The Actuarial Profession

making financial sense of the future

GIRO conference and exhibition 2011 Feng Zhou (Cass Business School, London)

Understanding Insurance Cycles

An agent-based modelling approach

Workshop session B13: Wed 12 Oct 2011 14.45-15.45

Introduction: Purpose of research

- Insurance cycle is a phenomenon that been recognised since 1920s, it has a pattern but unpredictable nature.
- Daykin et al. (1994) argue that cycles are hard to be analysed by any individual explanation alone. It is a dynamic phenomenon that involves many interactions among different agents and contributing factors.
- Agent-based Modelling (ABM) tries to simulate the dynamic interactions of agents in a complex system. It provides a method to better understand the complexity of real world.
- We apply some basic real-world behaviour rules of insurers in the market. Despite its simplicity, the model produces many stylised facts of the market: we will focus on cycles.

Introduction: Existing Explanations of Cycles

Major existing explanations of insurance cycles:

- Market competitions cause structure fluctuations;
- Irrational forecasting errors cause pricing cycles;
- Time delays and reporting lags cause accounting cycles;
- Interest rate movements cause "cashflow underwriting" cycles;
- Cycles in line with "Mass psychology" of the underwriters;
- Other contributing factors: capital constraints, reserving errors, price regulations and insolvency risks, etc.

Reference: Feldblum, 2001; Venezian, 1985; Cummins and Outreville, 1987; Balzer and Benjamin, 1980; Berger, 1988; Doherty and Garven, 1995; Gron, 1990; Fitzpatrick, 2004; Ligon and Thistle, 2007.

Introduction: Agent-based Simulation Models

ABM models complex systems from the bottom-up:

- Actions and interactions of heterogeneous agents through time
- Agents are continually adopting new strategies and be adaptive
- Bounded rationality, with capacity to gather/process information
- Agents as local players, interacting within closed "neighbours"
- Feedback loops and externalities between agents and system
- Modeler only decides agents' initial resources, rules, objectives

Recent contributions: Arifovic (*JPE*, 1996); Arthur (*AER*, 1991); Banal-Estaol and Ruperez-Micola (*Management Science*, 2009); LeBaron et al (*JoF*, 1992); Kirman (*QJE*, 1993); Hart (*Econometrica*, 2005); Noe et al (*JoF*, 2003 and 2006).

Our ABM Model: Potential Benefits

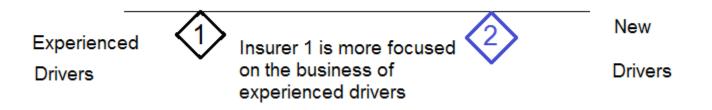
- A cheap way to experiment different scenarios of contributing cycle factors, and test relations
- Studies dynamic interactions of micro-behaviours (the insurers) and macro-dynamics (the market)
- Useful complement to traditional top-down approach of market price analysis
- Beyond explanation and prediction: guide data collection, discover new questions, demonstrate real world tradeoffs, understand complexity, train staffs, etc.

Our Model: ABM application to Insurance Market

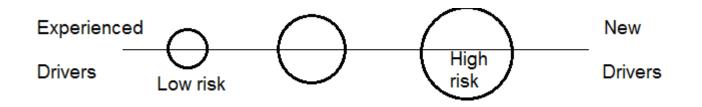
- System: Insurance market with its unique features
 - Insurance: horizontal product differentiation (Location models)
 - Contract: price now but exchange goods future (Cobweb models)
 - Competition: on business strategies and information process
- Agents: Underwriters and/or insurance companies
 - Behaviour: obey simple rules to be adaptive in complex systems
 - Objective: earn more profits and balance risk to return
 - Interaction: competition with "neighbours" through prices
- Targets: Customers and/or future claims
 - Customers decision rules: cheapest price and past experience
 - Future claims: model several specific cases (claim distributions)

Our Model: An example of simplified real world

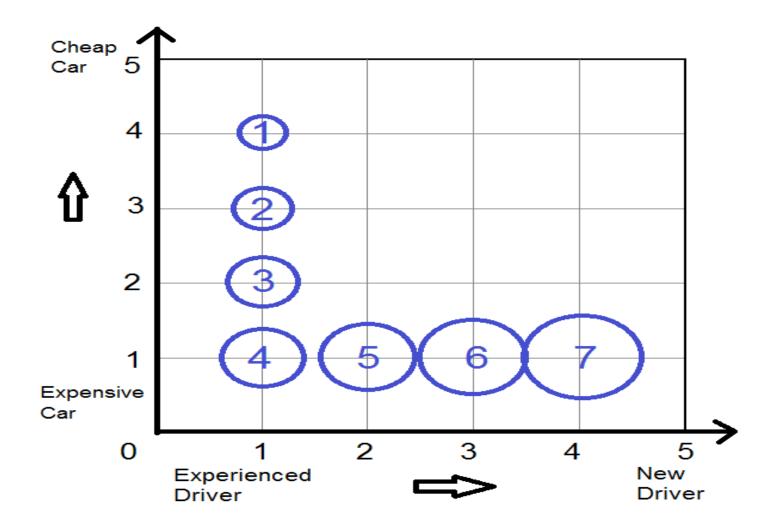
- A closed Motor Insurance sector
- Two rating factors (age of driver and cost of car)
- A few individual (or group) insurance companies



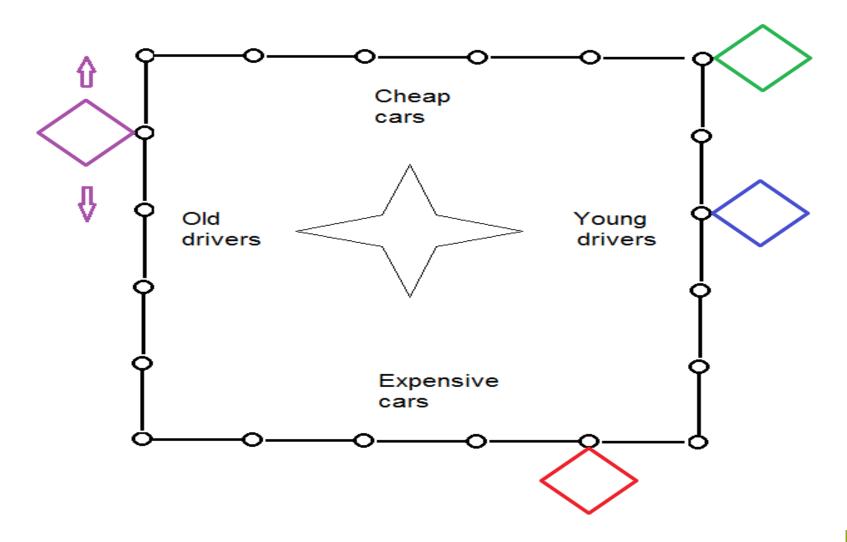
 Many customers with different risks (depend on expected future claim, past data or experience, etc.)



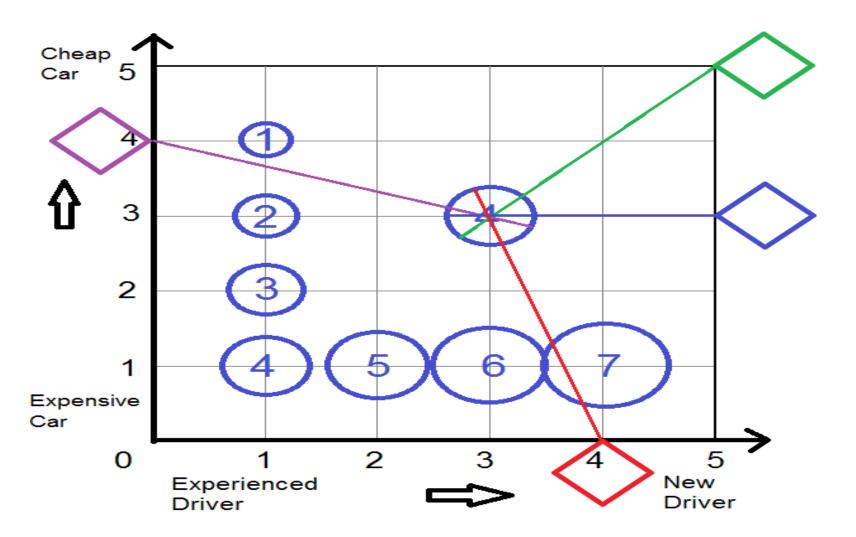
Our Model: An example of customers



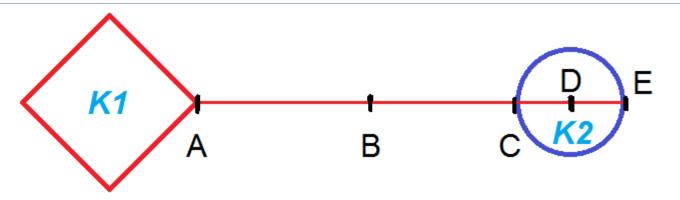
Our Model: An example of insurers



Our Model: An example of the system



Our Model: Price, profit, capacity



- The above snapshot is from the early system, it shows:
 - Insurer RED has a total capital K1 (area), offers a price AE to a customer BLUE
 - The business with BLUE requires a minimum capital of K2 (area, depend on radius DE)
 - Radius **DE** is the insurer's expected average future claim of this customer (a number)
 - CD is a profit loading (a ratio), that is 1-to-1 match to DE (higher claim, higher profit)
 - BC measures the information set about this customer (longer BC, more uncertainty)
 - AB measures the market competition level (longer AB, less competition)
 - Therefore: Price AE = function (AB, BC, CD, DE)

Model element (1): Market Structure

- Demand Side (white space)
 - Customers' risk classification
 - Define expected average claim
 - Define required capacity
 - Define profitability (risk vs return)
- Supply Side (gray space)
 - Insurers as agents move in space
 - Define existing capacity K
 - Define business strategy
 - Define "neighbourhoods"

	1	2	3	4	
	2	3	4	5	
	3	4	5	6	
	4	5	6	7	
K1	K2	K3	K4		

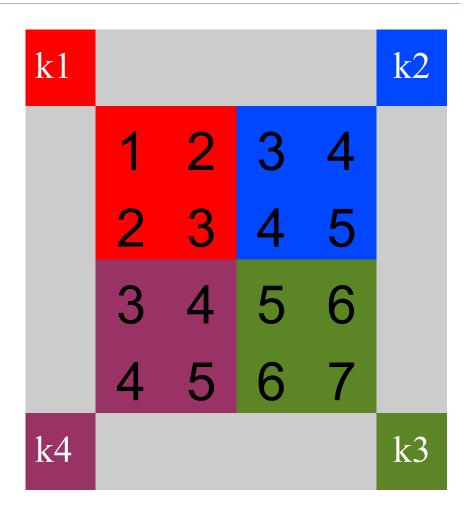
Our Model: Basic Rules of Agents (insurers)

The beauty of ABM, it is based on simple rules from real world.

- Rule 1: Insurers offer different prices, customers select lowest
- Rule 2: Select the more profitable customers first (involve risk)
- Rule 3: If same profitability, then select the one with lower risk
- Rule 4: If capacity is full, it stops further potential customers
- Rule 5: If capacity is not full, increase competitions to neighbours
- Rule 6: If potential profit from neighbours, increase competitions
- Rule 7: If no potential profit/competition, refine existing business

- Rule 1: Insurers offer different prices, and customers select the lowest ones
- As example
- Four insurers offer different prices
 Prices depend on customers' risks
 AND depend on business focuses
- Customers will select the lowest prices

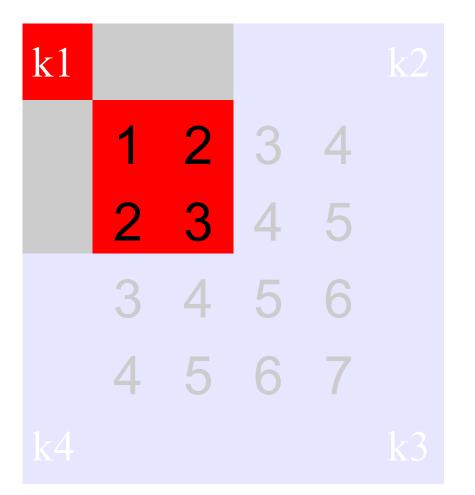
•On the diagram, the prices are measured by the distance from insurers to each customer, and customers' decisions are reflected in different color.



- Rule 2: Insurers select the more profitable customers first (involve risk)
- As example

If RED insurer faces capacity constraint
It only selects a limited # of customers
It will select most profitable one first

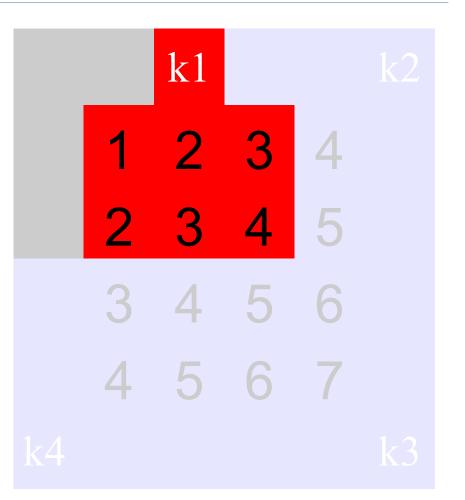
- Ranking selection
 - Customer 3 is better than others
 - Customers 2 are indifferent
 - Customer 1 is the last choice



- Rule 3: If same profitability, then select the one with lower risk
- As example

If RED insurer faces capacity constraint

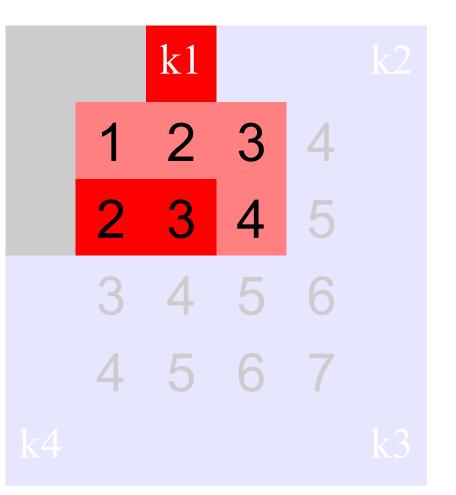
- If it moves to another location
- There are six potential customers
- Same profitability customers
 - Customer 3 (right) vs. Customer 1
 - It selects 1 instead of 3
 - Customer 2 (left) vs Customer 4
 - It selects 2 instead of 4



- Rule 4: If capacity is full, it stops further potential customers
- As example

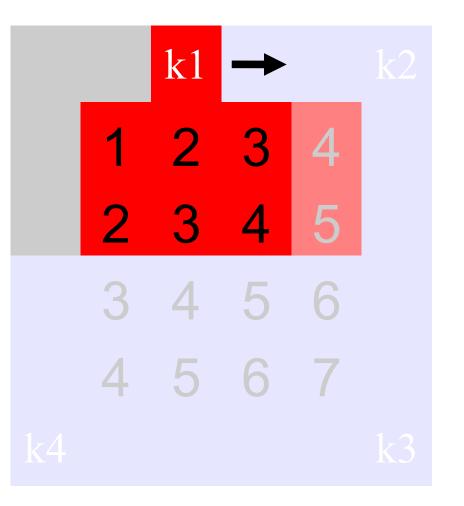
If RED insurer faces capacity constraint
It only selects total capacity of 5 units
The selection depends on overall profit
Higher risk require higher capacity
In following case,

- 1) Select bottom 2 and 3; OR
- 2) Select 4 and 1
- It will choose option (1) and stop others

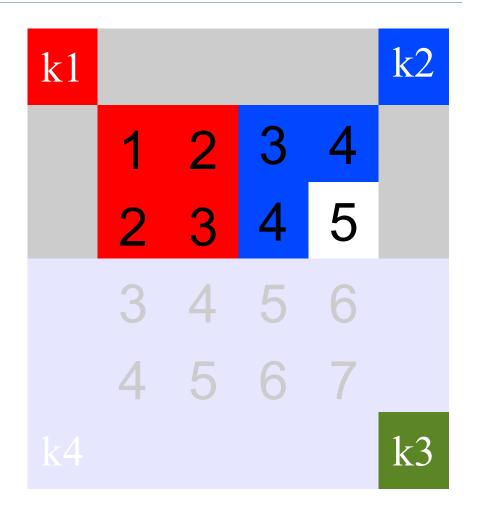


- Rule 5: If capacity is not full, increase competitions to neighbors
 - As example
 - If RED insurer has extra capacity
 - It takes all its potential customers
 - It'll try to move closer to its neighbors
 - This increases competitions
 - Lower prices attract new customers
 - BUT higher prices on existing ones

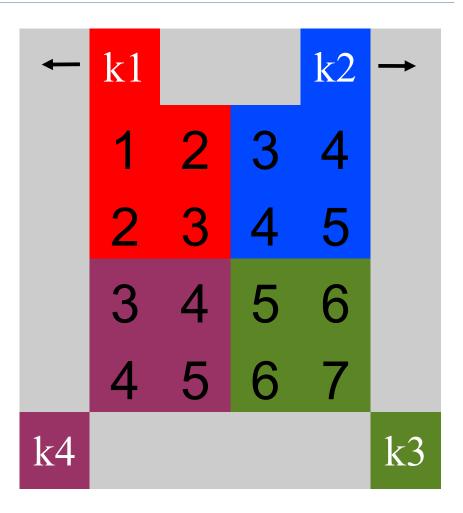
In this case, 1 and 2 (left) will increase prices, since RED faces low competition



- Rule 6: If potential profit from neighbors, increase competitions
- As example
- If RED insurer has enough capacity
- But BLUE insurer has not
- Some customers of BLUE rejected
- In case of Customer 5 rejected
 - BLUE insurer cannot take this risk
 RED insurer like it but has a low competitive advantage to GREEN
 - So RED move closer to 5, even it has no enough capacity to take it now



- Rule 7: If no potential profit or competition, refine existing business
- As example
- Every customers are occupied
- No potentials for Insurer RED or BLUE
- But they can increase profit still
- Increase prices on existing customers
- Since low competition on existing ones
- RED moves left and BLUE moves right
- In this case, one of them will move only when the other does it at the same time

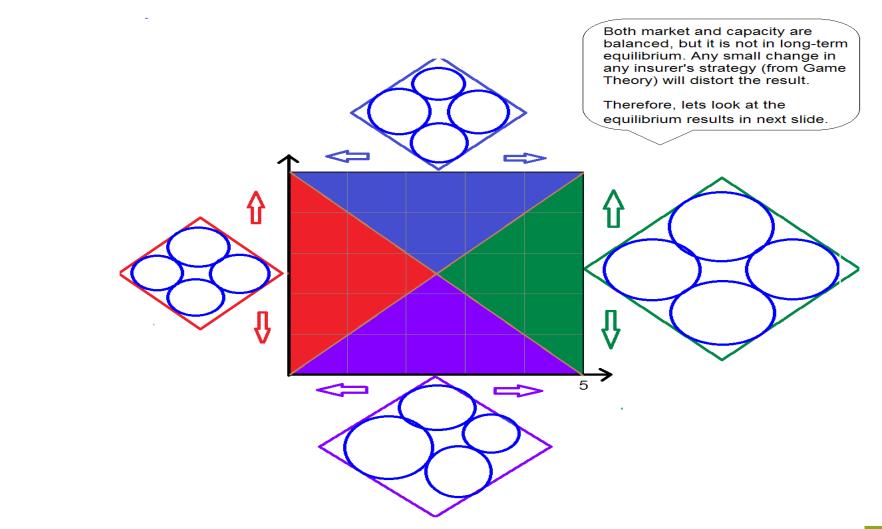


Model element (3): Real World Constraints

- Customers
 - Risk classifications cannot change rapidly
 - In a short run, they are fixed (i.e.: cells in white space are unchanged)
- Insurers
 - They can move along the gray area, this means changing business strategy
- But it only moves one step in each time period, since business strategy cannot change rapidly (time lags)

1 2 3 2 3 5 5 k2 k3 k4 **k**1

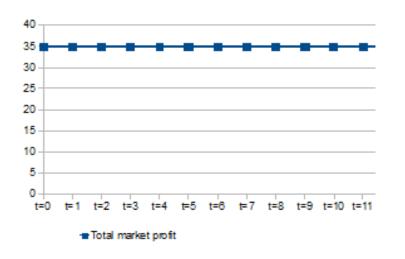
Model element (4): Emergence

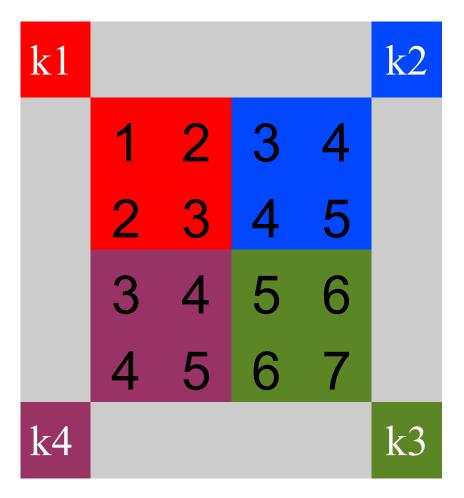




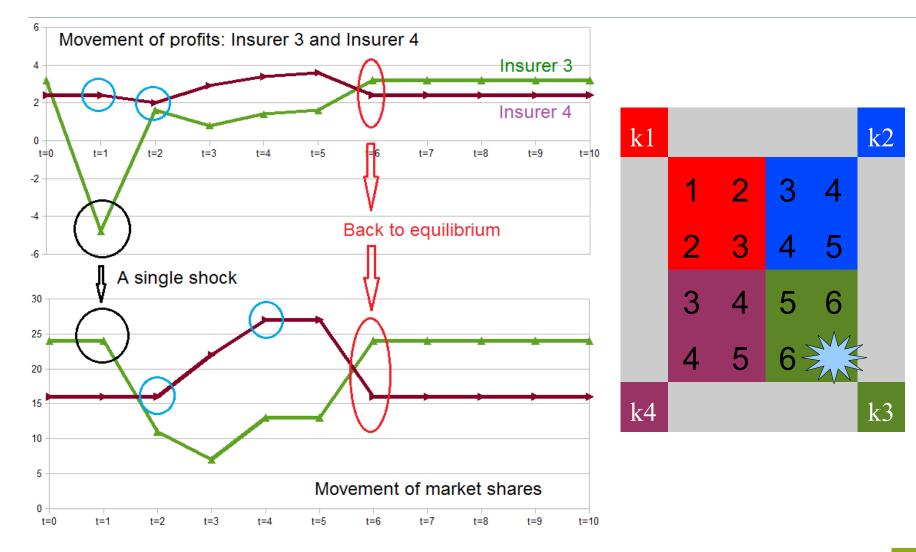
Model result (1): Equilibrium Scenario

- Under following conditions
 - Expected claims always equal actual results
 - No shocks or mis-priced
 - Profit Maximization



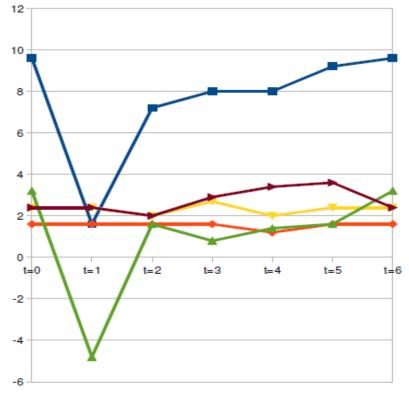


Model result (2): A case of single large shock



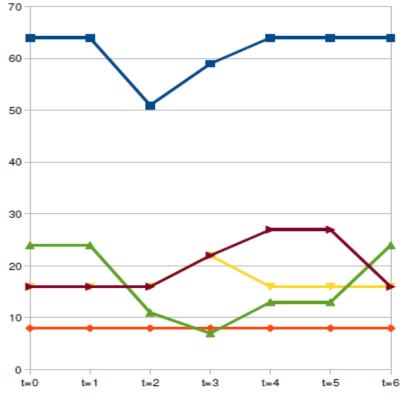
Model result (3): A case of single large shock

Profit movements after a large shock



Overall + Insurer1 - Insurer2 + Insurer3 + Insurer4

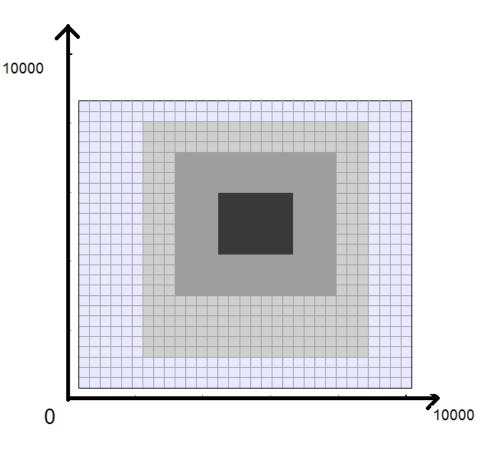
Market share changes after a large shock



Overall + Insurer1 - Insurer2 Insurer3 Insurer4

Model proposal: Model Expansion

- Expansion
 - More customers
 - More classifications
 - More Insurers
 - Add density of groups
 - Risk distributions
 - Non-linear relations in pricing
 - Even more dimensions of risk factors



Our Model: Key Conclusions

Despite its simplicity,

- The model produces a market with a similar structure to real world: some insurers are large, others are small. Even though all of them start with the same size;
- It shows that the larger insurers are willing to take more risky customers and compete general business, while smaller insurers focus on their specialised areas;
- Niche business are emerged. Some insurers are specialised in one particular sector or a group of targeted customers, because their competitive advantages;
- Those unique features of Non-life insurance market create systemic movements of the market, cycles are emerged.

Future research: Some Improvements

External capitals

- New entry and exit
- Dividends and other financial investment opportunities
- Investor capital injection
- Loan, reinsurance, co-insurance
- Different Insurers learning algorithms
 - Reactive reinforcement learning (Backward looking)
 - Anticipatory learning (Forward looking)
 - Evolutionary learning (GA: Genetic Algorithm)
 - Network learning (ANN: Artificial Neural Networks)

Question to think: Actuarial models

Alan Mills FSA ND (2010)* states that, "Although traditional actuarial models take many forms, in essence they simply project historical aggregate patterns into the future." No matter if the model type employed is a micro-simulation, a statistical model, risk analysis model, the essential methodology is a top-down approach.

He argues, "By contrast, ABM is bottom-up. It seeks to understand and model the behaviour of a system's fundamental units, its agents. System-side attributes and behaviour, such as the aggregate patterns of actuarial models, are then a by-product, an emergent result."

<u>Exercise:</u> From your experience, suggest a counter-example to the above statement on the view of traditional actuarial models.

*Reference: Mills (2010), a report to the Society of Actuaries, "*Complexity Science: an introduction (and invitation) for actuaries*".

Contact Details



Mr Feng Zhou MSc PhD Student Actuarial Science and Insurance

106 Bunhill Row, London, EC1Y 8TZ, United Kingdom M +44 (0)7903 104 048 fengzhou.uk@gmail.com www.cass.city.ac.uk