$6,451,083**	**$8,680,429**	**$14,383,246**	**$10,443,945**
Individual	$730,712	$304,236	$67,583	$0	$0	$9,819	$5,338,467	$3,506,856
Small Group	$2,900,801	$3,444,511	$4,055,811	$4,032,525	$6,432,012	$7,494,112	$6,342,430	$3,875,238
Large Group	$417,655	$49,092	$2,119,771	$656,545	$19,071	$1,176,499	$2,702,349	$3,061,851

Source: *https://www.cms.gov/CCIIO/Resources/Data-Resources/mlr*

RATE REVIEW

In accordance with ACA provisions, the Centers for Medicare and Medicaid Service ("CMS") designated Nevada an effective rate review state. As an effective rate review state, Nevada must conduct reviews of proposed rates as follows:

- Gather sufficient data and documentation concerning rate increases to conduct an examination of proposed increase reasonableness.
- Consider the factors below as they apply to the review:
  - Medical cost trend changes by major service categories
  - Changes in services utilization (i.e., hospital care, pharmaceuticals, doctors' office visits) by major service categories
  - Cost-sharing changes by major service categories
  - Changes in benefits
  - Changes in enrollee risk profile
  - Impact of over- or under-estimate of medical trend in previous years on the current rate
  - Reserve needs
  - Administrative costs related to programs that improve health care quality
  - Other administrative costs
  - Applicable taxes and licensing or regulatory fees
  - Medical loss ratio
  - The issuer's capital and surplus
  - The impacts of geographic factors and variations
  - The impact of changes within a single risk pool to all products or plans within the risk pool; and
  - The impact of reinsurance and risk adjustment payments and charges under sections 1341 and 1343 of the ACA.
- Determine the reasonableness of the rate increase under a standard set forth in state statute or regulation.
- Post either rate filings under review or rate filing justifications on the state website or post a link to the rate filing justification information on the CMS website.
- Provide a mechanism for receiving public comments on proposed rate increases.
- Report rate review results to CMS for rate increases subject to review.

NETWORK ADEQUACY

The Division regulates provider networks maintained within the individual and small employer health insurance markets. Nevada Administrative Code 687B.770 established the Network Adequacy Advisory Council ("Council") to recommend additional or alternative standards for determining network adequacy. Since its inception, the Council has added standards for pediatrics and individual mental health providers, increased the requirements related to Essential Community Providers ("ECP"), and recommended the incorporation of network adequacy standards into Nevada regulation—a move away from simply referencing CMS standards.

The four public meetings for Plan Year 2024, held between March 2022 and September 2022, culminated with a report submitted to the Commissioner on September 15, 2022. The latest report included the Council's recommendation to maintain current standards for Plan Year 2024, except for the Essential Community Provider ("ECP") requirements. The Council recommended that Nevada's ECP standards be updated to align with the CMS Plan Year 2023 ECP. The recommendation, if implemented, would increase the current percentage of ECPs that a carrier must contract with, in its service area, from 30% to 35%.

While the Council discussed further changes to Nevada's network adequacy standards with the purpose of aligning with federal standards, the Council decided that access and provider shortages impacting Nevadans should be addressed through workforce improvement because additional adequacy standards would not adequately address such issues. Because it is not the Council's charge to address workforce issues, the Council's recommendation strongly encouraged responsible state agencies and government entities to establish an action plan to strengthen the health care workforce, including the nurse workforce, to address the shortages Nevada faces both in urban and rural areas. In early 2023, the Council will reconvene to discuss recommendations for Plan Year 2025.

ACCESS TO HEALTHCARE

Given the vast geographic area of the State and the disproportional distribution of its population, Nevada faces many challenges related to access and availability of affordable health coverage. Of the 3 million plus people in the State, approximately 90% reside in two counties, which make up less than 15% of the State's geographic area. Because of this unique distribution, ensuring access to and availability of affordable health coverage for Nevada's population is a challenge.

Using funds awarded under the State Flexibility to Stabilize the Market Grant Program Cycle II ("Grant"), the Division is implementing three key activities that could foster insight regarding the challenges facing Nevadans and improve access to healthcare. These activities include: 1) investigating barriers that exist for Nevadans when accessing health insurance by conducting a market scan report; 2) assessing the needs of Nevada's health insurance market to determine whether the current Essential Health Benefit (commonly termed "EHB")-benchmark plan is meeting those needs; and 3) researching mental health coverages offered in the State to develop processes and templates that help ensure health insurance carriers comply with the Mental Health Parity and Equity Act. The Division will continue its research through, approximately, the next two calendar years.

LONG-TERM CARE INSURANCE

The long-term care insurance market continues to exhibit volatility. Long-term care insurance premium rates are based on the insured's age, gender, and marital and health statuses. Applicants are underwritten, and those with health issues may be denied coverage. Nationwide, many long-term care insurance policies were initially underpriced because of inaccurate assumptions when the plans were created. As a result, over the last several years, consumers have been subjected to large premium increases.

Under the new rate stabilization standards enacted by the Division on October 1, 2011, any future rate increase must return at least 85% of the increased premium to the consumer in the form of benefits. Previous and current rate increases for long-term care insurance were and are primarily driven by medical costs for services and medical inflation trends. The volatility of the long-term care line and related rate increases are not specific to Nevada, and how to address this line of business is of great interest to state regulators nationwide.

MEDICARE SUPPLEMENT INSURANCE

The Division annually publishes a Medicare Supplement Insurance Premium Comparison Guide, which contains valuable information about Medicare Supplement policies and rates for different plans. These rates can also be located through a rate lookup tool. The rates displayed on the Division's website are sample rates and are intended to provide a sample of what a Medicare Supplement Insurance policy might cost. While the Division takes steps to provide the public with the most accurate rates for specific circumstances, the premium rate each company charges an individual is based on several different factors, including a person's age, location, benefit plan selected, and underwriting status.

Jarbridge Wilderness, Photo Credit: Sydney Martinez/TravelNevada

NEVADA PROPERTY AND CASUALTY INSURANCE MARKET

Products within the property and casualty market account for approximately one-third of the written premium in Nevada. Property and casualty insurance protects against risks involving property (cars, homes, or businesses, as well as numerous kinds of personal property) and casualty, which refers to liability risks (providing protection for a policyholder against claims of others). The table below represents the 5-year history of direct written premium for Nevada's property and casualty major lines.

Nevada Property and Casualty Direct Premiums Written

Year	2017	2018	2019	2020	2021
Automobile	$2,671,538,000	$3,062,331,000	$3,351,543,000	$3,265,370,781	$3,560,826,217
Home	$580,641,000	$620,692,000	$663,329,000	$710,140,094	$770,672,944
Workers' Comp.	$363,080,000	$408,905,000	$425,385,000	$409,259,441	$417,481,286
Surplus Lines	$307,560,000	$381,158,653	$413,590,311	$439,922,421	$553,870,779

Sources: *NAIC Market-Share Reports for Property/Casualty Groups and Companies; Nevada Surplus Lines Association ("NSLA") RAPID Monthly Comparison Reports*

One of the Division's primary responsibilities is to protect Nevada consumers through reviewing rate and form filings received from the State's admitted property and casualty insurers. Rates for most commercial lines of insurance are deregulated, but the Division reviews rate filings of personal lines of insurance such as automobile, home, umbrella/liability, title, and various other insurance types. The Division also reviews rates for workers' compensation and medical professional liability (medical malpractice) insurance. Rate reviews ensure that rates are adequate, not excessive, not unfairly discriminatory, and do not result in creating a monopoly by destroying competition.

Nevada is a "prior approval" state for personal lines, a term indicating that, prior to marketplace use, insurers' rates and forms must be submitted to the Commissioner. The "prior approval" framework is a critical consumer protection that ensures insurance products are introduced in the Nevada marketplace only after rates (for personal lines of insurance) and forms (for nearly all lines of insurance) have been thoroughly reviewed to ensure compliance with Nevada law.

AUTOMOBILE INSURANCE

Nevada's automobile insurance direct written premiums have grown as follows: 2013 – 5.6%; 2014 – 6.2%; 2015 – 6.0%; 2016 – 9.6%; 2017 – 11.6%; 2018 – 14.6%; 2019 – 9.4%; 2020 – -2.6% (a slight decrease due to the COVID-19 pandemic); 2021 – 9.0%. Over the past 5 years, rate filings submitted by automobile insurers reveal an upward rate trend related to all coverages for automobile insurance, except for a brief period during the last three quarters of 2020 when the early COVID-19 pandemic led to a major, sudden decrease in driving. Exhibit V summarizes major rate changes by the largest five insurance groups within the past 3 years.

At the pandemic's onset, stay-at-home orders and business closures across the country, including Nevada, were implemented in mid-March of 2020. This resulted in a substantial reduction in driving, which created noticeable decreases in the frequency of automobile accidents in Nevada. This risk reduction led the Commissioner to encourage all property and casualty insurers to provide relief to insureds impacted by the pandemic.[2] The Division wanted insurers to provide extended grace periods before cancellation of coverage, provide flexibility with due dates for premiums, waive late fees and penalties, provide payment plans for premiums to avoid a lapse in coverage, and to only cancel or non-renew if all other efforts were exhausted. Most insurers provided such accommodations. Most automobile insurers provided several rounds of reimbursements to insureds in the form of return premiums, dividends, cash payments, and other forms of assistance.

After stay-at-home orders were lifted, most Nevada automobile insurers experienced increasing frequency (number of accidents) and severity (payments made per claim) of losses/claims. While frequency remains slightly lower than pre-pandemic levels, severity has risen considerably. In late 2021 and in 2022, many insurers filed for significant rate increases motivated by cost inflation, such as the increasing cost of automobile repairs, rising used car prices (which often serve as replacements of "like kind and quality" for automobiles deemed to be total losses), and automotive repair labor scarcity. Medical care cost increases have also contributed to claims severity for bodily injury liability and uninsured/underinsured motorists coverages.

Analysis of the NAIC's data on market concentration shows that Nevada retains an objectively competitive automobile insurance market with a lack of market concentration by its carriers. This is true for both individual companies and company groups. Despite its auto insurance market remaining healthy and competitive, Nevada auto insurance average premiums continue to rank higher than the nationwide average. The relatively higher cost, compared to some other jurisdictions, appears to be the result of market conditions in Nevada: a higher incidence of theft, higher frequency of accidents, and higher severity of injuries sustained in accidents.

Some additional factors driving the cost of automobile insurance in Nevada are increasing medical and litigation costs. Insurers generally attribute rising medical cost severity to national inflation trends in medical care costs. This includes hospital stays, emergency-room treatments, prescription drug costs, and general medical expenditures. Increased litigation costs resulting from personal injury and loss of income because of automobile accidents can also exert upward pressure on loss severity. Additionally, more expensive vehicles on the market and general price inflation can drive severity higher.

Some of the key characteristics frequently used by automobile insurers in rating include, but are not limited to, territory (ZIP code), claims history, driving record/traffic citations, vehicle year, make, and model, miles driven, insurance coverage levels, credit-based insurance scoring, prior bodily injury (generally, BI) coverage limits, and the age, gender, and marital status of the driver.

[2] Nevada Division of Insurance, *Statement Regarding Nevada Property & Casualty Market Due to COVID-19*, March 30, 2020. http://doi.nv.gov/uploadedFiles/doinvgov/_public-documents/News-Notes/Statement_for_PC.pdf.

A summary of Nevada's private passenger automobile insurance marketplace is provided in Exhibit III, which shows direct premium written in calendar-year 2021, direct premium earned, and direct losses incurred for the largest 25 insurers by volume of direct premium written, along with these insurers' respective 2019 rankings. Exhibit IV shows the largest five insurance groups offering private passenger automobile insurance in Nevada in 2019 and 2021. Exhibit IV also shows the pure direct loss ratio for the largest five groups, in 2021, was 69.81% – 1.71 percentage points higher than the ratio for all companies and about 8.68 percentage points above the 2019 largest five groups ratio of 61.13%. The identities of the largest five groups did not change from 2019, but the relative rankings of the largest three groups shifted. The Berkshire Hathaway Group (consisting of the GEICO companies) gained the largest market share in 2021, and the Progressive Group gained the second-largest market share. The State Farm Group's market share declined from 16.60% in 2019 to 15.04% in 2021, leading State Farm Group to the third-largest market share in 2021.

USAGE-BASED AUTOMOBILE INSURANCE

Various automobile insurers continue to innovate in their usage-based insurance ("UBI") programs, which consider the amount of an insured's driving and/or specific driving behaviors to set or adjust premiums paid. Examples of attributes that may be considered by a UBI model include miles driven, the time of day a person usually drives, braking and acceleration, speeding, the type of roads a person drives on, distracted driving like active cell-phone usage, turning behaviors, and whether one is driving in an urban, suburban, or rural location. Individual insurers proposing to use predictive models must file them with the Division.

While UBI remains optional for traditional automobile insurers, many insurers have implemented surcharges for riskier-than-average driving behavior. Some insurers charge premiums per mile driven rather than per time period (the "pay-per-mile" concept).

There are several potential advantages of UBIs. Well-designed consumer facing UBI apps could reduce the underlying frequency and severity of losses. Further, premiums could automatically adjust during periods of reduced driving – for instance, during a pandemic when more people stay at home. Moreover, people who do not drive their vehicles for extended periods of time because of travel, military deployment, illness, or other life circumstances could maintain required liability insurance while paying significantly lower premiums.

However, to increase the take-up of UBI products, it is expected that insurers will need to address privacy concerns, including whether insurers will sell consumer driving data to third parties, whether consumers will be tracked based on location, and whether consumers will be tracked via their phones when they are not driving.

AUTONOMOUS AND SEMI-AUTONOMOUS VEHICLES

Although autonomous vehicle technology continues to develop, the Division has not observed insurance companies offering coverage for the final version of this technology. Insurers routinely offer coverage for vehicles that employ semi-autonomous technologies, including collision avoidance, automated emergency braking, lane-keeping assistance, and parking assistance. Because semi-autonomous vehicle features still require the driver to be alert and always engaged, there is no difference regarding potential liability if a loss occurs; thus, liability coverage for semi-autonomous vehicles can fit within the current automobile insurance framework.

INSURTECH

Emerging technologies like blockchain continue to lead the emergence of "InsureTech" or "Insurtech" – a term commonly applied to a wide array of creative, technologically reliant insurance products. Insurtech products have recently entered the Nevada market. Some of these products or concepts include micro-insurance, which has been used to cover flight time for drones. Other examples include pay-per-mile insurance, where rates are based on actual usage of the vehicle, smart contracts related to blockchain technology, and smart claim payments where some carriers use an automated claims processing system to speed up claim payments. These technologies can also provide more efficient interaction with consumers through smartphone apps that allow coverage customization and rapid communication between consumer and insurer.

HOME INSURANCE

Nevada's home insurance market remains very competitive, and homeowners can obtain the desired protection for their homes at competitive rates. The NAIC annual study of home insurance market concentration for both individual companies and company groups shows that Nevada's home insurance market has been and remains stable and relatively un-concentrated.

In recent years, parts of the country have experienced terrible wildfire damage. Notable wildfires include the Dixie, Monument, and Caldor Fires in California, which caused extensive damage to homes and businesses. Nevada has been fortunate because the fires and fire damage in the state have not been as extreme as in other states. In 2021, an unprecedented year of wildfire experience in California, Nevada suffered a loss of 12 homes from the Tamarack Fire, which originated in California; but, no wildfires originating in Nevada destroyed homes.

One requirement of the Division's rate-review approach is that Nevada home insurance rates must be based on Nevada experience data. The Division prohibits the use of losses experienced in other states when considering the local rate level. As a result, Nevada's overall home insurance rates have not been impacted by the large fire losses experienced in other states; however, some homes located in certain brush and forested areas have implicated rate increases and reduced availability.

The use of complex mathematical models, or "predictive models," in the home insurance industry has steadily increased. These models have been introduced in rating plans over the past two decades. Recently, the Division has identified an increase in the number of independent third-party organizations that sell catastrophe models addressing specific perils for use in insurance rating. Some of these models have been developed to provide insurers with innovative ways to evaluate risk exposures associated with infrequent, but severe, weather loss events or catastrophic loss events such as earthquakes, fires, and floods.

The development of flood-oriented predictive models has enabled more insurers to enter the private flood insurance market in Nevada, providing insureds with alternatives to flood insurance policies offered by the National Flood Insurance Program (commonly termed the "NFIP").

The Division has observed a large influx of insurer proposals to use predictive models to assess wildfire risk and, in many cases, to assign "risk scores" to particular locations based on estimated wildfire loss potential. In 2022, the Division approved several such models. However, insurers are prohibited from using model outputs as the sole reason to deny the issuing an insurance policy or to cancel or non-renew an insurance policy in Nevada.

The COVID-19 pandemic appears to have had little to no impact on the availability of homeowners', renters', or condominium unit-owners' insurance in Nevada. The Division expects that home insurance will remain readily available and competitively priced. In areas subject to wildfire risk, the Division continues to work to ensure that Nevada-specific risk levels are reflected and that events elsewhere are not used to increase premiums or limit availability in Nevada.

MEDICAL PROFESSIONAL LIABILITY (MEDICAL MALPRACTICE) INSURANCE

Medical professional liability insurance provides defense and indemnification for claims arising out of alleged errors and omissions, or failure to meet the standard of care, in the practice of medicine. It is more commonly known as medical malpractice insurance. With few exceptions, in Nevada, medical professional liability insurance is not mandated. However, physicians and certain other medical professionals are typically required to show proof of coverage to receive hospital privileges or to be included in preferred-provider networks. Because many medical professionals would be unable to practice medicine without medical professional liability insurance, and because the public's well-being depends on access to medical care, it is considered an essential insurance product.

Exhibit IX represents Nevada's medical professional liability experience reported on insurers' annual statements, which are filed with the NAIC, for calendar year 2021. The exhibit shows that medical professional liability insurance has been a profitable line of business during the time period in question. From 2009-2021, in Nevada, overall insurer losses for this line of business remained low. Most years, less than half of premiums earned by medical professional liability insurers were used to pay claims. In 2021, the loss ratio (ratio of losses incurred to premiums earned) for the largest 25 medical professional liability insurance companies was 43.08%, while the loss ratio for the medical professional liability insurance market overall was 53.62%, which still allows for significant insurer profitability.

The number of companies offering medical professional liability insurance in Nevada generally has increased over time. In considering data from 2009-2021, 69 insurers wrote medical professional liability insurance in Nevada in 2009, which grew to a high of 97 carriers in 2017. After a period of slight retraction of carriers offering medical malpractice coverage in Nevada, because of both a consolidation of some medical malpractice insurers and some risk-retention groups exiting the market, the State had 93 carriers offering coverage in 2021.

In all, the number of active medical malpractice insurers in Nevada appears to have stabilized at a substantially higher level than approximately one decade ago. Medical professional liability insurers continue to make new product offerings, and the Division regularly reviews new programs developed by existing insurers to address liability risks of particular medical specialties.

Risk-Retention Groups in Medical Malpractice Insurance

Overall, the medical professional liability insurance market in Nevada continues to be extremely stable and competitive. However, since the middle of the last decade, the Division has observed significant differences between the traditional medical professional liability insurer experience and that of risk-retention groups ("RRGs").

RRGs are a form of self-insurance authorized by the federal Liability Risk Retention Act of 1986 ("LRRA"). Risk-retention groups may be formed by a group of insureds, each of whom is engaged in a similar or related business, to insure the liability risk exposures of that group. Once an RRG is licensed in its state of domicile, it may operate in any other state, subject to registration requirements and compliance with each state's laws regarding premium taxation, unfair trade practices, and other generally applicable insurance matters.

RRGs are particularly significant providers of medical professional liability insurance in Nevada. In 2021, 6 of the largest 25 medical professional liability insurers by market share were RRGs, compared to 3 in 2019. The 6 RRGs shown in Exhibit IX are domiciled in other states and, pursuant to LRRA, eligible to write business in Nevada.

Nevada-domiciled RRGs are licensed as captive insurers pursuant to NRS Chapter 694C. The market shares of RRGs in Nevada have plummeted since 2015 because of problems with RRG structure and its unique vulnerabilities to adverse impacts in the medical malpractice arena. Most Nevada-domiciled medical malpractice RRGs with writings predominantly, or exclusively, in other states became insolvent and were placed in receivership; fortunately, the impacts of such receiverships on Nevada policyholders have been minor or non-existent.

At year-end 2021, 17 RRGs domiciled in other states comprised 14.5% of the medical malpractice insurance market written premium. These RRGs have tended to enjoy stronger financial positions than RRGs domiciled in Nevada; however, within the past 5 years, several RRGs domiciled elsewhere have also become insolvent or have voluntarily discontinued operations. Reasons for these developments vary by insurer, but generally include the following: fewer assets and lower premium volume compared to traditional insurers; higher expense ratios; negotiating disadvantage when procuring reinsurance to limit exposure on a given claim or set of policies; and most medical malpractice RRGs are monoline insurers, meaning that they write only medical professional liability business. Writing only medical professional liability business leaves those RRGs vulnerable to systemic adverse events that could affect that line of business in a particular jurisdiction.

Between 2014 and 2022, the Division has actively taken steps to resolve the issues faced by troubled Nevada-domiciled medical professional liability RRGs. As of August 2022, three active Nevada-domiciled medical malpractice RRGs remain. All three RRGs write relatively low volumes of business and are tailored to the insurance needs of specialized populations of medical professionals. Two of these RRGs exclusively write policies outside of Nevada.

Despite the challenges faced by many RRGs, the overall market for medical professional liability insurance remains favorable in Nevada – with healthy and growing competition, available and affordable coverages, and most insurers' undiminished capacity to pay claims.

In 2021, the combined market share of the largest 25 companies was at 84.81%, compared to 87.09% in 2019 and over 90% during the first decade of the 21st century. This data suggests a gradual reduction in market concentration over time. The Herfindahl-Hirschman Index ("HHI") is a common measure of market concentration used to determine market competition. In 2021, Nevada's HHI for the medical malpractice insurance market was 0.1320 for groups and 0.0704 for companies. On a company basis, the HHI has declined over time. On a group basis, the HHI increased because the ProAssurance Group (the largest medical malpractice insurer in Nevada) acquired NORCAL Insurance Company, the second-largest medical professional liability insurer in Nevada, on May 5, 2021. Even after this significant acquisition, according to the U.S. Department of Justice, the HHI values are well within a range indicative of healthy competition.[3]

WORKERS' COMPENSATION INSURANCE – PRIVATE INSURERS

Effective July 1, 1999, Nevada moved from a state-run industrial insurance program to a system of workers' compensation insurance provided by private insurers, SIGs, and SIEs. This new system has created a competitive and stable workers' compensation insurance market in Nevada. While the Division regulates both private insurers and self-insured arrangements, this segment focuses on private insurers.

The 2020 Oregon Premium Rate Ranking Study, produced by Oregon's Department of Consumer and Business Services, identified Nevada as having the 10th-lowest average cost of workers' compensation insurance out of 51 U.S. jurisdictions. In 2018, Nevada had the 8th-lowest average cost ranking.

Since July 1, 2001, the NCCI has filed proposed loss costs for Nevada's private insurance market. Once these loss costs are filed, insurers may file loss-cost multipliers to consider the impact of other insurer-specific expenses and profit (considering investment income). NCCI also files assigned-risk plan proposed rates for Nevada businesses that must find a carrier who will write their risk in the private insurance market.

Overall, Nevada workers' compensation insurance rates have declined in recent years, which reflects the declining costs of insured losses. NCCI received approval for an average decrease of 13.6% in voluntary-market loss costs and a 14.9% decrease in assigned-risk rates, effective March 1, 2022. This follows 2021 average reductions of 5.2% and 9.9%, respectively, from the voluntary-market loss costs and assigned-risk market rates.

The workers' compensation experience analyzed by NCCI has remained favorable. Based on recent historical data and the application of its actuarial methodology, despite modest annual growth in required benefits provided by workers' compensation coverage, NCCI determined that favorable experience for both indemnity

[3] U.S. Dep't of Justice, Antitrust Division, *Herfindahl-Hirschman Index*, available at http://www.justice.gov/atr/public/guidelines/hhi.html.

and medical losses would justify lower loss costs. The low and declining overall loss ratios generally suggest that current workers' compensation rates are highly adequate and conducive to continued insurer solvency.

Exhibit X summarizes overall and industry group voluntary market loss-cost and assigned-risk rate changes for 2020-2022, and Exhibit XI shows the average voluntary market loss-cost and assigned-risk rate changes since 1999. Exhibit XII represents Nevada workers' compensation experience reported on the insurers' 2021 NAIC Annual Statements, which comprises the latest available data.

Workers' compensation has been a profitable line of business for most Nevada insurers, with loss ratios (the ratios of incurred losses to earned premiums) for many companies remaining below 60% in 2021. The overall 2021 loss ratio was 52.48%, compared 44.58% in 2019. While industry loss ratios fluctuate modestly on an annual basis, such fluctuation remains within a range indicative of favorable insurer experience and a stable market.

Predictive Models in Workers' Compensation Insurance

Beginning in 2016, the Division has reviewed proposals by several workers' compensation insurers to introduce predictive modeling into their rating systems. These proposals brought generalized linear modeling techniques and sophisticated multivariate rating plans into the workers' compensation line for the first time in Nevada whereas these treatments have been widespread in home and auto insurance rating for over a decade. When contemplating expenses and reasonable profit provision, all workers' compensation insurers are required to adopt the NCCI loss costs; so, those insurers must apply rating factors generated by predictive models on top of the existing rating structure that relies on NCCI loss costs and company-specific loss-cost multipliers (commonly termed "LCM").

As of this writing, after significant review, correspondence with the insurers, and modifications to models made at the Division's request, the Division has approved several large workers' compensation insurers' predictive models. Several other predictive models were ultimately disapproved or withdrawn by insurers who were unable to justify the proposed treatments or unwilling to provide full models for the Division to review. The Division will continue to rigorously scrutinize any proposed workers' compensation predictive models to ensure that the only approved models are those that accurately reflect the risk of workers' compensation insurance loss, do not distort the market, or limit the availability or affordability of coverage to any segment of employers.

In conclusion, even in the face of challenges like the COVID-19 pandemic, ongoing consideration of predictive models, a variety of other metrics, and developments by the Division reveal the continuing stability, solvency, and competitiveness of Nevada's workers' compensation market.

TITLE INSURANCE

Title insurance constitutes a contract where a title insurance company, in exchange for a one-time premium at close of escrow, protects against future losses resulting from real property title defects that exist at the time of purchase, but are unknown or undisclosed. Rather than providing protection for unknown future events, title insurance provides protection from future losses because of events that have already occurred (such as a mechanic's lien or a forgery in the chain of title). If there is a title claim because of a title defect that existed upon policy issuance, the title insurer will defend the property owner in court and, if necessary, pay damages incurred. Before issuing a policy, title insurers eliminate risks and prevent losses through extensive searches of public records and thorough title examination. Because of this, the majority of title insurance premium is used for expenses rather than losses, and loss ratios are usually very low.

When a home is purchased, buyers will typically purchase an owner's title insurance policy in the amount of the home's purchase price to protect their interest in the home for as long they own it. At the same time, if there is a mortgage, the lender will require the buyer to purchase a lender's title insurance policy in the loan amount to protect the lender's interest until the loan is paid off. Traditionally, in Nevada, the seller pays for the owner's policy and the buyer pays for the lender's policy, but this may be negotiated.

Since the Division issued the 2021 Insurance Market Report to the Legislature, the title insurance market has become slightly less concentrated. In 2019, two insurance groups comprising five companies held 72% of the market share, with 10 companies making up the rest. That share was reduced to 60% in 2021, during which the top 3 groups comprising 6 companies held 74% of the market share, with 13 companies making up the rest.

Nevada title insurance revenue in the form of earned premium increased every year since 2015, with the largest increases in the last two years. Earned premium in Nevada increased from approximately $220 million in 2019 to $250 million in 2020, then $320 million in 2021. Historically, loss ratios for title insurance have been very low – often less than 10% – because the majority of title premium is used for searching and correcting any title defects before policy issuance. Losses in 2020 and 2021 were particularly low – around 3.6%.

Typically, a homebuyer will use a title agent recommended by a real estate agent or lender, but such recommendations may be in the real estate agent's or lender's best interest, not the consumer's. The Division recommends that consumers shop around for the agent that is right for them. Nevada law prohibits requiring the use of a particular agent or insurer as a condition of a sale or loan. The buyer *always* has a choice.

To help buyers identify and navigate their options, the Division's website includes a title and escrow consumer education section. The section contains a brief explanation of how title insurance works, the Division's Consumer's Guide to Title Insurance[4], instructions for sending in a complaint or filing it online[5] and the Title Insurance Rate Comparison tool.[6] This tool allows consumers to enter information about a property (purchase price, down payment, county, and whether it is a short sale) and obtain a list of title agencies operating in the county, the title insurers they write for, the costs of an owner's policy of title insurance, a simultaneously issued lender's policy of title insurance, and the escrow/closing fees. The tool has a similar comparison for refinance transactions.

DIVISION OF INSURANCE SECTIONS

ADMINISTRATIVE

The Administrative section provides direct support to the Commissioner on all matters relating to insurance and provides ancillary support to all other sections. Such support includes handling fiscal planning, personnel matters, and regulatory interpretation. The Administrative Section is located in Carson City, with the exception of one Deputy Commissioner located in Las Vegas.

CAPTIVE INSURANCE

A "captive insurer" is generally defined as an insurance company that is wholly owned and controlled by its insureds. By creating their own insurance company, owners or members can reduce their costs, insure difficult risks, have direct access to reinsurance markets, and increase cash flow. They also provide coverages that cannot always be found in the regular commercial insurance market. There are a variety of captive structure types, and new and more sophisticated ways to utilize captive insurance continue to emerge.

As of July 1, 2022, 45% of the 147 active Nevada captives were formed by companies in the banking and finance industries, 22% of captives were grouped in agriculture, mining, construction, and manufacturing, 18% in sales and services, and 14% in healthcare-related fields.

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[4] Nevada Consumer's Guide to Title Insurance – http://doi.nv.gov/uploadedFiles/doinvgov/_public-documents/News-Notes/Title-Guide.pdf
[5] File a Complaint – http://doi.nv.gov/Consumers/File-A-Complaint/
[6] Search for Title Insurance Rates – http://titlerates.doi.nv.gov

CONSUMER SERVICES

The Division's Consumer Services section protects Nevada consumers in their interactions with the insurance industry. The Division assists consumers by ensuring that carriers and producers act within the law and Division staff routinely tracks claims settled, premium refunds, compromised settlement resolutions, and company positions overturned because of consumer complaints filed with the Consumer Services section. Recoveries are tracked and reflect the amount of monetary relief for Nevada consumers. For Fiscal Years 2021 and 2022, the section responded to approximately 25,000 consumer inquires and investigated 5,062 consumer complaints regarding the activities of insurance companies, insurance agents, bail agents, title agents, service contract providers, and other regulated entities. Through its efforts, the section recovered $8,834,567.00 for Nevada consumers during this period.

CORPORATE AND FINANCIAL AFFAIRS

The Commissioner is responsible for ensuring that insurance companies and other regulated entities doing business in Nevada are financially solvent. The Division's Corporate and Financial Affairs section ("C&F") oversees insurer solvency through financial reporting and monitoring, desk audits, and examinations.

In Nevada, there are 1,625 traditional insurers, including 186 Risk Retention Groups licensed to conduct business. Under Nevada law, each insurer so licensed must be examined for financial solvency (financial examination) no less than once every 5 years. Financial analysis of these entities is ongoing and performed through regularly scheduled, statutorily required filings, as well as through filings made on an as needed basis.

In addition to traditional insurers, C&F also provides financial oversight to other regulated entities. These entities include approximately 161 captives, 92 SIEs, and 7 SIGs. For the 2020 and 2021 calendar years, the Division participated in 21 financial examinations of domestic insurers. During that time, the Division conducted 36 regulatory examinations of "non-traditional" insurers.

ENFORCEMENT

The Division's Enforcement section investigates potential violations within the insurance industry. The section investigates licensees, both corporate and individuals, based on referrals from other sections within the Division, as well as from outside sources. The section also investigates unlicensed engagement in the business of insurance. Finally, the section performs all background investigations for the Captives and Licensing sections.

For Fiscal Years 2021 and 2022, the Enforcement section received 111 and 151 referrals, respectively, regarding potential violations in the insurance industry. In 2021, 98% of referrals resulted in an investigation. In 2022, 100% of those referrals resulted in opened investigations and were assigned to an investigator. In 2021, Enforcement conducted 70 captive background investigations and 69 captives in Fiscal Year 2022. Further, Enforcement conducted 119 licensing background investigations in 2021, and 352 in 2022.

FRAUD

The Fraud section investigates allegations of insurance fraud in Nevada. The section works with the Attorney General's Insurance Fraud Criminal Unit to coordinate investigations. For Fiscal Year 2022, the section's investigators reviewed 1784 suspected fraud reports, accepted 18 reports for investigation, and referred 4 cases to the Attorney General for prosecution.

The section is developing a community outreach and education program. The goal is to provide information to consumers and small businesses on services offered by the Division's Fraud section, as well as to educate consumers about important matters relating to insurance fraud, how insurance fraud affects them, and how to prevent it.

LEGAL

The Legal section functions as general counsel to the Commissioner and Division, providing legal support regarding the 63 chapters of statutes and 43 chapters of Insurance Code regulations, which are used to regulate the business of insurance in Nevada. The Legal section pursues administrative actions against persons licensed under the Insurance Code, as well as administrative actions against unlicensed persons improperly engaging in the business of insurance.

MARKET REGULATION

The purpose of the Market Regulation section is to assess the insurance marketplace's compliance with Nevada statutes and regulations, and to take appropriate action if the marketplace is not in compliance or if there are any other problems with individual companies or in the general marketplace. In Fiscal year 2020, the Division participated in 3 multi-state examinations, 11 in Fiscal Year 2021, and 1 in Fiscal Year 2022. The Division called 12 market conduct examinations in Fiscal Year 2021 and called 2 market conduct examinations in Fiscal Year 2022.

LICENSING

The Licensing section is responsible for reviewing and ensuring statutory compliance of approximately 30 different license types. The Licensing section's primary duty includes issuing new and renewal licenses, as well as the general license maintenance. The work of the Licensing section directly protects Nevada consumers through activities such as background investigations of potential licensees, assisting in the development of education for all types of licensees, as well as the evaluation and approval of producer education classes.

The Division has experienced an extremely large influx of license applications during the past two years, growing from 129,513 licensed individuals and agencies on June 30, 2020, to 233,557 active licensees on June 30, 2022, representing an increase of 104,044 licensees (80%) during the biennium. The 233,557 active licensees in Nevada comprise 218,860 individuals and 14,697 agencies. Within the individual licensee pool, there are 22,641 residents and 196,219 non-residents. Agency licensees consist of 2,015 residents and 12,682 non-resident firms. Roughly 90% of all licensees hold a producer license (211,388 resident and non-resident individuals and agencies).

SELF-INSURED WORKERS' COMPENSATION

The Self-Insured Workers' Compensation section is tasked with regulating employers and groups of employers who choose to "self-insure" the requirement to maintain workers' compensation insurance coverage. These employers are comprised of two groups: SIEs and SIGs. The Division comprehensively regulates these entities to ensure that SIEs and SIGs are financially sound, thereby ensuring that adequate funds are available to pay claims to injured workers, which may, in some cases, be the lifetime of the injured worker.

Presently, there are 91 employers in Nevada who are SIEs, meaning that the Division has granted a certificate authorizing them to self-insure their workers' compensation obligation. These employers represent approximately 287,375 employees. In addition, there are currently 7 SIGs authorized in Nevada. These groups represent 2,748 employers and approximately 73,041 employees.

SIE regulation requires the Division to perform regularly scheduled claim audits. Audits are conducted by independent examiners contracted by the Division to ensure the adequacy of the SIE's security deposit. Examiners conducted a total of 18 audits in Fiscal Year 2021, and 50 were conducted in Fiscal Year 2022. The regulation of SIGs requires an independent auditor to conduct a financial examination at least once every three years. 4 SIGs were examined in Fiscal Year 2021, and 3 in Fiscal Year 2022.

EXHIBITS

EXHIBIT I

NEVADA HEALTH INSURANCE MARKET – TOTAL MEMBERS

Line of Business	Total Members @ End of 2014	Total Members @ End of 2015	Total Members @ End of 2016	Total Members @ End of 2017	Total Members @ End of 2018	Total Members @ End of 2019	Total Members @ End of 2020	Total Members @ End of 2021
Individual Comprehensive	116,131	113,296	143,257	127,903	120,050	108,974	115,084	129,350
Group Comprehensive	423,485	418,056	412,145	408,320	388,667	386,858	365,909	370,810
Medicare Supplement	13,051	13,062	11,849	11,446	11,827	12,977	13,893	14,869
Vision Only	186,143	183,340	197,578	207,051	183,529	188,378	192,269	202,751
Dental Only	322,570	300,548	308,487	312,892	808,374	803,548	906,694	1,010,711
Federal Employees Health	37,000	37,948	38,073	38,857	39,029	40,321	41,389	41,497
Title XVIII Medicare	143,320	156,844	166,519	175,437	183,513	188,721	206,729	228,309
Title XIX Medicaid	388,318	415,284	451,461	475,597	476,416	461,166	572,874	647,994
Other	83,077	84,746	104,164	105,899	103,101	110,445	118,862	122,299
Totals	**1,713,095**	**1,723,124**	**1,833,533**	**1,863,402**	**2,314,506**	**2,301,388**	**2,533,703**	**2,768,590**

NEVADA HEALTH INSURANCE MARKET – WRITTEN PREMIUMS

Line of Business	2014 Direct Written Premiums	2015 Direct Written Premiums	2016 Direct Written Premiums	2017 Direct Written Premiums	2018 Direct Written Premiums	2019 Direct Written Premiums	2020 Direct Written Premiums	2021 Direct Written Premiums
Individual Comprehensive	$330,918,851	$383,778,094	$579,094,432	$548,283,592	$635,330,736	$595,397,983	563,911,235	665,943,820
Group Comprehensive	$1,596,628,437	$1,602,206,377	$1,665,412,104	$1,740,709,929	$1,769,040,078	$1,761,403,765	1,766,559,988	1,841,534,121
Medicare Supplement	$32,173,933	$35,396,271	$32,815,069	$31,735,840	$31,330,685	$32,550,551	34,369,778	37,510,893
Vision Only	$11,416,474	$12,191,591	$13,395,962	$14,089,885	$13,817,767	$14,215,442	14,002,537	15,290,310
Dental Only	$85,442,860	$51,245,901	$84,991,748	$92,934,116	$163,312,096	$167,379,751	163,225,269	183,157,425
Federal Employees Health	$180,448,879	$203,386,568	$216,991,391	$224,328,317	$227,619,971	$257,332,967	250,368,448	261,514,256
Title XVIII Medicare	$1,556,731,294	$1,736,510,864	$1,875,967,400	$2,007,588,445	$2,212,893,470	$2,518,388,999	2,880,618,524	3,239,227,917
Title XIX Medicaid	$888,988,100	$1,316,957,706	$1,482,282,435	$1,655,198,362	$1,805,841,239	$1,797,892,562	1,917,171,741	2,483,272,755
Other	$66,167,892	$62,553,492	$65,413,581	$67,923,938	$67,498,621	$71,758,209	61,005,934	54,614,330
Totals	**$4,748,916,720**	**$5,404,226,864**	**$6,016,364,122**	**$6,382,792,424**	**$6,926,684,663**	**$7,216,320,229**	**7,651,233,454**	**8,782,065,827**

EXHIBIT II

NEVADA HEALTH INSURANCE MARKET
CARRIERS AND SAMPLE AVERAGE MONTHLY PREMIUMS

	Area 1 Clark and Nye	Area 2 Washoe	Area 3 Carson, Lyon, Storey, Douglas	Area 4 Remainder of Rural Counties	Average Approved Statewide Rate Increase
Plan Year 2014					
2nd Lowest Silver *	$238	$308	$358	$475	N/A
Off Exchange Carriers	10	9	6	6	
On Exchange Carriers	3	4	3	2	
Plan Year 2015					
2nd Lowest Silver *	$237	$309	$342	$434	4.95%
Off Exchange Carriers	12	13	11	10	
On Exchange Carriers	4	5	4	2	
Plan Year 2016					
2nd Lowest Silver *	$261	$325	$363	$442	8.9%
Off Exchange Carriers	9	9	8	7	
On Exchange Carriers	4	4	3	2	
Plan Year 2017					
2nd Lowest Silver *	$282	$333	$379	$473	10.75%
Off Exchange Carriers	8	9	8	6	
On Exchange Carriers	3	4	3	2	
Plan Year 2018					
2nd Lowest Silver *	$340	$455	$597	$599	31.6%
Off Exchange Carriers	3	3	2	0	
On Exchange Carriers	2	2	1	1	
Plan Year 2019					
2nd Lowest Silver *	$369	$480	$642	$643	0.31%
Off Exchange Carriers	4	4	3	1	
On Exchange Carriers	2	2	1	1	
Plan Year 2020					
2nd Lowest Silver *	$338	$440	$549	$662	1.6%
Off Exchange Carriers	3	3	2	0	
On Exchange Carriers	3	3	2	2	
Plan Year 2021					
2nd Lowest Silver *	$364	$443	$529	$635	4.42%
Off Exchange Carriers	6	6	4	2	
On Exchange Carriers	5	4	3	3	
Plan Year 2022					
2nd Lowest Silver *	351	442	563	564	4.40%
Off Exchange Carriers	5	5	4	1	
On Exchange Carriers	6	6	4	3	
Plan Year 2023					
2nd Lowest Silver *	358	422	591	532	9.00%
Off Exchange Carriers	6	6	5	2	
On Exchange Carriers	6	6	4	3	

**Monthly Average Premium for 40-Year-Old*

EXHIBIT III

Private Passenger Automobile Insurance by Premium – Largest 25 Insurers – 2021

2021 Rank	2019 Rank	NAIC Company Code	Company Name	State of Domicile	Direct Premium Written	Direct Premium Earned	Direct Loss Incurred	Pure Direct Loss Ratio	Market Share
1	1	25178	State Farm Mutual Automobile Insurance Company	IL	425,360,221	416,184,001	277,883,973	66.77%	14.32%
2	2	16322	Progressive Direct Insurance Company	OH	274,749,394	265,848,170	178,900,610	67.29%	9.25%
3	3	29688	Allstate Fire & Casualty Insurance Company	IL	233,730,304	230,186,815	146,503,529	63.65%	7.87%
4	4	14138	GEICO Advantage Insurance Company	NE	226,598,555	225,740,723	205,576,417	91.07%	7.63%
5	6	38628	Progressive Northern Insurance Company	WI	174,644,046	170,521,137	102,766,473	60.27%	5.88%
6	5	37770	CSAA General Insurance Company	IN	144,078,563	143,329,055	76,753,873	53.55%	4.85%
7	7	21652	Farmers Insurance Exchange	CA	129,454,848	128,618,139	80,087,446	62.27%	4.36%
8	9	14139	GEICO Choice Insurance Company	NE	106,714,593	108,670,406	87,669,893	80.68%	3.59%
9	22	14137	GEICO Secure Insurance Company	NE	74,483,887	57,155,039	57,478,434	100.57%	2.51%
10	8	41491	GEICO Casualty Company	NE	72,449,499	73,706,540	55,994,187	75.97%	2.44%
11	13	19070	Standard Fire Insurance Company	CT	67,409,392	65,483,587	44,411,613	67.82%	2.27%
12	11	25941	United Services Automobile Association	TX	66,883,439	67,132,141	47,900,216	71.35%	2.25%
13	10	21687	Mid-Century Insurance Company	CA	55,461,836	57,693,295	26,347,691	45.67%	1.87%
14	15	18600	USAA General Indemnity Company	TX	54,752,336	55,680,726	37,218,109	66.84%	1.84%
15	11	12966	Key Insurance Company	KS	50,961,316	51,318,558	37,688,614	73.44%	1.72%
16	14	39012	Safeco Insurance Company Of Illinois	IL	50,895,559	51,444,100	38,517,258	74.87%	1.71%
17	16	25968	USAA Casualty Insurance Company	TX	49,871,446	50,012,244	34,591,508	69.17%	1.68%
18	18	37478	Hartford Insurance Company Of The Midwest	IN	38,159,181	38,541,297	25,823,307	67.00%	1.28%
19	19	10386	American Family Insurance Company	WI	33,763,893	33,618,107	23,691,698	70.47%	1.14%
20	69	10974	Root Insurance Company	OH	33,452,428	31,138,063	30,723,336	98.67%	1.13%
21	17	36447	LM General Insurance Company	IL	32,133,126	35,448,310	8,820,242	24.88%	1.08%
22	20	35882	GEICO General Insurance Company	NE	28,085,941	28,311,944	23,923,603	84.50%	0.95%
23	26	21253	Garrison Property & Casualty Insurance Company	TX	25,487,802	25,411,197	18,528,776	72.92%	0.86%
24	21	10730	American Access Casualty Company	IL	23,546,639	24,717,783	9,882,544	39.98%	0.79%
25	28	21008	Country Preferred Insurance Company	IL	22,109,553	22,035,811	13,688,411	62.12%	0.74%
Totals for Largest 25 Companies					**2,495,237,797**	**2,457,947,188**	**1,691,371,761**	**68.81%**	**83.98%**
Total for All 181 Companies (126 Active Companies)					**2,971,153,847**	**2,930,148,819**	**1,995,478,034**	**68.10%**	**100%**

Source: *NAIC I-Site+ – Market Share and Loss Ratio Summary Report, Calendar Year 2021*

EXHIBIT IV

Private Passenger Automobile Insurance by Premium:
Largest 5 Insurance Groups by Market Share in 2019 and 2021

2021 – Largest 5 Groups

Rank	NAIC Group Code	Group Name	Direct Premiums Written	Direct Premiums Earned	Direct Losses Incurred	Pure Direct Loss Ratio	Market Share
1	31	Berkshire Hathaway Group	535,528,900	520,300,667	448,717,669	86.24%	18.02%
2	155	Progressive Group	449,393,440	436,369,307	281,631,731	64.54%	15.13%
3	176	State Farm Group	446,752,624	437,261,243	289,001,886	66.09%	15.04%
4	8	Allstate Insurance Group	302,088,842	300,358,426	189,052,671	59.63%	10.17%
5	69	Farmers Insurance Group	222,392,021	223,257,117	130,181,777	63.15%	7.49%
Totals for Largest 5 Groups			*1,956,155,827*	*1,917,546,760*	*1,338,585,734*	*69.81%*	*65.84%*
Totals for All 58 Groups (49 Active Groups)			*2,971,153,847*	*2,930,148,819*	*1,995,478,034*	*68.10%*	*100%*

Source: *NAIC I-Site+ – Market Share and Loss Ratio Summary Report, Calendar Year 2021*

2019 – Largest 5 Groups

Rank	NAIC Group Code	Group Name	Direct Premiums Written	Direct Premiums Earned	Direct Losses Incurred	Pure Direct Loss Ratio	Market Share
1	176	State Farm Group	473,725,987	473,563,582	282,346,728	59.62%	16.60%
2	31	Berkshire Hathaway Group	452,851,513	442,266,765	302,558,082	68.41%	15.87%
3	155	Progressive Group	366,102,782	351,295,729	207,025,035	58.93%	12.83%
4	8	Allstate Insurance Group	280,953,976	276,048,896	153,620,262	55.65%	9.85%
5	69	Farmers Insurance Group	211,423,833	211,903,855	127,344,029	60.10%	7.41%
Totals for Largest 5 Groups			*1,785,058,091*	*1,755,078,827*	*1,072,894,136*	*61.13%*	*62.57%*
Totals for All 70 Groups (55 Active Groups) [7]			*2,852,985,973*	2,821,142,831	1,792,204,232	63.53%	*100%*

Source: *NAIC I-Site+ – Market Share and Loss Ratio Summary Report, Calendar Year 2019*

[7] An "active group" is defined as a group that wrote a positive amount of direct premium during the calendar year.

EXHIBIT V

3-Year Private Passenger Automobile (PPA) Insurance Rate-Change History

Berkshire Hathaway Group

Company	Effective Date	Overall Rate Change
GEICO Indemnity Company	10/26/2020	0.00%
	3/27/2022	-2.00%
GEICO Casualty Company	10/26/2020	+1.505%
	3/27/2022	+4.70%
GEICO General Insurance Company, Government Employees Insurance Company	10/26/2020	0.00%, 0.00%
	3/27/2022	0.00%, 0.00%
GEICO Advantage Insurance Company	10/26/2020	+2.071%
	3/27/2022	+12.40%
GEICO Choice Insurance Company	10/26/2020	-0.079%
	3/27/2022	+9.60%
GEICO Secure Insurance Company	10/26/2020	-0.073%
	3/27/2022	0.00%
GEICO Indemnity Company, GEICO Casualty Company, GEICO General Insurance Company, Government Employees Insurance Company, GEICO Advantage Insurance Company, GEICO Choice Insurance Company, GEICO Secure Insurance Company	4/8/2020	15% premium credit for a single policy term

Progressive Group

Company	Effective Date	Overall Rate Change
Progressive Direct Insurance Company, Progressive Northern Insurance Company	2/23/2020	-0.004%, -0.002%
	4/1/2020 – 5/31/2020	20% refund of premium pertaining to this timeframe
	9/20/2020	-2.000%, -3.000%
	9/20/2020	5% premium reduction for a single policy term
	1/24/2021	-1.971%, -2.958%
	5/1/2022	+15.80%, +4.20%

State Farm Group

Company	Effective Date	Overall Rate Change[8]
State Farm Fire and Casualty Company, State Farm Mutual Automobile Insurance Company	1/1/2020	0.00%, 0.00%
	2/3/2020	+1.90%, -2.50%
State Farm Fire and Casualty Company	3/20/2020 – 5/31/2020	27.5% refund of premium pertaining to this timeframe
State Farm Fire and Casualty Company, State Farm Mutual Automobile Insurance Company	7/13/2020	-2.20%, -2.10%
	8/31/2020	-12.60%, -12.70%
	1/1/2021	0.00%, 0.00%
	3/5/2021	0.00%, 0.00%
	5/15/2021	0.00%, 0.00%
	7/19/2021	-0.20%, 0.00%
	12/6/2021	-2.90%, 0.00%
	7/1/2022	0.00%, 0.00%

[8] Overall rate change reflects statewide average impact. Some consumers may experience a rate increase, some may experience a rate decrease, and some may not experience any change. Where multiple changes are listed for a given group of companies, each change is an overall rate change that pertains to an individual insurance company within the group.

Allstate Insurance Group

Company	Effective Date	Overall Rate Change
Allstate Fire and Casualty Insurance Company	3/23/2020	+4.00%
	8/24/2020	-0.60%
	10/19/2020	-0.10%
	7/19/2021	0.00%
	9/20/2021	0.00%
	9/27/2021	-3.00%
	12/27/2021	-0.10%
	4/4/2022	+5.90%
	11/14/2022	0.00%
Allstate Fire and Casualty Insurance Company, Allstate Insurance Company, Allstate Indemnity Company, Allstate Property and Casualty Insurance Company, Encompass Home and Auto Insurance Company, Encompass Indemnity Company, Encompass Insurance Company of America, Esurance Insurance Company, Esurance Property and Casualty Insurance Company	3/1/2020 – 5/31/2020	15% refund of premium pertaining to this timeframe
Allstate Indemnity Company	7/1/2020	0.00%
	10/28/2021	0.00%
	4/4/2022	+8.10%
Allstate Property and Casualty Insurance Company	10/28/2021	0.00%
Encompass Home and Auto Insurance Company	8/31/2020	0.00%
	8/23/2021	0.00%
Encompass Home and Auto Insurance Company, Encompass Indemnity Company	3/30/2020	0.00%
	2/1/2021	0.00%
	12/6/2021	0.00%
Esurance Insurance Company	7/16/2020	0.00%
Esurance Property and Casualty Insurance Company	1/2/2020	+5.951%
	7/16/2020	+3.00%
	4/8/2021	0.00%

Farmers Insurance Group

Company	Effective Date	Overall Rate Change
Mid-Century Insurance Company	1/7/2020	+2.017%
	7/22/2020	+2.522%
	7/22/2021	+2.548%
Mid-Century Insurance Company, Farmers Insurance Exchange	4/1/2020 – 5/31/2010	25% reduction for April 2020 premiums, 15% reduction for May 2020 premiums
Farmers Insurance Exchange	2/18/2020	+1.826%
	10/20/2020	+3.555%
	4/20/2021	+4.049%
	10/20/2021	+4.000%
	4/20/2022	+5.015%
Coast National Insurance Company	8/24/2022	+10.400%

Source: *Personal-Lines Rate-Filing Database of the Nevada Division of Insurance*

EXHIBIT VI

Home Insurance by Premium

Largest 25 Insurers – 2021

2021 Rank	2019 Rank	NAIC Company Code	Company Name	State of Domicile	Direct Premium Written	Direct Premium Earned	Direct Loss Incurred	Pure Direct Loss Ratio	Market Share
1	1	25143	State Farm Fire & Casualty Company	IL	145,261,759	138,329,160	67,089,430	48.50%	**18.85%**
2	2	21652	Farmers Insurance Exchange	CA	54,756,634	53,781,876	30,402,197	56.53%	**7.11%**
3	4	37907	Allstate Vehicle & Property Insurance Company	IL	38,485,449	35,595,262	23,543,958	66.14%	**4.99%**
4	8	37770	CSAA General Insurance Company	IN	36,746,608	35,804,696	21,559,780	60.22%	**4.77%**
5	9	17221	Homesite Insurance Company	WI	30,584,556	27,999,206	14,895,374	53.20%	**3.97%**
6	27	36161	Travelers Property Casualty Insurance Company	CT	30,476,372	24,161,107	14,273,478	59.08%	**3.95%**
7	7	25941	United Services Automobile Association	TX	23,694,150	23,077,939	13,795,777	59.78%	**3.07%**
8	6	42404	Liberty Insurance Corporation	IL	23,346,863	21,718,893	10,905,836	50.21%	**3.03%**
9	3	27998	Travelers Home & Marine Insurance Company	CT	23,270,942	25,307,444	10,004,929	39.53%	**3.02%**
10	5	21660	Fire Insurance Exchange	CA	19,692,766	20,946,353	9,205,008	43.95%	**2.56%**
11	17	10872	American Strategic Insurance Corporation	FL	16,513,412	15,519,992	7,379,781	47.55%	**2.14%**
12	14	11185	Foremost Insurance Company Grand Rapids, Michigan	MI	15,611,406	14,953,734	7,171,163	47.96%	**2.03%**
13	10	17230	Allstate Property & Casualty Insurance Company	IL	14,925,275	15,370,373	10,405,813	67.70%	**1.94%**
14	15	20990	Country Mutual Insurance Company	IL	14,685,698	13,968,650	7,872,615	56.36%	**1.91%**
15	19	18600	USAA General Indemnity Company	TX	13,029,646	12,409,862	7,802,328	62.87%	**1.69%**
16	12	24740	Safeco Insurance Company of America	NH	12,753,660	13,478,721	5,397,130	40.04%	**1.65%**
17	18	25968	USAA Casualty Insurance Company	TX	12,553,366	11,973,490	6,777,406	56.60%	**1.63%**
18	13	19275	American Family Mutual Insurance Company, S.I.	WI	12,382,754	12,679,438	12,047,531	95.02%	**1.61%**
19	16	19240	Allstate Indemnity	IL	12,060,054	11,950,403	8,288,705	69.36%	**1.56%**
20	21	28401	American National Property & Casualty	MO	10,682,393	9,741,016	10,174,608	104.45%	**1.39%**
21	36	25180	Stillwater Insurance Company	CA	9,218,992	7,978,947	7,577,866	94.97%	**1.20%**
22	38	11908	Mercury Casualty Company	CA	8,563,024	6,908,737	3,967,414	57.43%	**1.11%**
23	23	20419	Homesite Indemnity Company	WI	7,788,403	7,999,575	3,626,712	45.34%	**1.01%**
24	22	26905	Century National Insurance Company	CA	7,770,104	7,896,123	2,277,153	28.84%	**1.01%**
25	34	10386	American Family Insurance Company	WI	7,724,738	6,853,575	4,368,125	63.74%	**1.00%**
Totals for Largest 25 Companies					***602,579,024***	***576,404,572***	***320,810,117***	***55.66%***	***78.19%***
Totals for All 158 Companies (133 Active Companies)					***770,672,944***	***737,398,775***	***408,204,476***	***55.36%***	***100%***

Source: *NAIC I-Site+ – Market Share and Loss Ratio Summary Report, Calendar Year 2021*

EXHIBIT VII

Home Insurance by Premium:
Largest 5 Insurance Groups by Market Share in 2021 and 2019

2021 – Largest 5 Groups

Rank	NAIC Group Code	Group Name	Direct Premiums Written	Direct Premiums Earned	Direct Losses Incurred	Pure Direct Loss Ratio	Market Share
1	176	State Farm Group	145,261,759	138,329,160	67,089,430	48.50%	18.85%
2	69	Farmers Insurance Group	98,840,548	97,861,850	51,652,240	52.78%	12.83%
3	8	Allstate Insurance Group	84,540,971	81,969,705	51,840,910	63.24%	10.97%
4	473	American Family Insurance Group	63,069,699	59,660,177	37,288,271	62.50%	8.18%
5	3548	Travelers Group	56,265,008	52,137,111	25,856,445	49.59%	7.30%
Totals for Largest 5 Groups			*447,977,985*	*429,958,003*	*233,727,296*	*54.36%*	*58.13%*
Totals for All 69 Groups (59 Active Groups)[9]			*770,672,944*	*737,398,775*	*408,204,476*	*55.36%*	*100%*

Source: NAIC I-Site+ – Market Share and Loss Ratio Summary Report, Calendar Year 2021

2019 – Largest 5 Groups

Rank	NAIC Group Code	Group Name	Direct Premiums Written	Direct Premiums Earned	Direct Losses Incurred	Pure Direct Loss Ratio	Market Share
1	176	State Farm Group	126,162,674	124,938,362	69,690,931	55.78%	19.02%
2	69	Farmers Insurance Group	90,171,661	89,410,403	33,736,585	37.73%	13.59%
3	8	Allstate Insurance Group	66,897,170	63,628,113	36,110,618	56.75%	10.09%
4	473	American Family Insurance Group	49,070,184	44,787,985	29,483,862	65.83%	7.40%
5	111	Liberty Mutual Group	46,058,887	46,591,044	17,092,788	36.69%	6.94%
Totals for Largest 5 Groups			*378,360,576*	*369,355,907*	*186,114,784*	*50.39%*	*57.04%*
Totals for All 62 Groups (55 Active Groups)			*663,328,888*	*640,774,383*	*329,943,933*	*51.49%*	*100%*

Source: *NAIC I-Site+ – Market Share and Loss Ratio Summary Report, Calendar Year 2019*

[9] An active group is defined as a group that wrote a positive amount of direct premium during the calendar year.

EXHIBIT VIII

3-Year Home Insurance Rate-Change History

State Farm Group

Company	Effective Date	Overall Rate Change[10]
State Farm Fire and Casualty Company	3/1/2020	-0.20%
State Farm Fire and Casualty Company	6/1/2022	-3.00%

Farmers Insurance Group

Company	Effective Date	Overall Rate Change
Farmers Insurance Exchange	2/18/2020	+0.133%
Farmers Insurance Exchange	12/7/2020	+0.50%
Farmers Insurance Exchange	7/23/2022	+0.04%
Fire Insurance Exchange	12/7/2020	0.00%
Foremost Insurance Company, Grand Rapids, Michigan	2/15/2021	-19.30%
Foremost Insurance Company, Grand Rapids, Michigan	11/15/2021	+9.30%

Allstate Insurance Group

Company	Effective Date	Overall Rate Change
Allstate Property and Casualty Insurance Company	5/28/2020	+3.00%
Allstate Property and Casualty Insurance Company	11/4/2021	+5.50%
Allstate Vehicle and Property Insurance Company	5/28/2020	+7.00%
Allstate Vehicle and Property Insurance Company	11/4/2021	+7.00%
Allstate Vehicle and Property Insurance Company	4/7/2022	0.00%

American Family Insurance Group

Company	Effective Date	Overall Rate Change
American Family Insurance Company	11/1/2020	+3.60%
American Family Insurance Company	11/1/2021	+3.10%
American Family Mutual Insurance Company, S.I.	1/1/2020	+0.20%
Homesite Indemnity Company	11/14/2020	+6.40%
Homesite Insurance Company	1/13/2020	+16.80%
Homesite Insurance Company	7/23/2020	0.00%
Homesite Insurance Company	4/1/2021	+25.20%
Homesite Insurance Company	1/1/2022	0.00%

Travelers Group

Company	Effective Date	Overall Rate Change
Travelers Property Casualty Insurance Company	2/1/2020	+7.70%
Travelers Property Casualty Insurance Company	2/6/2021	+7.70%
Travelers Property Casualty Insurance Company	3/13/2021	+4.00%
Travelers Property Casualty Insurance Company	7/5/2021	0.00%
Travelers Property Casualty Insurance Company	5/7/2022	0.00%
Travelers Property Casualty Insurance Company	10/22/2022	+3.00%

Source: *Personal-Lines Rate-Filing Database of the Nevada Division of Insurance*

[10] Overall rate change reflects statewide average impact. Some consumers may experience a rate increase, some may experience a rate decrease, and some may not experience any change. Where multiple changes are listed for a given group of companies, each change is an overall rate change that pertains to an individual insurance company within the group.

EXHIBIT IX

Medical Professional Liability Insurance by Premium – Largest 25 Insurers – 2021

RANK	NAIC Group Code	NAIC Company Code	Company Name	State of Domicile	Direct Premium Written	Direct Premium Earned	Direct Loss Incurred	Pure Direct Loss Ratio	Market Share
1	2698	38954	ProAssurance Casualty Company	MI	16,836,970	16,427,260	7,624,844	46.42%	17.91%
2	1282	33200	NORCAL Mutual Insurance Company	CA	11,729,578	12,171,835	7,484,401	61.49%	12.48%
3	31	11843	The Medical Protective Company	IN	9,447,153	8,548,809	3,953,493	46.25%	10.05%
4		11260	Nevada Mutual Insurance Company, Inc.	NV	4,895,114	5,069,024	2,008,395	39.62%	5.21%
5		14163	Emergency Capital Management LLC, a RRG	VT	4,582,587	3,459,671	1,695,353	49.00%	4.87%
6	1154	10638	ProSelect Insurance Company	NE	3,307,150	2,004,741	2,113,050	105.40%	3.52%
7		11598	Applied Medico-Legal Solutions RRG	AZ	2,567,980	2,486,386	1,276,718	51.35%	2.73%
8	218	20427	American Casualty Company of Reading, PA	PA	2,500,284	2,359,691	304,974	12.92%	2.66%
9	158	14484	Hudson Excess Insurance Company	DE	2,455,777	1,076,777	586,343	54.45%	2.61%
10	98	24856	Admiral Insurance Company	DE	2,285,553	2,106,086	265,395	12.60%	2.43%
11	464	15738	MedChoice RRG, Inc.	VT	2,134,563	2,244,446	1,196,512	53.31%	2.27%
12	413	42617	MAG Mutual Insurance Company	GA	1,721,614	1,394,018	3,471	0.25%	1.83%
13	831	34495	The Doctors Company, An Interinsurance Exchange	CA	1,568,874	1,367,712	-612,463	-44.78%	1.67%
14	626	27960	Illinois Union Insurance Company	IL	1,533,270	1,367,459	1,097,595	80.27%	1.63%
15		26257	The Mutual RRG, Inc.	HI	1,480,042	1,480,042	95,605	6.46%	1.57%
16	158	25054	Hudson Insurance Company	DE	1,414,147	1,381,859	-91,718	-6.64%	1.50%
17	31	20079	National Fire & Marine Insurance Company	NE	1,246,013	1,215,714	429,800	35.35%	1.33%
18		35904	Health Care Indemnity, Inc.	CO	1,226,585	1,226,585	520,779	42.46%	1.30%
19	501	33138	Landmark American Insurance Company	NH	1,156,267	1,107,385	113,767	10.27%	1.23%
20	4734	43460	Aspen American Insurance Company	TX	1,096,252	1,014,612	100,382	9.89%	1.17%
21		44105	Ophthalmic Mutual Insurance Company RRG	VT	1,024,820	986,687	187,858	19.04%	1.09%
22	3219	41718	Endurance American Specialty Insurance Company	DE	959,955	938,822	256,402	27.31%	1.02%
23	785	35378	Evanston Insurance Company	IL	945,138	752,646	156,076	20.74%	1.01%
24	4776	15211	Lone Star Alliance RRG	DC	812,329	587,198	734,169	125.03%	0.86%
25	2638	15865	NCMIC Insurance Company	IA	811,130	802,141	191,960	23.93%	0.86%
Totals for Largest 25 Companies					***79,739,145***	***73,577,606***	***31,693,161***	***43.08%***	***84.81%***
Totals for All 129 Companies (93 Active Companies)					***94,021,283***	***88,086,030***	***47,228,580***	***53.62%***	***100%***

Source: *NAIC I-Site+ – Market Share and Loss Ratio Summary Report, Calendar Year 2021*

EXHIBIT X

Approved NCCI Voluntary Loss-Cost Changes and Assigned-Risk Rate Changes by Industry Group: 2020-2022

	Voluntary Loss-Cost Changes: Impacts by Effective Date				***Assigned-Risk Rate Changes: Impacts by Effective Date***			
Industry Group	*3/1/2020*	*9/1/2020 (Actuarial Annuity Table)*[11]	*3/1/2021*	*3/1/2022*	*3/1/2020*	*9/1/2020 (Actuarial Annuity Table)*	*3/1/2021*	*3/1/2022*
Contracting	-6.3%	+3.2%	-5.1%	-11.5%	-7.7%	+3.2%	-9.8%	-12.8%
Goods & Services	-2.0%	+2.8%	-6.6%	-14.9%	-3.4%	+2.8%	-11.3%	-16.2%
Manufacturing	-3.3%	+3.0%	-5.8%	-12.3%	-4.7%	+3.0%	-10.5%	-13.6%
Office & Clerical	-4.3%	+3.2%	-5.5%	-14.0%	-5.7%	+3.2%	-10.2%	-15.3%
Miscellaneous	-0.7%	+3.3%	-2.3%	-14.6%	-2.4%	+3.3%	-7.0%	-15.9%
Overall	**-3.2%**	**+3.1%**	**-5.2%**	**-13.6%**	**-4.6%**	**+3.1%**	**-9.9%**	**-14.9%**

[11] The filing, effective September 1, 2020, was made by NCCI in response to the Nevada Division of Industrial Relations ("DIR") adopting a revised Actuarial Annuity Table, which reduced the discount rate for calculating permanent partial disability ("PPD") lump-sum benefits (for those claimants who elect lump sums over periodic payments) from 2.98% per annum to 1.46% per annum. Because the discount rate decreased, the present value of future payment streams has increased. Accordingly, the loss-cost impact is an overall increase of 3.1%, effective September 1, 2020, with the impacts by classification code varying from 0% to 7.8%. The same impacts arose for the assigned-risk market.

EXHIBIT XI

Average Approved Changes in Workers' Compensation Voluntary-Market Loss Costs and Assigned-Risk Rates

Effective Date	*Approved Average Change in Voluntary-Market Loss Costs*	Approved Average Change in Assigned-Risk Rates
7/1/1999	*-8.0%*	-8.0%
1/1/2000	*+6.4%*	+6.4%
7/1/2000	*-1.9%*	-1.9%
7/1/2001 – First NCCI filings take effect.	*-6.0%*	+1.1%
7/1/2002	*+1.5%*	N/A
8/1/2002 for new business, 9/1/2002 for renewals	*N/A*	-9.8%
1/1/2004	*-12.3%*	-9.1%
1/1/2005	*-6.5%*	-6.9%
3/1/2006	*-0.3%*	-2.6%
3/1/2007	*+3.4%*	+5.0%
3/1/2008	*-10.5%*	-10.1%
3/1/2009	*-4.9%*	-6.0%
3/1/2010	*-7.6%*	-3.7%
3/1/2011	*-3.9%*	-2.2%
3/1/2012	*+1.0%*	-5.2%
3/1/2013	*+2.6%*	+2.5%
3/1/2014	*+3.2%*	+3.3%
3/1/2015	*-0.5%*	-5.0%
3/1/2016	*-5.5%*	-4.2%
3/1/2017	*-10.7%*	-10.5%
3/1/2018	*-2.3%*	+0.2%
3/15/2018 – "Law-only" filing to reflect updated Actuarial Annuity Table Pursuant to NRS 616C.495(5)	*+4.7%*	+4.7%
3/1/2019	*-8.1%*	*-7.3%*
9/1/2019 – "Law-only" filing to reflect impact of Assembly Bill 370 (2019)	*+3.3%*	*+3.3%*
3/1/2020	*-3.2%*	*-4.6%*
9/1/2020 – "Law-only" filing to reflect updated Actuarial Annuity Table Pursuant to NRS 616C.495(5)	*+3.1%*	*+3.1%*
3/1/2021	*-5.2%*	*-9.9%*
3/1/2022	*-13.6%*	*-14.9%*

EXHIBIT XII

Workers' Compensation Insurance by Premium – Largest 25 Insurers – 2021

RANK	NAIC Group Code	NAIC Company Code	Company Name	State of Domicile	Direct Premium Written	Direct Premium Earned	Direct Loss Incurred	Pure Direct Loss Ratio	Market Share
1	212	16535	Zurich American Insurance Company	NY	19,138,710	18,164,728	9,732,875	53.58%	4.58%
2	785	38970	Markel Insurance Company	IL	17,316,267	18,549,095	6,190,704	33.37%	4.15%
3	3548	25674	Travelers Property Casualty Company of America	CT	16,976,195	17,733,417	10,112,218	57.02%	4.07%
4	922	27847	Insurance Company of the West	CA	13,803,009	13,238,763	5,912,347	44.66%	3.31%
5	111	33600	LM Insurance Corporation	IL	13,401,329	11,049,443	7,522,416	68.08%	3.21%
6	1147	40517	WCF National Insurance Company	UT	11,608,819	11,815,661	10,336,435	87.48%	2.78%
7	2538	42376	Technology Insurance Company, Inc.	DE	11,264,337	8,503,821	2,492,579	29.31%	2.70%
8	3363	10346	Employers Preferred Insurance Company	FL	9,285,302	8,443,964	2,988,885	35.40%	2.22%
9	12	19399	AIU Insurance Company	NY	8,496,706	8,254,684	4,660,376	56.46%	2.04%
10	4670	38318	Starr Indemnity & Liability Company	TX	8,414,978	7,191,635	3,648,679	50.74%	2.02%
11	2538	15954	AmTrust Insurance Company	DE	7,360,157	6,786,998	3,774,984	55.62%	1.76%
12	111	23035	Liberty Mutual Fire Insurance Company	WI	6,998,178	3,612,205	8,694,945	240.71%	1.68%
13	212	40142	American Zurich Insurance Company	IL	6,587,782	6,090,387	1,700,974	27.93%	1.58%
14	150	24147	Old Republic Insurance Company	PA	5,979,014	5,867,097	3,199,348	54.53%	1.43%
15	4485	13209	Copperpoint Western Insurance Company	AZ	5,946,057	6,196,322	7,240,343	116.85%	1.42%
16	3548	25682	Travelers Indemnity Company of Connecticut	CT	5,369,205	6,321,270	8,213,070	129.93%	1.29%
17	111	24082	Ohio Security Insurance Company	NH	5,206,602	5,362,170	3,276,297	61.10%	1.25%
18	31	20044	Berkshire Hathaway Homestate Insurance Company	NE	5,189,705	5,336,595	2,424,997	45.44%	1.24%
19	91	11000	Sentinel Insurance Company, Limited	CT	5,076,338	4,718,652	4,297,493	91.07%	1.22%
20	4886	41394	Benchmark Insurance Company	KS	5,046,437	6,447,480	553,276	8.58%	1.21%
21	680	31895	American Interstate Insurance Company	NE	4,552,654	4,790,780	7,714,109	161.02%	1.09%
22	626	43575	Indemnity Insurance Company of North America	PA	4,491,885	4,811,396	-330,015	-6.86%	1.08%
23	91	29459	Twin City Fire Insurance Company	IN	4,428,705	4,329,954	12,810,425	295.86%	1.06%
24	3548	25658	Travelers Indemnity Company	CT	4,226,314	4,182,140	3,027,173	72.38%	1.01%
25	4485	14216	Copperpoint Insurance Company	AZ	3,986,354	3,744,326	307,553	8.21%	0.95%
Totals for Largest 25 Companies					***210,151,039***	***201,542,983***	***130,502,486***	***64.75%***	***50.34%***
Totals for All 324 Companies (266 Active Companies)					***417,481,286***	***405,997,476***	***213,066,557***	***52.48%***	***100%***

2023 INSURANCE MARKET REPORT

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