

# Machine Learning & Experience Analysis Louis Rossouw



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Using machine learning to model claims experience and reporting delays for pricing and reserving

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Using machine learning to model claims experience and reporting delays for pricing and reserving

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#### ABSTRACT

In this paper we review existing modelling approaches for analysing claims experience in the presence of reporting delays, reviewing the formulation of mortality incidence models such as GLMs. We then show how these approaches have traditionally been adjusted for late reporting of claims using either the IBNR approach or the more recent EBNER approach. We then go on to introduce a new model formulation that combines a model for late reported claims with a model for mortality incidence into a single model formulation. We then illustrate the use and performance of the traditional and the combined model formulations on data from a multinational reinsurer. We show how GLMs, lasso regression, gradient boosted trees and deep learning can be applied to the new formulation to produce results of superior accuracy compared to the traditional approaches.

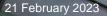
#### KEYWORDS

Machine learning; IBNR; incurred but not reported; experience analysis; reinsurers; EBNER; analytics; gradient boosted trees; deep learning; mortality models; pricing and reserving

#### CONTACT DETAILS

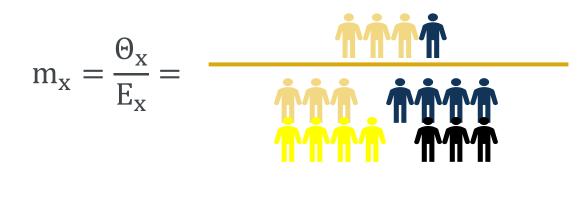
Mr Louis Rossouw, Gen Re, Cape Town; Email: LRossouw@genre.com Mr Ronald Richman, QED, Johannesburg; Email: ronald.richman@qedact.com

Rossouw, L. and Richman, R. (2019) 'Using machine learning to model claims experience and reporting delays for pricing and reserving', in. Actuarial Society of South Africa Convention 2019. Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract\_id=3465424.



#### **Experience Analysis**

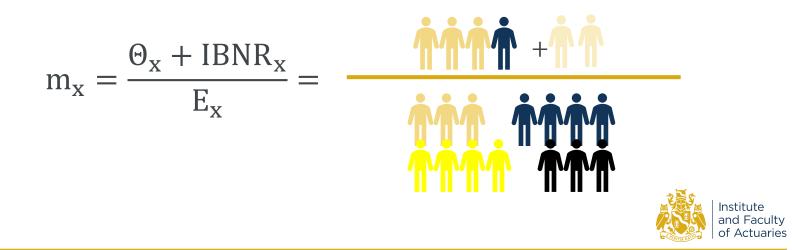
- Experience analysis is key part of ongoing management of Life Insurance book
- Check and update mortality assumptions for pricing and reserving
- Understand the rate at which people claim
- In practise, often performed via AvE analysis





#### **Claims are reported late...**

- Some allowance necessary for Incurred but not Reported (IBNR) claims
- More problematic for reinsurers than direct writers
- · Less emphasis on IBNR methods for Life Insurers compared to GI



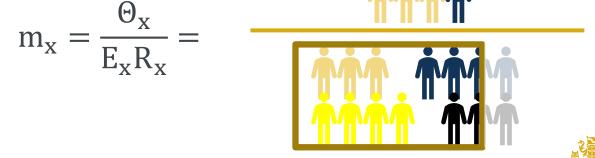
## How do we estimate IBNR?

- Many methods available to estimate IBNR:
  - Exposure free methods Chain-ladder
  - Exposure based methods Bornhuetter Ferguson and Cape-Cod
- Key assumption past pattern of claim development indicative of future claim development

Year	Delay 0	Delay 1	Delay 2	Delay 3
2016				· 💿 .
2017			<b>1</b>	8
2018				<b>(19)</b>
2019		e) (9)	1	<b>@</b>
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## **EBNER**

- Exposed but Not Expected to be Reported
- Key principle: take away exposure instead of adding claims
- · No need to decide where to add claims
- Appropriately down weights experience that is less developed
- Does not amplify volatility in cells where run-off is not complete







## Modelling Mortality

Goal of mortality modelling – approximate experience with a function

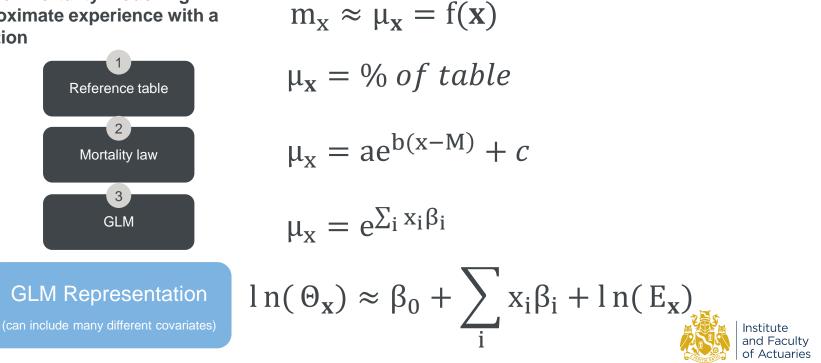
Reference table

2

Mortality law

3

GLM



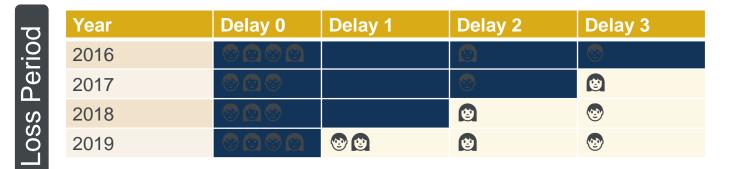
#### **Define our data**

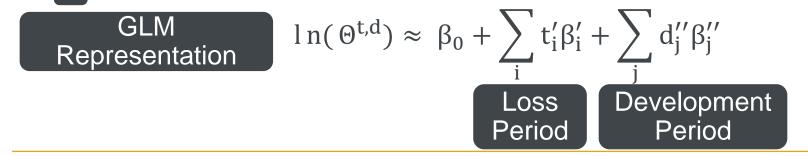
$$t'_{i} = \begin{cases} 1 \text{ if calendar year} = i \\ 0 \text{ otherwise} \end{cases}$$
$$d''_{i} = \begin{cases} 1 \text{ if development year} = i \\ 0 \text{ otherwise} \end{cases}$$



#### **Run-off triangles = GLMs!**

#### Development Period





#### **Advantages**

- Simple to code in R
- Can generalise
  - Smooth functions of *t* and/or *d*
  - Other variables
  - E.g. product, waiting period, interactions
  - Can decide how to include data e.g. triangles or parallelograms
- Any machine learning techniques

But, be careful when constructing data



## Generalising

• Interactions 
$$\ln(\theta_x^{t,d}) \approx \sum_i t_i' \beta_i' + \sum_j d_j'' \beta_j'' + \sum_j x_i d_j'' \beta_{ij}'''$$

- Our run-off can change based on underlying data
- Longer run-off for older people
- By duration etc.
- *t* and/or *d* can be in months, quarters or years

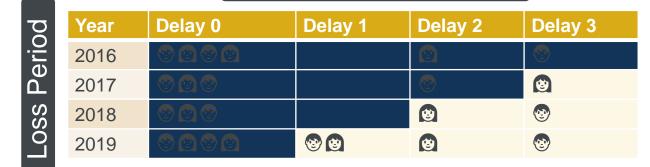


#### But there is more...

Exposure

Exposure

#### Development Period



**GLM Representation** 

$$ln(\Theta^{t,d}) \approx \beta_0 + \sum_i t'_i \beta'_i + \sum_j d''_j \beta''_j + ln(E_{x_t})$$
  
Loss Dev.  
Period Period

## Mashup!

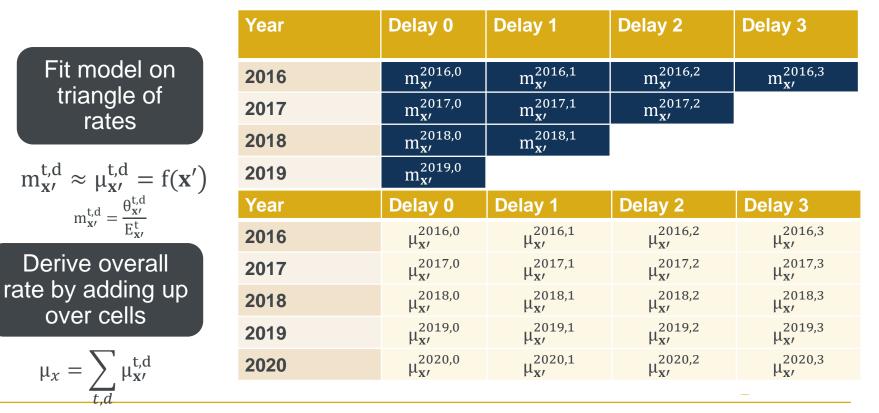
Can we combine the GLM representations for mortality (by gender, age, product etc) and IBNR? => a single experience analysis model Model relates to the "partial" mortality rates in each period (similar to Mack's Incremental Loss Ratio method)

GLM Representation of **Mortality** 



$$\ln(\theta_{\mathbf{x}}^{t,d}) \approx \beta_{0} + \sum_{i} x_{i}\beta_{i} + \sum_{i} t_{i}'\beta_{i}' + \sum_{j} d_{j}''\beta_{j}'' + \ln(E_{\mathbf{x}})$$

#### **Illustration of approach**



## What is the benefit?

- Approach is more complicated than traditional AvE model
- But significant benefits:
  - Simplifies the approach: 2 models  $\rightarrow$  1 model
  - Impact of modelling choices understood
  - Prediction uncertainty
  - Interactions of multiple parameters
  - Better weighting
  - No need to decide where to add claims
  - Estimates mortality
  - Estimates for IBNR reserves



## Generalising

Allowing or expected mortality and development

$$\ln(\theta_{\mathbf{x}}^{\mathbf{t},\mathbf{d}}) \approx \beta_0 + \sum_{\mathbf{i}} \mathbf{x}_{\mathbf{i}} \beta_{\mathbf{i}} + \sum_{\mathbf{i}} \mathbf{t}_{\mathbf{i}}' \beta_{\mathbf{i}}' + \sum_{\mathbf{j}} \mathbf{d}_{\mathbf{j}}'' \beta_{\mathbf{j}}'' + \ln(\mu_{\mathbf{x}}^{prior} \mathbf{E}_{\mathbf{x}} w_{\mathbf{d}})$$

- $\mu_x^{prior}$  is an existing mortality table
- $w_d$  is an existing expected reporting pattern



# Generalising

Interactions

$$\ln(\theta_{\mathbf{x}}^{\mathbf{t},\mathbf{d}}) \approx \sum_{\mathbf{i}} \mathbf{x}_{\mathbf{i}} \beta_{\mathbf{i}} + \sum_{\mathbf{i}} \mathbf{t}_{\mathbf{i}}' \beta_{\mathbf{i}}' + \sum_{\mathbf{j}} \mathbf{d}_{\mathbf{j}}'' \beta_{\mathbf{j}}'' + \sum_{\mathbf{j}} \mathbf{x}_{\mathbf{i}} \mathbf{d}_{\mathbf{j}}'' \beta_{\mathbf{ij}}'' + \ln(\mu_{\mathbf{x}}^{prior} \mathbf{E}_{\mathbf{x}} w_{\mathbf{d}})$$

- Our run-off can change based on underlying data
- Longer run-off for older people
- By duration etc.
- Care is needed in construction of data
  - E.g. cells with no claims
- Much more data in exposure



## **Machine Learning**

To apply the proposed modelling approach, we considered following categories of models:

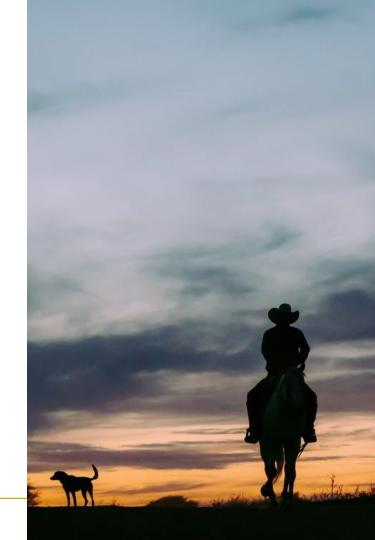
- Traditional GLMs
- Lasso Regression
- Gradient Boosted Trees
- Deep Learning



### **Lasso Regression**

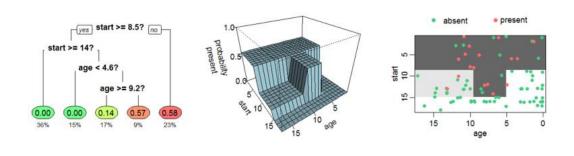
- GLM with penalty on size of coefficients
- Least absolute shrinkage and selection operator (LASSO)
- Advantages of technique:
  - Automated Variable Selection
  - Regularisation
- All controlled with single parameter, set via cross-validation

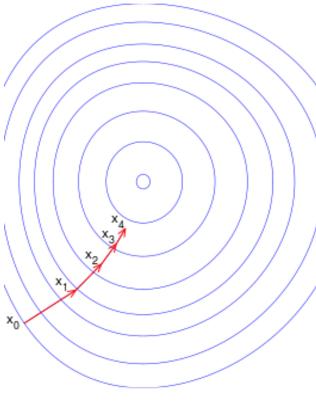
$$\sum_{i} \left( y_{i} - \beta_{0} - \sum_{j} \mathbf{x}_{ij} \beta_{j} \right)^{2} + \lambda \sum_{j} \left| \beta_{j} \right|$$



## **Gradient Boosted Trees**

- Very successful approach for tabular data
- General principle of boosting fit successive models to minimize error => fit highly complex functions
- Boosted tree models fit successive decision trees
- "Descending" to optimal solution

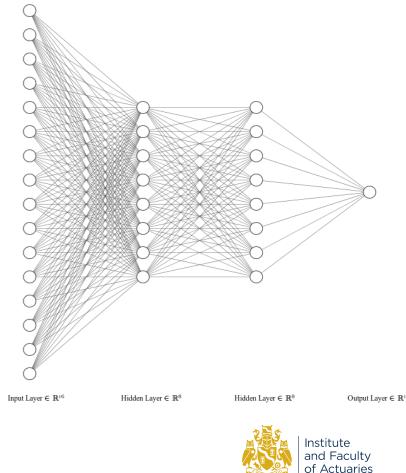






## **Deep Learning**

- Deep Learning automatically constructs hierarchies of complex features to represent abstract concepts
- Features in lower layers composed of simpler features constructed at higher layers => complex concepts can be represented automatically
- Typical example of deep learning is feedforward neural networks, which are multilayered machine learning models, where each layer learns a new representation of the features.
- The principle: Provide raw data to the network ' and let it figure out what and how to learn.



## **Application of combined model**

- Model tested on data from 4 portfolios:
  - 2 countries UK & South Africa
  - 2 products Mortality & Cl
- Several co-variates available for modelling
- Models from classes discussed above trained on dataset
- Assumption of Poisson loss function (standard for modelling mortality with GLM)
- Also measured AvE
- Fit 2 traditional models estimate IBNR and then estimate mortality
- Fit 4 combined models using 4x models (GLM/LASSO/GBT/DL)

Field	Description	
Company	A-D (Portfolio)	
Benefits	Death (with and without accelerator), Critical Illness (with and without accelerator)	
Product sype/code	Whole life Term (level and decreasing)	
Gender	Male or Female	
Smoker status	Smoker or Non-smoker	
Country	United Kingdom or South Africa	
Joint life indicator	Joint Life First Death or Single	
Rate	Standard Extra mortality loading Per mille loading	
Policy_Year	Curate years since policy start	
Calendar year	Each calendar year for exposure and claims events	
Underwriting year	Policy commencement year	

# Train, Validate, Test

- Data split into 3 sets:
  - Training (to estimate models)
  - Validation (initial assessment of performance)
  - Testing (final quantification of predictive ability)
- Train data on claims reported up to 2009
- Validate data on claims reported in 2010
- Test data on claims reported in 2011 and 2012

Year	Delay 0	Delay 1	Delay 2	Delay 3
<=2006	Train	Train	Train	Train
2007	Train	Train	Train	Validate
2008	Train	Train	Validate	Test
2009	Train	Validate	Test	Test
2010	Validate	Test	Test	
2011	Test	Test		
2012	Test			



#### **Performance – all claims**

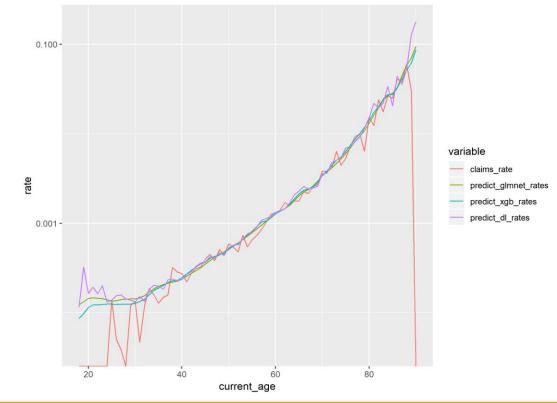
Table shows test set performance of models.

- ML models outperform GLMs
- Combined models outperform traditional models
- Apparent trade-off between goodness of fit (Poisson Deviance) and AvE (which measures bias)

Model	Poisson Deviance
IBNR + GLM	22 944
EBNER + GLM	22 947
GLM	22 883
Lasso	22 826
Gradient Boosted Tree	22 822
Deep Learning	22 799

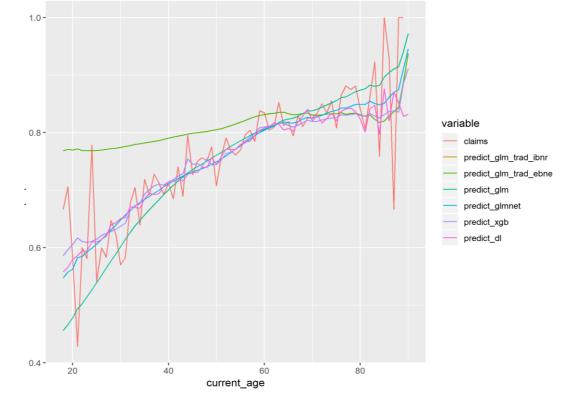


## **Mortality Rates by Age**



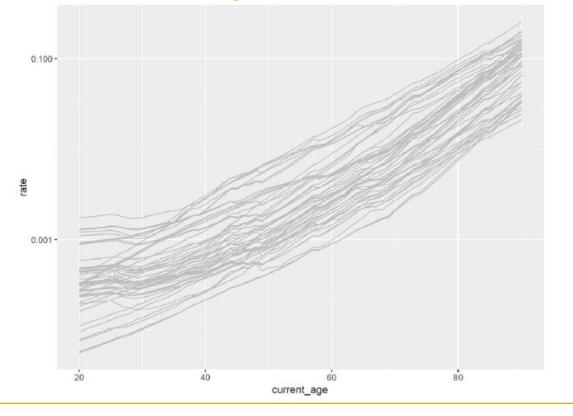


#### **Proportion of Claims Reported in First Year by Age**





#### **Individual Conditional Expectation - Gradient Boosting**





# Key Take-Aways

- Combined modelling technique improves accuracy!
- Links between delay and other variables
- ML improves accuracy
  - GLMs can be good
  - Regular GLMs need lots of fine tuning "per hand"
- Lasso Regression gets there quickly (but less interpretable)
- Care is needed when extrapolating (any model)
- Must decide on suitable loss metrics...
- ... and ensure that ML techniques are corrected for bias
- ML has a place in mortality modelling





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# **Thank You!**

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