

SERFF Tracking Number: ACEH-125340746 State: Arkansas
Filing Company: ACE American Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: 07-MR-299(R)
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0027 Psychology
Made/Occurrence
Product Name: 07-MR-299(R)
Project Name/Number: Psychologists' Purchasing Group Association/07-MR-299(R)

Filing at a Glance

Company: ACE American Insurance Company

Product Name: 07-MR-299(R)

TOI: 11.0 Medical Malpractice - Claims

Made/Occurrence

Sub-TOI: 11.0027 Psychology

Filing Type: Rule

SERFF Tr Num: ACEH-125340746 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$25

Co Tr Num: 07-MR-299(R)

State Status: Fees verified and received

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Bob Wolfrom, Viola McBride, Jennifer Loughran

Disposition Date: 11/26/2007

Date Submitted: 10/31/2007

Disposition Status: Filed

Effective Date Requested (New): 10/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 10/01/2008

Effective Date (Renewal):

General Information

Project Name: Psychologists' Purchasing Group Association

Project Number: 07-MR-299(R)

Reference Organization:

Reference Title:

Filing Status Changed: 11/26/2007

State Status Changed: 11/26/2007

Corresponding Filing Tracking Number:

Filing Description:

We are filing revisions to our Psychologists' Professional Liability program written through a risk purchasing group (Psychologists Purchasing Group Association). The policy provides claims made and occurrence liability coverage for psychologists, claims made professional liability coverage for research and academic psychologists and occurrence liability coverage for psychology students. The forms, rules and rates were originally submitted under company filing number 04-PR-086.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Company and Contact

Filing Contact Information

Robert Wolfrom, CPCU, Regulatory Specialist robert.wolfrom@ace-ina.com
 436 Walnut Street (215) 640-5123 [Phone]
 Philadelphia, PA 19106 (215) 640-4986[FAX]

Filing Company Information

ACE American Insurance Company CoCode: 22667 State of Domicile: Pennsylvania
 PO Box 1000 Group Code: 626 Company Type:
 436 Walnut Street
 Philadelphia, PA 19106 Group Name: State ID Number:
 (215) 640-5123 ext. [Phone] FEIN Number: 95-2371728

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$25.00	10/31/2007	16409023

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	11/26/2007	11/26/2007

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Disposition

Disposition Date: 11/26/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment: Note: Rule changes only - not rate change.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Forms (all P&C lines)	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Form PROMAL	Filed	Yes
Supporting Document	Form PRONOT	Filed	Yes
Supporting Document	Explanatory Memo	Filed	Yes
Rate	Rating Guideline - Claims Made	Filed	Yes
Rate	Rating Guideline - Occurrence	Filed	Yes
Rate	AR Exception - Claims-Made	Filed	Yes

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed	Rating Guideline - Claims Made	Page 1	Replacement	04-PR-086	Rating Guidelines.CM.CW.pdf
Filed	Rating Guideline - Occurrence	Page 1	Replacement	04-PR-086	Rating Guidelines.Occurrence CW.pdf
Filed	AR Exception - Claims-Made	Page 1	New		AR Exception - RulesClaimsMadeACEAmerican 08-07 FINAL.pdf

ACE AMERICAN INSURANCE COMPANY
PSYCHOLOGIST PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
CLAIMS MADE PSYCHOLOGISTS PLAN
COUNTRYWIDE AMENDMENT

1. Item 14 is deleted in its entirety and replaced by the following:
 14. Two options are offered to purchase an increase in the reimbursement limits for the Governmental Regulatory Body Defense Reimbursements. They are as follows:

Option	Licensing Board Defense Reimbursement Limit	Other Governmental Regulatory Body Defense	Additional Charge
#1	\$25,000	\$7,500	\$35.00
#2	\$50,000	\$10,000	\$45.00

ACE AMERICAN INSURANCE COMPANY
PSYCHOLOGIST PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
OCCURRENCE PSYCHOLOGISTS PLAN
COUNTRYWIDE AMENDMENT

1. Item 13 is deleted in its entirety and replaced by the following:
 13. Two options are offered to purchase an increase in the reimbursement limits for the Governmental Regulatory Body Defense Reimbursements. They are as follows:

Option	Licensing Board Defense Reimbursement Limit	Other Governmental Regulatory Body Defense	Additional Charge
#1	\$25,000	\$7,500	\$35.00
#2	\$50,000	\$10,000	\$45.00

ACE AMERICAN INSURANCE COMPANY

PSYCHOLOGISTS PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
CLAIMS MADE PSYCHOLOGISTS PLAN
ARKANSAS

State Exceptions. The Rating Guidelines Claims Made Psychologists Plan Countrywide is amended as described below:

1. Item 8. Extended Reporting Period Option, is deleted in its entirety and replaced by the following:
 8. The charge for Extended Reporting Period coverage with a reinstatement of the limits of liability will be calculated as follows:
 - i. 90% of the full annual premium plus an additional 10% of that amount for the reinstatement of the Limits of Liability, to a period of twelve (12) months;
 - ii. 135% of the full annual premium plus an additional 10% of that amount for the reinstatement of the Limits of Liability, to a period of twenty-four (24) months;
 - iii. 150% of the full annual premium plus an additional 10% of that amount for the reinstatement of the Limits of Liability, to a period of thirty-six (36) months; or
 - iv. 175% of the full annual premium plus an additional 10% of that amount for the reinstatement of the Limits of Liability, to an unlimited period.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 11/26/2007

Comments:

Attachments:

NAIC Transmittal (AR - R).pdf
 RATE FILING SCHEDULE (AR).pdf

Bypassed -Name: NAIC Loss Cost Filing Forms (all P&C lines) **Review Status:** Filed 11/26/2007

Bypass Reason: Rule change only. No rate impact. Rates were approved in Filing 04-PR-86 on 6/24/04.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 11/26/2007

Bypass Reason: Rule change only. No rate impact. Rates were approved in Filing 04-PR-86 on 6/24/04.

Comments:

Bypassed -Name: Form PROMAL **Review Status:** Filed 11/26/2007

Bypass Reason: Rule change only. No rate impact. Rates were approved in Filing 04-PR-86 on 6/24/04.

Comments:

Bypassed -Name: Form PRONOT **Review Status:** Filed 11/26/2007

Bypass Reason: Rule change only. No rate impact. Rates were approved in Filing 04-PR-86 on 6/24/04.

Comments:

Comments:

SERFF Tracking Number: ACEH-125340746 State: Arkansas
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Made/Occurrence
Product Name: 07-MR-299(R)
Project Name/Number: Psychologists' Purchasing Group Association/07-MR-299(R)

Satisfied -Name: Explanatory Memo **Review Status:** Filed 11/26/2007
Comments:
Attachment:
Explanatory Memorandum - Rules AR,ME,CT,NC,VA,WI,,WY.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
ACE USA	626

4. Company Name(s)	Domicile	NAIC #	FEIN #
ACE American Insurance Company	PA	22667	95-2371728

5. Company Tracking Number	07-MR-299(R)
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Robert Wolfrom 510 Walnut St WB04G Philadelphia, PA 19106	Sr. Regulatory Specialist	(215) 640-5123	(215) 640-4986	Robert.Wolfrom@ace-ina.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Robert Wolfrom

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Medical Malpractice
10. Sub-Type of Insurance (Sub-TOI)	Psychology
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/01/2008 Renewal: 10/01/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	10/31/2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	07-MR-299(R)
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing revisions to our Psychologists' Professional Liability program written through a risk purchasing group (Psychologists Purchasing Group Association). The policy provides claims made and occurrence liability coverage for psychologists, claims made professional liability coverage for research and academic psychologists and occurrence liability coverage for psychology students. The forms, rules and rates were originally submitted under company filing number 04-PR-086.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: \$25.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	07-MR-299(R)
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	07-MR-299(F)
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Rate Increase Rate Decrease Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
ACE American Insurance Company							

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Rating Guide – Claims- Made, Page 1	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	04-PR-086
02	Rating Guide – Occurrence, Page 1	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	04-PR-086
03	AR Exception – Claims-Made, Page 1	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

These pages are informational only and do not need to be submitted with your filings!

Notes for Rate/Rule Filing Transmittal

DESCRIPTION OF ITEMS IN THE RATE FILING SCHEDULE

RATE/RULE FILING SCHEDULE

1. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

2. This filing corresponds to form filing number: Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one. **Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.**

3. Filing Method (Prior Approval, File & Use, Flex Band, etc): This is the review method for which the filing is being submitted. See State Specific Requirements.

4. Rate Change by Company: Complete all fields for each company included in the filing.

- **Overall % Indicated Change (when applicable)** - This field is only to be completed when an actuarial indication is included in the filing submission.
- **Overall % Rate Impact** - This is the statewide average percentage change to the accepted rates for the coverages included for each company.
- **Written premium change for this program** - This is the statewide change in written premium based on the proposed overall percentage rate impact for each company.
- **# of policyholders affected for this program** - This is the number of policyholders affected by the overall percentage rate impact for each company.
- **Written premium for this program** - This is the statewide written premium for each company.
- **Maximum % Change & Minimum % Change** – This information should be completed if required by the state to which the filing is being submitted.
 - If all the policyholders get increases, then the maximum change is the largest increase and the minimum change is the smallest increase.
 - If all the policyholders get decreases, then the maximum change is the smallest decrease and the minimum change is the largest decrease.
 - If some of the policyholders get increases and others get decreases, then the maximum change is the largest increase and the minimum change is the largest decrease.

5a. Overall percentage rate indication (when applicable): These fields are only to be completed when an actuarial indication is included in the filing submission.

5b. Overall percentage rate impact for this filing: This is the statewide average percentage change to the accepted rates for the coverages included in the filing. This field only needs to be completed for group filings.

5c. Effect of Rate Filing—Written Premium Change for this program: This is the statewide change in written premium based on the proposed overall percentage rate impact. This field only needs to be completed for group filings.

5d. Effect of Rate Filing—Number of policyholders affected: This is the number of policyholders affected by the overall percentage rate impact. This field only needs to be completed for group filings.

6. Overall percentage of last rate revision: This is the statewide average of the last percentage change implemented in the state.

7. Effective Date of last rate revision: This is the implementation date of the last overall percentage rate impact.

8. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc): This is the review method for which the last filing was submitted. See State Specific Requirements.

9. Rule # or Page # Submitted for Review: This is the list of changes to the rate/rule manual.

To be complete a filing must include the following:

- A completed Property & Casualty Transmittal Document (PC TD-1).
- A completed Form Filing Schedule Document (PC FFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- A completed Rate/Rule Filing Transmittal document (PC RRFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- The appropriate state specific requirements.
- The appropriate filing fees, when required.
- A postage-paid, self-addressed envelope large enough to accommodate the return of acknowledgement, as required by state.
- You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ACE American Insurance Company
Psychologists Purchasing Group Association
Psychologists' Professional Liability

Explanatory Memorandum
Rules

ACE American Insurance Company ("ACE") currently has forms, rates and rules on file with your department which are applicable to our Psychologists' Professional Liability program. The coverage provides claims made and occurrence liability coverage for psychologists, claims made professional liability coverage for research and academic psychologists and occurrence liability coverage for psychology students. We are now submitting revisions to this program. The forms, rules and rates were originally submitted under company filing number 04-PR-086.

Please refer to the attached Reference Filing Numbers exhibit for prior state filing numbers, if applicable.

A. Forms

See companion filing 07-MR-299(F).

B. Rules and Rates

Marked-up versions of the changes to the rules and rates are provided for your reference. For those rules and rate pages where there are changes, all previously filed and approved rule and rate pages will be replaced by the amended pages upon approval.

A summary changes to the Rating Guidelines are as follows:

- We have revised Rule 13 in the Occurrence Rating Guidelines and Rule 14 of the Claims Made Guidelines to add the additional reimbursement limit purchase option for the Other Governmental Regulatory Body Defense Reimbursement coverage.
- We have added the charge for the reinstatement of the Extended Reporting Period Option limit of liability.

C. Effective Date

The proposed effective date of this revision filing is October 1, 2008. The reason the date is so far in the future is due to the fact that this policy is for a risk purchasing group (Psychologists Purchasing Group Association). There is a tremendous amount of programming associated with rolling out this

revision on a nationwide basis and the designated producer will need until October 1, 2008 to ensure a smooth transition. Additionally, this new policy contains several coverage enhancements. Accordingly, we would like to be able to provide on a nationwide basis that all renewals after such date will receive the new policy. The only way to accomplish this is to set a date far enough in the future to accommodate the approval times of the various states.