M2 Basic Reserving Concepts Topics in Insurance, Risk, and Finance ¹

Professor Benjamin Avanzi



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- Introduction
 - Claims liabilities



Definition

- Generally in insurance, premiums are collected first, before coverage is provided. The insurer can't consider this premium as income before coverage is provided.
- Furthermore, as times goes by, the insurer does not know instantly how much losses it will have to pay (e.g., delays in notification, delays in payments)
- This gives rise to two types of liabilities:
 - Unearned premium liability: an amount set aside for covering losses
 of coverage not yet provided, but where a premium has already been
 collected;
 - Outstanding claim liability: an amount set aside for for covering losses corresponding to coverage that has already been provided, but where payments are still expected to occur.
- These take a significant proportion of an insurer's balance sheet, often multiple times its equity, as exemplified in the IAG example (forthwith)
- It is the actuary's responsibility to determine those amounts it's a huge responsibility!

The case of IAG

Insurance Australia Group is one of the largest Australian general insurers (the largest under some measures)

Its latest Balance Sheet (as at 31 December 2022, see page 20) shows

- Assets
 - Total: 34,428m (100%)
- Liabilities
 - Unearned premium liability: 7,084m (20.6%)
 - Outstanding claims liability: 13,560m (39.4%)
- Equity
 - Total: 6,819m (19.8%)

It is worth noting that IAG holds 2.01 times the APRA "Prescribed Capital Amount" (PCA), see F on page 12.

See https://www.iag.com.au/results-and-reports to dowload the latest financial statements of IAG.



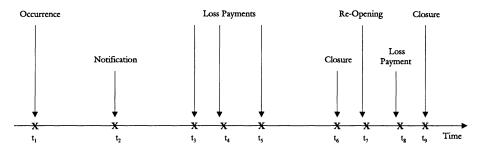
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 - Time line of a claim and IBNR
 - Inflation



Time line of a claim and IBNR



From t_1 to t_2 :

- A liability exists (an insured event occurred)
- However, the insurer is unaware of the claim
- During this interval, the claim is said to be incurred but not reported (or "IBNR").



From t_2 and t_9 :

- There will be future payments, even though the insurer may not know with certainty about them
- These should be captured by an appropriate reserve.



- 2 The claims process
 - Time line of a claim and IBNR
 - Inflation



Inflation

- Because claims are paid at different points in time, they are subject to inflation
- Inflation will generally be different from CPI, and is typically specific to a line of business. Let $\lambda(t)$ be an index describing such claims inflation.
- Inflation may continue beyond the point of occurrence of a claim, up to the point of payment.
 - This can have a very long duration (e.g. income in workers compensation)



We define:

$$C^* = \sum_{j=3,4,5,8} C(t_j)$$

as the sum of payments $C(t_j)$ all expressed in dollars as of t_1 (date of occurrence), and

$$C = \sum_{j=3,4,5,8} C(t_j) \frac{\lambda(t_j)}{\lambda(t_1)},$$

as the sum of the nominal (actual) amounts paid.

(Note that superimposed inflation - Section 1.1.4 - is not in scope this year)



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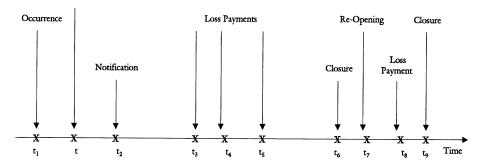
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General

Now assume that an evalutaion of liability is required at time t:

Valuation Date





Note

- if $t \ge t_1$: the liability exists, and ideally the claim should be considered in some shape or form
- if $t_1 \ge t \ge t_2$: claim is unknown, but the insurer knows that there are unknowns. It will try to estimate those as "IBNR" (see also next module)
- if $t \ge t_2$: claim will be known, and the insurer will try to estimate its cost (case reserve)
- between t_6 and t_7 , as well as after t_9 , the insurer's estimate will be zero (because the claim is deemed closed)



Time dimensions of "periods"

Let:

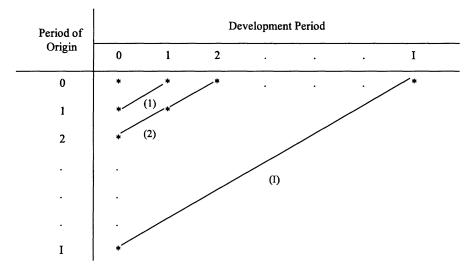
 a period be some measure of time length, such as a month, quarter or year

Now when referring to a specific claim payment, it can be classified according to:

- *i* being the **period of origin** where i = 0, ..., I
 - this is the period when the claim occurred (in most cases) or reported (in the rare case of "claims-made" policies)
- j being the **development period** where $j = 0, \ldots$
 - this is difference in period index between occurrence and payment (0 if the payment happens in the same period as occurrence)
- k = i + j being the **calendar period** where k = 0, ...
 - k = 0 is the earliest period with data
 - also called **experience period**



This illustrates those concepts:



Relation between periods of origin, development and experience



Further notation

- C(i,j): paid losses in the (i,j) cell
- Outstanding loss liability at the end of j (or k) for i:

$$P(i,j) \equiv \overline{P}(i,k) \equiv \sum_{m=i+1}^{\infty} C(i,m)$$

(note you can replace j with k-i in the lower bound)

ullet Total outstanding loss liability at the end of k - for all periods of origin:

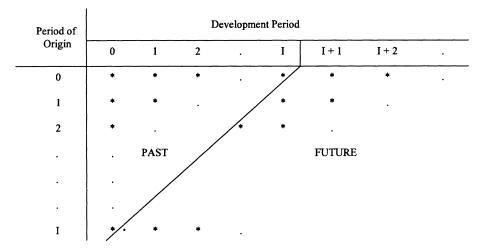
$$\overline{P}(k) = \sum_{i=0}^{I} \overline{P}(i, k) = \sum_{i=0}^{I} \sum_{m=k-i+1}^{\infty} C(i, m).$$

- Both $\overline{P}(i,k)$ and $\overline{P}(k)$ are aggregate amounts (not claims based)
- While the textbook says that most actuarial estimates are aggregate, individual claims reserving has gathered a lot of momentum since then, thanks to data availability, computing power and machine learning capabilities

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Cash flows



The equation above is about "completing the rectangle", as illustrated above.



Claims inflation

Usually, the reserving technique will yield estimates of C^* , that is, as of dollars of some base date (usually current date), so that

$$C(i,j) = C^*(i,j) \frac{\lambda(k)}{\lambda_0},$$

where

- $\lambda(k)$ is the relevant claims inflation index
- λ_0 is the value of that index on the base date.

(again, superimposed inflation is out of scope)



Loss adjustment expenses

We consider:

- allocated loss adjustment expenses (ALAE)
 - these can be linked to specific claims
 - ullet these are typically included in the C(i,j) and don't require extra treatment
- unallocated loss adjustment expenses (ULAE)
 - these cannot be easily linked to specific claims (think overhead)
 - these are typically ont in the C(i,j) and will require specific consideration if they are to be included.
 - denote

as the proportion of paid losses to be added to costs for ULAE



Investment income

- liabilities will have assets covering them on the balance sheet
- these may be invested, and it may be required to consider corresponding investment returns
- that is, if the \$10 you have to pay in 5 years can be covered with \$9 today (even after allowing for inflation), then you may be required/allowed to reserve \$9 instead of \$10.
- let d(k), k = l + 1, l + 2, ..., be the discount factor to be applied for payments made in experience period k (in the example above, we would have d(l + 5) = 9/10)



In the end, we have:

$$\overline{P}(k) = \sum_{i=0}^{I} \sum_{m=k-i+1}^{\infty} C(i,m) [1 + e(i,m)] d(i+m)$$

$$= \sum_{i=0}^{I} \sum_{m=k-i+1}^{\infty} C^{*}(i,m) \frac{\lambda(i+m)}{\lambda_{0}} [1 + e(i,m)] d(i+m).$$



Recoveries

Possible recoveries (offsetting claims):

- reinsurer payments
- third parties at fault
- salvage value (for property insurance)

Generally speaking, insurers have a subrogation right, which allows them to seek compensation on behalf of the insured if they believe it is worth the effort.

This can be considered as negative C(i,j), or may require another triangle altogether. Specific treatment is outside scope here.



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General

- So far, we have defined the "oustanding loss liability" as a random variable - this is the actual amount that will have to be paid
- In general this is unknown, and is now the question is how to estimate this, and how much to set aside for covering those liabilities
 I makes come that you would recent its expectation plus come margin
- I makes sense that you would reserve its expectation plus some margin, so that we define:
 - Expected outstanding loss liability: this is the expectation, also called central estimate
 - Prudential margin or risk margin is the margin you add to the central estimate to allow for estimation error
- In the end we have:

loss reserve = central estimate + risk margin.



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Outstanding claims liability in Australia

APRA's GRS 210 (where "RS" stands for "Reporting standards") says:

The valuation of outstanding claims liabilities for each class of business must comprise:

- a central estimate (refer below); and
- a risk margin (refer below) that relates to the inherent uncertainty in the central estimate values.



Furthermore, it continues on by clarifying:

The valuation of insurance liabilities (i.e. outstanding claims liabilities and premiums liabilities) reflects the individual circumstances of the Level 2 insurance group. In any event, the value of insurance liabilities must be the greater of a value that is:

- determined on a basis that is intended to value the insurance liabilities of the Level 2 insurance group at a 75 percent level of sufficiency; and
- the central estimate plus one half of a standard deviation above the mean for the insurance liabilities of the Level 2 insurance group.

There's a lot more information in the document.



Solvency capital requirements in Australia

- Additionally, solvency requirements (look for "GPS", where "PS" stands for "Prudential Standards") require insurers to hold capital corresponding (typically) to a 99.5-ile at the company's level (including diversification benefits), which requires knowledge of the distribution of future payments quite far in the tail, and how they interact across lines of business.
- This is similar in Europe with Solvency II.
- Of course, it is a little more complicated than that, but the main point is that you might need to work out the distribution of payments quite far in the tail.



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- Nature
- Aggregate data



Nature

Generally, available data includes at least:

- claim counts (open / closed);
- claim payments;
- case estimates.

Nowadays, one also typically have:

- details of payment dates for each claim
- details of case reserve amounts and associate revision dates for each claim
- additional data such as policy data, claims qualitative data (description of the event), etc...

These can be used for improving reserving, but this is outside scope of this subject.



- Nature
- Aggregate data



Incremental data

In the case of aggregate data, each cell (i,j) will have data of four types:

- N(i,j) are the counts of claims notified
- C(i,j) are paid losses
- U(i,j) are the counts of claims open
- Q(i,j) are the case estimates of oustanding liability

Because those numbers refer to cell (i,j) only, we often refer to the as incremental data.



Cumulative data

It is sometimes convenient to express data in cumulative terms.

We define:

$$A(i,j) = \sum_{m=0}^{j} N(i,m)$$

as cumulative counts data, with

$$N(i) = A(i, \infty)$$

being the *ultimate* count of incurred claims.



Payment data can be similarly accumulated:

$$D(i,j) = \sum_{m=0}^{j} C(i,m)$$

such that

$$I(i,j) = D(i,j) + Q(i,j)$$

are the estimated amounts of incurred losses (note that even if this is indexed (i,j) it is of *cumulative* nature).



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References

Main reference:

Taylor, Greg. 2000. Loss Reserving: An Actuarial Perspective. Huebner International Series on Risk, Insurance and Economic Security. Kluwer Academic Publishers.

