

SERFF Tracking Number: AGNY-125339031 State: Arkansas
 Filing Company: Granite State Insurance Company State Tracking Number: AR-PC-07-026607
 Company Tracking Number: AIC-07-EO-24
 TOI: 11.2 Medical Malpractice - Occurrence Only Sub-TOI: 11.2019 Optometry
 Product Name: General Healthcare Providers Professional Liability Program
 Project Name/Number: General Healthcare Providers Professional Liability Program/AIC-07-EO-24

Filing at a Glance

Company: Granite State Insurance Company
 Product Name: General Healthcare Providers Professional Liability Program
 TOI: 11.2 Medical Malpractice - Occurrence Only
 Sub-TOI: 11.2019 Optometry
 Filing Type: Rate

SERFF Tr Num: AGNY-125339031 State: Arkansas
 SERFF Status: Closed State Tr Num: AR-PC-07-026607
 Co Tr Num: AIC-07-EO-24
 Co Status:
 Author: Myron Harry
 Date Submitted: 10/30/2007

State Status:
 Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
 Disposition Date: 11/06/2007
 Disposition Status: Filed
 Effective Date (New):
 Effective Date (Renewal):

Effective Date Requested (New): 12/01/2007
 Effective Date Requested (Renewal): 12/01/2007

General Information

Project Name: General Healthcare Providers Professional Liability Program
 Project Number: AIC-07-EO-24
 Reference Organization:
 Reference Title:
 Filing Status Changed: 11/06/2007
 State Status Changed: 10/31/2007
 Corresponding Filing Tracking Number:
 Filing Description:
 Granite State Insurance Company (the "Company") currently has on file with your Department its General Healthcare Provider Professional Liability Program (the "Program"). The Company submits for you review and approval its Optometrists Rate Plan Addendum to be used with this Program.

Status of Filing in Domicile: Pending
 Domicile Status Comments:
 Reference Number:
 Advisory Org. Circular:
 Deemer Date:

Please refer to the attached actuarial materials for information about the rate plan addendum included in this submission.

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Company and Contact

Filing Contact Information

Myron Harry, myron.harry@aig.com
 175 Water Street - 17th Floor (212) 458-7057 [Phone]
 New York, NY 10038 (212) 458-7077[FAX]

Filing Company Information

Granite State Insurance Company CoCode: 23809 State of Domicile: Pennsylvania
 70 Pine Street Group Code: Company Type:
 New York, NY 10270 Group Name: State ID Number:
 (212) 770-7000 ext. [Phone] FEIN Number: 02-0140690

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Granite State Insurance Company	\$100.00	10/30/2007	16393260

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	11/06/2007	11/06/2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Edith Roberts	10/31/2007	10/31/2007	Myron Harry	10/31/2007	10/31/2007

SERFF Tracking Number: *AGNY-125339031* *State:* *Arkansas*
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An error occurred rendering Disposition 125297688: null.

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/31/2007

Submitted Date 10/31/2007

Respond By Date

Dear Myron Harry,

This will acknowledge receipt of the captioned filing.

You will need to include the following med mal survey. It must be submitted in EXCEL format or we cannot accept it.

You may access the form at this site address:

<http://www.insurance.arkansas.gov/PandC/RR23Forms/MM%20Survey%20FORM%20MMPCS.xls>

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State

Response Letter Date 10/31/2007

Submitted Date 10/31/2007

Dear Edith Roberts,

Comments:

Response 1

Comments: Ms. Roberts,

In response to your request, attached please find a Med Mal Survey Form.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Med Mal Survey Form

Comment: Attached please find a Med Mal Survey Form.

SERFF Tracking Number: *AGNY-125339031* *State:* *Arkansas*
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Myron Harry

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Granite State Insurance Company	%	%				%	%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Rate Page	Rate Page 1	New	ARKANSAS-GENERAL HEALTHCARE PROVIDER-Rate Page-10-2007.pdf

**GRANITE STATE INSURANCE COMPANY
GENERAL HEALTHCARE PROVIDER
OPTOMETRISTS RATE PLAN ADDENDUM
ARKANSAS**

RATES

1. OPTOMETRISTS OCCURRENCE BASE RATES:

A. Limit Options

	<u>Employed</u>	<u>Self Employed</u>
\$100,000/\$300,000	342	411
\$200,000/\$600,000	363	435
\$500,000/\$1,000,000	424	509
\$1,000,000/\$3,000,000	511	613
\$1,000,000/\$6,000,000	520	624

B. Territory Relativity Factors

<u>Territory</u>	<u>County</u>	<u>Relativity</u>
Terr 01	Entire State	1.000

2. PART TIME OR 1ST YEAR GRADUATE DISCOUNT FACTOR 0.750

3. GROUP CREDITS

<u>Number of Professionals</u>	<u>Credit</u>
2-9 Professionals	4%
10-14 Professionals	8%
15 or more Professionals	12%

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 11/06/2007

Comments:

Attached please find a PCTD Transmittal.

Attachment:

10-07 PCTD Transmittal - Rate Page.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 11/06/2007

Bypass Reason: N/A

Comments:

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Filed 11/06/2007

Comments:

Attached please find a NAIC Loss Cost Data Entry Document.

Attachment:

10-07 AR NAIC Loss Cost Data.pdf

Bypassed -Name: Form PRONOT **Review Status:** Filed 11/06/2007

Bypass Reason: N/A

Comments:

Bypassed -Name: Form PROMAL **Review Status:** Filed 11/06/2007

Bypass Reason: N/A

Comments:

Review Status:

SERFF Tracking Number: AGNY-125339031 *State:* Arkansas
Filing Company: Granite State Insurance Company *State Tracking Number:* AR-PC-07-026607
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Product Name: General Healthcare Providers Professional Liability Program
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Satisfied -Name: Explanatory Memorandum and Filed 11/06/2007
Actuarial Exhibits

Comments:

Attached please find an Explanatory Memorandum and Actuarial Exhibits.

Attachment:

ARKANSAS-General Healthcare Provider- Optometrists-Actuarial Exs-10-2007.pdf

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Review Status:

Satisfied -Name: Med Mal Survey Form

Filed

11/06/2007

Comments:

Attached please find a Med Mal Survey Form.

Attachments:

AR Med Mal Survey FORM MMPCS.xls

10-07 AR Med Mal Survey Form.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

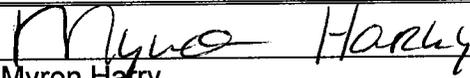
3. Group Name	Group NAIC #
American International Group, Inc	012

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Granite State Insurance Company	PA	23809	02-0140690	

5. Company Tracking Number	AIC-07-EO-24
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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
	Myron Harry 175 Water Street, 17 th Fl. New York, NY 10038	Filings Analyst	(212) 458 7057	(212) 458 7077	Myron.harry@aig.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Myron Harry

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

9. Type of Insurance (TOI)	11.0 – Medical Malpractice
10. Sub-Type of Insurance (Sub-TOI)	11.0019 - Optometrist
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 type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: December 1, 2007 Renewal: December 1, 2007
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	October 30, 2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-07-EO-24
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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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The Company listed in item 4 above submits for your review and approval its Optometrists Professional Liability Insurance proposed base rate.

Please refer to the attached explanatory memorandum and actuarial materials for information about this filing.

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]
-----	---

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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

Granite State Insurance Company
General Healthcare Provider- Optometrists

Explanatory Memorandum
ARKANSAS

Granite State Insurance Company is proposing to offer a new professional Liability coverage for Optometrists as part of the General Healthcare Provider Program. Since this is a new coverage, the current optometrists' rate plan of Chicago Insurance Company has been used to develop the proposed rate plan. The additional limits proposed to be offered are those currently filed under the General Healthcare Provider Program.

Exhibit 1: *CALCULATION OF BASE RATE*

The rates have been calculated by using the implied pure premium from Chicago Insurance Company and loading it with Granite State expenses. A provision for rate inadequacy (indicated rate level change vs. selected rate change) shown in Chicago Insurance Company's last rate filing has been built into the rate to ensure rate adequacy. The proposed rates are the same as those in use by Chicago Insurance Company. The \$1,000,000/\$6,000,000 increased limit factor was interpolated using the increased limit factors from Chicago Insurance Company Optometrists' plan and Granite State's General Healthcare Provider rate plan, as the limit was not offered by Chicago Insurance Company.

Exhibit 2: *EXPENSE PROVISIONS AND DETERMINATION OF EXPECTED LOSS RATIO*

Expense provisions are based on the expenses found for Medical Malpractice in the American Home/National Union/New Hampshire Group Insurance Expense Exhibit. The commission expense is program specific. The expected loss & lae ratio is the complement of the total expenses and profit load. The profit & contingency factor has been calculated based on a target rate of return on equity of 15%.

Exhibit 3: *INVESTMENT INCOME EXHIBITS*

The investment income exhibits are based on American Home/ National Union/ New Hampshire Group's Annual Statement experience and incorporate the Medical Malpractice premium and program budgeted expense provisions to determine an indicated investment income offset. The calendar year method was used to determine investment income.

GRANITE STATE INSURANCE COMPANY
GENERAL HEALTHCARE PROVIDER- OPTOMETRISTS

Exhibit 1

Derivation of Base Rates
ARKANSAS

1. Chicago Insurance Company \$1,000,000/\$3,000,000 Employed Optometrist Base Rates	\$511
2. Chicago Insurance Company's Expected Loss Ratio	48.8%
3. Chicago Insurance Company Implied \$1,000,000/\$3,000,000 Employed Optometrist Pure Premium =(1)*(2)	\$249
4. Implicit Rate Deficiency per Chicago Insurance Company's Last Rate Filing =1.39/1.2-1 (Current 8/1/2007 filing)	15.8%
5. Implied Adequate \$1,000,000/\$3,000,000 Employed Optometrist Pure Premium =(3)*[1+(4)]	\$289
6. American Home Assurance Company's Expected Loss Ratio	54.3%
7. Indicated American Home \$1,000,000/\$3,000,000 Employed Optometrist Base Rates =(5)/(6)	\$532
8. Selected American Home \$1,000,000/\$3,000,000 Employed Optometrists Base Rates	\$511

**GRANITE STATE INSURANCE COMPANY
GENERAL HEALTHCARE PROVIDER- OPTOMETRISTS**

Exhibit 2

Derivation of Expected Loss Ratio

(1) Target rate of return on equity		15.0%
(2) Premium to Surplus Ratio		109.9%
(3) Target rate of return on premium [(1)/(2)]		13.6%
(4) Rate of return on premium		6.6%
(5) Target underwriting profit (loss) [(3)-(4)/.65]		10.9%
(6) Selected underwriting profit (loss)		5.0%
(7) Total Expenses		40.7%
	a. Commissions	27.50%
	b. Other Acquisition	4.99%
	c. General Expenses	1.78%
	d. Taxes, Licenses & Fees	4.36%
	e. Unallocated Loss Adjustment Expense	2.06%
<hr/>		
(8) Expected Loss Ratio [1-(6)-(7)]		54.3%

Expenses from Countrywide American Home/National Union/New Hampshire Group IEE

(in 000's) Expense	2006		2005		2004		3 Yr. Wght. Avg. %
	\$	%	\$	%	\$	%	
Written Premium	142,907	----	122,052	----	134,980	----	----
Other Acquisition	8,079	5.65%	6,126	5.02%	5,768	4.27%	4.99%
General Expenses	2,480	1.74%	2,293	1.88%	2,340	1.73%	1.78%
Taxes, Licenses ar	7,636	5.34%	5,483	4.49%	4,325	3.20%	4.36%

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES

(Explanatory Notes)

MEDICAL MALPRACTICE

A. UNEARNED PREMIUM RESERVE

1.	Medical Malpractice Direct Earned Premium for Calendar Year 2006				\$138,603
2.	Mean Unearned Premium Reserve [0.314* (1)] (See Notes p. 2)				43,527
3.	Deduction for Prepaid Expenses (See notes p. 2)				
	a) Commission and Brokerage	27.50%			
	b) Taxes, Licenses and Fees	4.36%			
	c) 50% of Other Acquisition Expenses	2.50%			
	d) 50% of General Expenses	0.89%			
	e) Total	35.25%			
4.	Deduction for Federal Taxes Payable (See Notes p. 2)				7.0%
5.	Net Amount Subject to Investment Income [(2) x (1.000 - (3) - (4))]				25,138

B. DELAYED REMISSION OF PREMIUMS (Agents' Balances)

1.	Direct Earned Premium [(A.1)]				138,603
2.	Average Agents' Balance (See Notes pp. 2-3)				0.159
3.	Delayed Remission [(1) x (2)]				22,066

C. LOSS RESERVE:

1.	Direct Earned Premium [(A.1)]				138,603
2.	Expected Incurred Loss and L.A.E. Reserves	@ ELR:	0.484		67,079
3.	Expected Mean Loss Reserves [1.427 x (2)] (See Notes p. 3)				95,740

D. SURPLUS

1.	Direct Written Premium				142,907
2.	Surplus Subject to Investment [(D.1)/prem to surp]				130,034

E. NET AMOUNT SUBJECT TO INVESTMENT: [(A.5) - (B.3) + (C.3) + (D.2)]

228,846

F. AVERAGE RATE OF RETURN ON INVESTED ASSETS (See Notes p. 4)

4.56%

G. INVESTMENT EARNINGS ON NET SUBJECT TO INVESTMENT [(E) x (F)]

10,438

H. AVERAGE RATE OF RETURN (As % of Direct Earned Premium) [(G) / (A.1)]

7.53%

I. AVERAGE RATE OF RETURN (After Federal Income Taxes) [(H) x 0.871]

6.56%

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES
(Explanatory Notes)

MEDICAL MALPRACTICE

Line A.1

MEDICAL MALPRACTICE direct earned premium for calendar year 2006 as provided by American Home/National Union/ New Hampshire Group.

Line A.2

The mean direct unearned premium reserve is determined by multiplying the Medical Malpractice direct earned premium in line (A.1) by the countrywide ratio of the mean direct unearned premium reserve to the direct earned premium for 2006. See below for calculation of this ratio. This ratio is based on data for Medical Malpractice from page 15 of the Annual Statement for American Home/National Union/ New Hampshire Group

	(In 000's)
1. Direct Earned Premium for Calendar Year 2006	\$ 138,603
2. Direct Unearned Premium Reserve as of 12/31/05	23,287
3. Direct Unearned Premium Reserve as of 12/31/06	63,767
4. Mean Direct Unearned Premium Reserve 1/2 [(2) + (3)]	43,527
5. Ratio [(4) / (1)]	0.314

Line A.3

Deduction for prepaid expenses:

Production costs and a large part of the other company expenses in connection with the writing and handling of the filed insurance coverage exclusive of claim adjustment expenses, are incurred when the policy is written and before the premium is paid. Therefore, the deduction for these expenses is determined by use of the provisions for expenses used in our ratemaking procedure as shown.

Line A.4

Deduction for Federal Taxes Payable:

Taxable percentage of unearned premium reserves (Tax Reform Act of 1986):	20.0%
Corporate Tax Rate:	35.0%
Total Percentage of Unearned Premium Reserve:	7.0%

Line B.2

Delayed remission of premium:

This deduction is necessary because of delay in collection and remission of premiums beyond the effective dates of the policies. Funds for the unearned premium reserve required during the initial days of all policies must be taken from the company's surplus. (continued)

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES
(Explanatory Notes)

MEDICAL MALPRACTICE

Line B.2 (continued)

Agents' balances or uncollected premiums for premiums due less than 90 days are calculated as follows:

	<u>(In 000's)</u>
1. Net Earned Premium for Calendar Year 2006	\$ 21,215,096
2. Net Agents' Balances as of 12/31/05	2,422,685
3. Net Agents' Balances as of 12/31/06	2,845,895
4. Mean Agents' Balances $1/2 \times [(2) + (3)]$	2,634,290
5. Ratio $[(4) / (1)]$	0.124

The above percentage must be multiplied by a factor of 1.282 to include the effect of agents' balances or uncollected premiums overdue for more than 90 days. The factor 1.282 is based on 2006 company data.

Final adjusted Agents' Balance:

0.1592

Line C.2

The expected loss and loss adjustment ratio reflects the expense provisions used in the filing.

Line C.3

The expected mean loss reserve is determined by multiplying the expected incurred losses in line (C.2) by the average countrywide ratio of the mean loss and loss adjustment reserves to the incurred losses and loss adjustment expenses in 2004 and 2005 for Medical Malpractice Insurance. This ratio is based on Annual Statement Data.

	<u>(In 000's)</u>
1. Incurred Losses and L.A.E. for Calendar Year 2005	39,477
2. Incurred Losses and L.A.E. for Calendar Year 2006	204,914
3. Loss Reserves and L.A.E. as of 12/31/04	50,628
4. Loss Reserves and L.A.E. as of 12/31/05	77,903
5. Loss Reserves and L.A.E. as of 12/31/06	482,785
6. Mean Loss Reserve 2005: $1/2 [(3) + (4)]$	64,266
7. Mean Loss Reserve 2006: $1/2 [(4) + (5)]$	280,344
8. Ratio (6) / (1)	1.628
9. Ratio (7) / (2)	1.368
10. Average Ratio $1/2 [(8) + (9)]$	1.498
11. Loss reserve for American Home/National Union/ New Hampshire Group, selected	1.500
12. Estimated Reserve Discount	13.9%
13. Federal Taxes Payable (% of Reserves): (12) x .35	0.048
14. (11) x [1.0 - (13)]	1.427

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES
(Explanatory Notes)

MEDICAL MALPRACTICE

Line E

The rate of return is the ratio of net investment income earned and net realized capital gains (or losses) to mean cash and invested assets (including interest, dividends, and real estate income due and accrued).

<u>Year</u>	Net Investment Income Earned (In 000's)	Mean Cash and Invested Assets (In 000's)	Rate of Return
2005	1,958,547	48,226,323	4.06%
2006	2,207,870	57,914,122	3.81%
Total	4,166,417	106,140,446	3.94%

<u>Year</u>	Realized Capital Gains (or Losses) (In 000's)	Mean Cash and Invested Assets (In 000's)	Rate of Return
1997-2006	2,179,232	348,904,381	0.62%

Total Rate of Return:

Net Investment Income Earned and Net Realized Capital Gains (or Losses)

4.56%

Line H

The average rate of Federal Income Tax was determined by applying the appropriate tax rates to the distribution of investment income earned for 2006 for the American Home/National Union/ New Hampshire Group.

	Rate of Return	Federal Income Tax Rate
Net Investment Income Earned	3.94%	0.094
Net Realized Capital Gains (or Losses)	0.62%	0.350
Total	4.56%	0.129

1.000 - Federal Income Tax Rate

0.871

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES
(Explanatory Notes)

MEDICAL MALPRACTICE

<u>Line H (continued)</u>	<u>Investment Income Earned</u>	<u>Federal Income Tax Rate</u>
<u>Bonds</u>		
Taxable	\$ 208,168	0.350
<u>Non-Taxable</u>	<u>1,338,765</u>	<u>0.026</u>
Total	\$ 1,546,933	(A) 0.070
<u>Stocks</u>		
Taxable	\$ 168,925	0.123
<u>Non-Taxable</u>	<u>266,967</u>	---
Total	\$ 435,892	(B) 0.048
<u>Mortgage Loans and Real Estate</u>		
Mortgage Loans	\$ 0	
Real Estate	0	
Collateral Loans	0	
Cash on Deposit	0	
Short Term Investments	21,719	
<u>All Other</u>	<u>503,234</u>	
Sub-Total	\$ 524,953	0.350
Total	\$ 2,507,777	0.125
Investment Deductions	\$ 299,907	0.350
Net Investment Income Earned	\$ 2,207,870	0.094

(A) Assume 50% of the income on tax-exempt bonds is subject to proration; that is, 15% of that income is taxed at the full corporate income tax rate of 35%. The applicable tax rate is thus 2.6%. $((.50 \times .15 \times .35) = .026)$

(B) 30% of dividend income is subject to the full corporate income tax rate of 35%. Assume 50% of the dividend income on stocks is subject to proration; that is, 15% of the remaining 70% of dividend income is taxed at a rate of 35%. The applicable tax rate is thus 12% $((.30 \times .35) + (.50 \times .70 \times .15 \times .35) = .123)$.

SERFF Tracking Number: *AGNY-125339031* *State:* *Arkansas*
Filing Company: *Granite State Insurance Company* *State Tracking Number:* *AR-PC-07-026607*
Company Tracking Number: *AIC-07-EO-24*
TOI: *11.2 Medical Malpractice - Occurrence Only* *Sub-TOI:* *11.2019 Optometry*
Product Name: *General Healthcare Providers Professional Liability Program*
Project Name/Number: *General Healthcare Providers Professional Liability Program/AIC-07-EO-24*

Attachment "AR Med Mal Survey FORM MMPCS.xls" is not a PDF document and cannot be reproduced here.

**Malpractice Premium Comparison Survey Form
FORM MMPCS - last modified August, 2005**

USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE BLANK

NAIC Number:
 Company Name:
 Contact Person:
 Telephone No.:
 Email Address:
 Effective Date:

Submit to: *Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904*

Telephone: *501-371-2800*
 Email as an attachment to insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a cdr disk

Optometrist - New Coverage

Base Rate	Hospital		Clinic		Private	
	\$		\$		\$	
At 500,000/1,000,000						
Discounts and Surcharges						
Emergency Room		N/A %		N/A %		N/A %
Surgery		N/A %		N/A %		N/A %
Delivery		N/A %		N/A %		N/A %
Claims Free		N/A %		N/A %		N/A %
Over 5 years Experience		N/A %		N/A %		N/A %
Other:		New Coverage N/A %		N/A %		N/A %

Dental

Base Rate	Dentist		Orthodontist		Oral Surgeons	
	\$		\$		\$	
At 100,000/300,000		N/A		N/A		N/A
Discounts and Surcharges						
Claims Free		N/A %		N/A %		N/A %
5 years Experience		N/A %		N/A %		N/A %
Surgery		N/A %		N/A %		N/A %
Other:		N/A %		N/A %		N/A %