

SERFF Tracking Number: ARKS-125411745 State: Arkansas  
Filing Company: 11843 - MEDICAL PROTECTIVE COMPANY State Tracking Number: #505919 \$100  
Company Tracking Number: 07-AR-94  
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0023 Physicians & Surgeons  
Made/Occurrence  
Product Name: Medical Malpractice  
Project Name/Number: /

## Filing at a Glance

Company: 11843 - MEDICAL PROTECTIVE COMPANY

Product Name: Medical Malpractice

SERFF Tr Num: ARKS-125411745 State: Arkansas

TOI: 11.0 Medical Malpractice - Claims

SERFF Status: Closed

State Tr Num: #505919 \$100

Made/Occurrence

Sub-TOI: 11.0023 Physicians & Surgeons

Co Tr Num: 07-AR-94

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

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

Author:

Disposition Date: 01/11/2008

Date Submitted: 01/02/2008

Disposition Status: Filed

Effective Date Requested (New):

Effective Date (New): 02/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/29/2008

Deemer Date:

State Status Changed: 01/29/2008

Corresponding Filing Tracking Number:

Filing Description:

## Company and Contact

### Filing Contact Information

NA NA,

NA@NA.com

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Made/Occurrence  
Product Name: Medical Malpractice  
Project Name/Number: /

NA (123) 555-4567 [Phone]  
NA, AR 00000

**Filing Company Information**

11843 - MEDICAL PROTECTIVE COMPANY CoCode: 11843 State of Domicile: Arkansas  
No Address Group Code: Company Type:  
City, AR 99999 Group Name: State ID Number:  
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999  
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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	01/29/2008	01/29/2008

SERFF Tracking Number: ARKS-125411745 State: Arkansas  
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Product Name: Medical Malpractice  
Project Name/Number: /

## Disposition

Disposition Date: 01/11/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125411745 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Supporting Document	NAIC Loss Cost Filing Forms (all P&C lines)		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	Form PROMAL		Yes
Supporting Document	Form PRONOT		Yes
Supporting Document	ARKS-125411745		No

*SERFF Tracking Number:* ARKS-125411745      *State:* Arkansas  
*Filing Company:* 11843 - MEDICAL PROTECTIVE COMPANY      *State Tracking Number:* #505919 \$100  
*Company Tracking Number:* 07-AR-94  
*TOI:* 11.0 Medical Malpractice - Claims      *Sub-TOI:* 11.0023 Physicians & Surgeons  
*Made/Occurrence*  
*Product Name:* Medical Malpractice  
*Project Name/Number:* /

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125411745 State: Arkansas  
Filing Company: 11843 - MEDICAL PROTECTIVE COMPANY State Tracking Number: #505919 \$100  
Company Tracking Number: 07-AR-94  
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0023 Physicians & Surgeons  
Made/Occurrence  
Product Name: Medical Malpractice  
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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** ARKS-125411745

01/29/2008

### Comments:

### Attachments:

ARKS-125411745 1.pdf  
ARKS-125411745 2.pdf  
ARKS-125411745 3.pdf  
ARKS-125411745 4.pdf  
ARKS-125411745 5.pdf

**MEDICAL PROTECTIVE**  
physicians, Surgeons  
Comprehensive Liability for Healthcare Providers

-39.5% Page 1 of 5

Edith Roberts

Filing # 07-AR-94 effective 3/08

**FILED**

**From:** Coker, Melissa [Melissa.Coker@medpro.com]

**Sent:** Thursday, January 24, 2008 1:56 PM

**To:** Edith Roberts

**Cc:** June Stracener

**Subject:** RE: Company Filing # 07-AR-94

SERIF Tracking # ARKS-125411745

Jan 11 2008

PROPERTY AND CASUALTY  
ARKANSAS INSURANCE DEPT.

Edith, Yes, that is perfectly fine. Thank you so much for all of your assistance with this filing.

Melissa

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**From:** Edith Roberts [mailto:Edith.Roberts@arkansas.gov]

**Sent:** Thursday, January 24, 2008 2:39 PM

**To:** Coker, Melissa

**Cc:** June Stracener

**Subject:** FW: Company Filing # 07-AR-94

Great news! (See below) Yes, February 1 will be okay. I will get it processed today. The return envelope is to Mitchell Williams. Is that okay?

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**From:** Edith Roberts

**Sent:** Thursday, January 24, 2008 1:22 PM

**To:** Bill Lacy

**Subject:** RE: Company Filing # 07-AR-94

Yes, that is it. That will give them 20 days if we consider Jan. 11 that it was complete. I counted it out and that would be okay!

So stop researching and hopefully, we can stop bothering you!

Take care, we are thinking about you and your Mom and Dad.

---

**From:** Bill Lacy

**Sent:** Thursday, January 24, 2008 1:19 PM

**To:** Edith Roberts

**Subject:** RE: Company Filing # 07-AR-94

That is fine with me. I wish we could find the statute.

Look at this, will it cover it for you:

**23-67-211. Filing of rates and other rating information.**

(a) Filings as to Competitive Markets.

(1)(A)(i) In a competitive market, every insurer shall file with the Insurance Commissioner all rates, supplementary rate information, and supporting information for risks which are to be written in this state.

(ii) The rates and information shall be filed twenty (20) days prior to the effective date.

(B) A filing shall be deemed to meet the requirements of this chapter and to become effective

1/28/2008

upon the expiration of the waiting period or sooner if approved by the commissioner.

NOTICE it says chapter and your med mal is in this chapter.

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**From:** Edith Roberts  
**Sent:** Thursday, January 24, 2008 1:13 PM  
**To:** Bill Lacy  
**Subject:** RE: Company Filing # 07-AR-94

We are still within the 30 days. It was received (hand delivered) to the Department Dec 28, late afternoon and logged in to me on Jan. 2.

They can still use the Feb 1 effective date if I we consider the file as being amended on Jan 11 when they delivered the new MMPCS form. Is that okay? I just wanted to make sure you don't object.

Sorry I made it sound so complex!

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**From:** Bill Lacy  
**Sent:** Thursday, January 24, 2008 12:50 PM  
**To:** Edith Roberts  
**Subject:** RE: Company Filing # 07-AR-94

There is a statute in 67 (or better an addition or change to an existing statute) that may allow an earlier date (if requested and the original review period timeline has passed – 30 days in this case). Sorry, I don't know where it is but you might want to look for it or ask the filer to take a look.

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**From:** Edith Roberts  
**Sent:** Thursday, January 24, 2008 12:41 PM  
**To:** Bill Lacy  
**Subject:** RE: Company Filing # 07-AR-94

Bill...the corrected MMPCS was delivered Jan. 11, so the way I am counting if I approve as of that date, they can use the Feb. 1 date. The MMPCS only contained a type which they have corrected and the other questions, just needed clarification. So actually, they complied on the Jan. 11 date. Is it okay to stamp as of that date, so they can keep their Feb 1 date? I was out last Monday sick, and in school most of the rest of the week, so didn't review the addendum until this week.

What do you think?

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**From:** Coker, Melissa [mailto:Melissa.Coker@medpro.com]  
**Sent:** Thursday, January 24, 2008 10:11 AM  
**To:** Edith Roberts  
**Subject:** RE: Company Filing # 07-AR-94

Your welcome, can you advise if these additional items impact the effective date of 2/1/08? I have received several questions if the 20 day waiting period starts over today?

Thanks,  
Melissa

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1/28/2008

2

**Edith Roberts**

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**From:** Coker, Melissa [Melissa.Coker@medpro.com]  
**Sent:** Thursday, January 24, 2008 9:33 AM  
**To:** Edith Roberts  
**Cc:** June Stracener; Bill Lacy  
**Subject:** RE: Company Filing # 07-AR-94  
**Importance:** High  
**Attachments:** DOI Response.pdf

Ms. Roberts,  
Please find our response attached prepared by our Product Manager. If you should need anything additional, please let me know.  
Thanks,  
Melissa

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**From:** Edith Roberts [mailto:Edith.Roberts@arkansas.gov]  
**Sent:** Wednesday, January 23, 2008 4:13 PM  
**To:** Coker, Melissa  
**Cc:** June Stracener; Bill Lacy  
**Subject:** RE: Company Filing # 07-AR-94

Melissa...

I am sorry, but when I went back to review the Non-Discretionary Debit Plan, I found a couple more things.

Under this plan, please add what distinguishes the 9 and 10 points. The chart only goes to 8 which states "\$500,000 or more".

Also on the rules 16, 19,20,21,22,23,25,26 these say "available" but do not list the criteria or the debit/credit available. These will need to be listed.

Also, #27 will need to include an additional rule that individually rated risks will need to be submitted to the Department as an individual risk filing.

Thanks,  
Edith

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**From:** Coker, Melissa [mailto:Melissa.Coker@medpro.com]  
**Sent:** Wednesday, January 23, 2008 1:16 PM  
**To:** Edith Roberts  
**Subject:** RE: Company Filing # 07-AR-94

Ms. Roberts,  
Will the 20 day waiting period begin again today? if the response I sent earlier is acceptable? I just wasn't sure when the 20 day waiting period would begin.  
Thank you,  
Melissa

**From:** Coker, Melissa  
**Sent:** Wednesday, January 23, 2008 2:06 PM  
**To:** 'Edith Roberts'  
**Cc:** June Stracener; Bill Lacy  
**Subject:** RE: Company Filing # 07-AR-94

Ms. Roberts,

I apologize the 200% referenced was a typographical error. Please find updated form attached. The input for a +200% modification refers to the maximum debit applicable under the Non-Discretionary Debit Plan. We again apologize for the oversight and any confusion this may have caused.

Please let me know if you should need anything additional.

Sincerely,  
Melissa Coker

Melissa Coker, Paralegal  
Legal Department  
Medical Protective

The Medical Protective Company  
5814 Reed Road  
Fort Wayne, IN 46835  
Phone: 260-486-0838  
Fax: 260-486-0733  
Email: [melissa.coker@medpro.com](mailto:melissa.coker@medpro.com)  
web: [www.medicalprotective.com](http://www.medicalprotective.com)

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**From:** Edith Roberts [<mailto:Edith.Roberts@arkansas.gov>]  
**Sent:** Wednesday, January 23, 2008 9:08 AM  
**To:** Coker, Melissa  
**Cc:** June Stracener; Bill Lacy  
**Subject:** Company Filing # 07-AR-94

Dear Melissa:

With reference to the newly completed MMPCS form, please refer to the base rate section, column three for "Private" physicians. The scheduled rating plan shows a possible cumulative of -50 to +200%. The department does not allow negative or greater than -50/+50 and the cap must be set at these limits. Also, please advise as to the corresponding rule that allows the 200%.

With this amendment and answer regarding the applicable rule, the filing is ready to be processed.

Should you have any questions, please feel free to contact me at any of the listings below.

Sincerely,  
Edith Roberts  
[edith.roberts@arkansas.gov](mailto:edith.roberts@arkansas.gov)  
Property & Casualty Compliance  
Arkansas Insurance Department  
3rd and Cross Streets  
Little Rock, AR 72201

1/28/2008

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

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

NAIC Number:	11843
Company Name:	The Medical Protective Company
Contact Person:	Melissa Coker
Telephone No.:	260-486-0838
Email Address:	Melissa.Coker@medpro.com
Effective Date:	2/1/2008

**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

**Physicians**

Base Rate	Hospital	Clinic	Private
At 500,000/1,000,000	\$ 6,207	\$ 6,207	\$ 6,207
<b>Discounts and Surcharges</b>			
Emergency Room	0 %	0 %	0 %
Surgery	0 %	0 %	0 %
Delivery	0 %	0 %	0 %
Claims Free	0 %	0 %	0 %
Over 5 years Experience	0 %	0 %	0 %
Other:	Risk Management, New-to-Practice, Schedule Rating, Debit Plan -50 to 50 %	-50 to 50 %	-50 to 50 %

**Dental**

Base Rate	Dentist	Orthodontist	Oral Surgeons
At 100,000/300,000	\$ 1,156	\$ 1,156	\$ 6,359
<b>Discounts and Surcharges</b>			
Claims Free	5/10/15 %	5/10/15 %	5/10/15 %
5 years Experience	0 %	0 %	0 %
Surgery	0 %	0 %	0 %
Other:	New to Practice 60/40/20 % Risk Management 5 %	60/40/20 % 5 %	60/40/20 % 5 %

# MITCHELL || WILLIAMS

ER

T. ARK MONROE, III  
DIRECT DIAL: 501-688-8833  
E-MAIL: AMONROE@MWSGW.COM

425 WEST CAPITOL AVENUE, SUITE 1800  
LITTLE ROCK, ARKANSAS 72201-3525  
TELEPHONE 501-688-8800  
FAX 501-688-8807

January 11, 2008

*Via Hand Delivery*

Ms. Edith Roberts, Analyst  
Property & Casualty Division  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

**RECEIVED**

JAN 11 2008

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

Re: THE MEDICAL PROTECTIVE COMPANY (NAIC #11843)  
Company Filing No. 07-AR-94

Dear Edith:

Thank you for speaking with me and June Stracener this morning concerning the above-captioned filing. As we discussed, the Company would like to withdraw the rating rule entitled "New to Company" credit from the filing at this time. We would also like to discuss this rating rule with you, Bill Lacy, and Lenita Blasingame in the near future, but do not want to delay the approval of the remainder of the filing.

Due to this change, the Company is providing a revised Rate/Rule Filing Schedule (F779 form) and a revised Exhibit I-A. Also attached is the corrected Form MMPCS per your earlier request.

Thank you again, Edith, for your courtesy and assistance with this filing. If you have any questions, please let either me or June know.

Yours very truly,

MITCHELL, WILLIAMS, SELIG,  
GATES & WOODYARD, P.L.L.C.

By   
T. Ark Monroe, III

TAM:seg

Enclosures

cc: Mr. Trent Heinemeyer (w/o enclosures)  
Ms. Melissa Coker (w/o enclosures)



January 10, 2008

Edith Roberts, Analyst  
Property & Casualty Division  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

**RECEIVED**

**JAN 11 2008**

**PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT**

**RE: THE MEDICAL PROTECTIVE COMPANY - NAIC #11843  
COMPANY FILING NO. 07-AR-94  
RESPONSE TO REQUEST OF JANUARY 8, 2008**

Dear Ms. Roberts:

In response to your request of January 8th, please find attached the corrected Form MMPCS.

Also, pursuant to the Department's objection to the proposed rating rule entitled "New to Company Credit", the Company would like to withdraw this rating rule from the filing at this time. The Company would like to discuss the parameters of this rating rule with the Department at some future date, so as to resolve any concerns regarding the rule. This particular rating rule was expected to reduce average premium levels 4.6%. Withdrawing the rule will result in a revised overall premium effect of -36.6% in contrast to the original proposal of -39.5%.

Please find attached a revised Rate/Rule Filing Schedule (F779 form) reflecting the changes to the overall percentage rate impact, effect of the rate filing in relation to the written premium change and the removal of the New to Company Rating Rule from the description list.

In addition, please find attached a revised Exhibit I-A, reflecting the overall Selected Rate Change of -36.6%. Commensurate with this change, we have also enclosed a revised modular manual page, SR-AR-III-19 of Section III, reflecting the removal of the reference to the New to Company Rating.

We trust that this information will resolve any outstanding questions or concerns regarding the filing. At this time we wish to modify the proposed effective date of the filing from January 1, 2008 to February 1, 2008 accordingly.

Sincerely,

Melissa Coker, Paralegal  
The Medical Protective Company  
5814 Reed Road  
Fort Wayne, IN 46835-3568  
(800)-348-4669, ext. 6838  
(260)-486-0733 (fax)  
melissa.coker@medpro.com

Enclosure(s)

*Medical Protective is a member of the Berkshire Hathaway group of businesses*

# THE MEDICAL PROTECTIVE COMPANY

## ARKANSAS

### PHYSICIANS AND SURGEONS

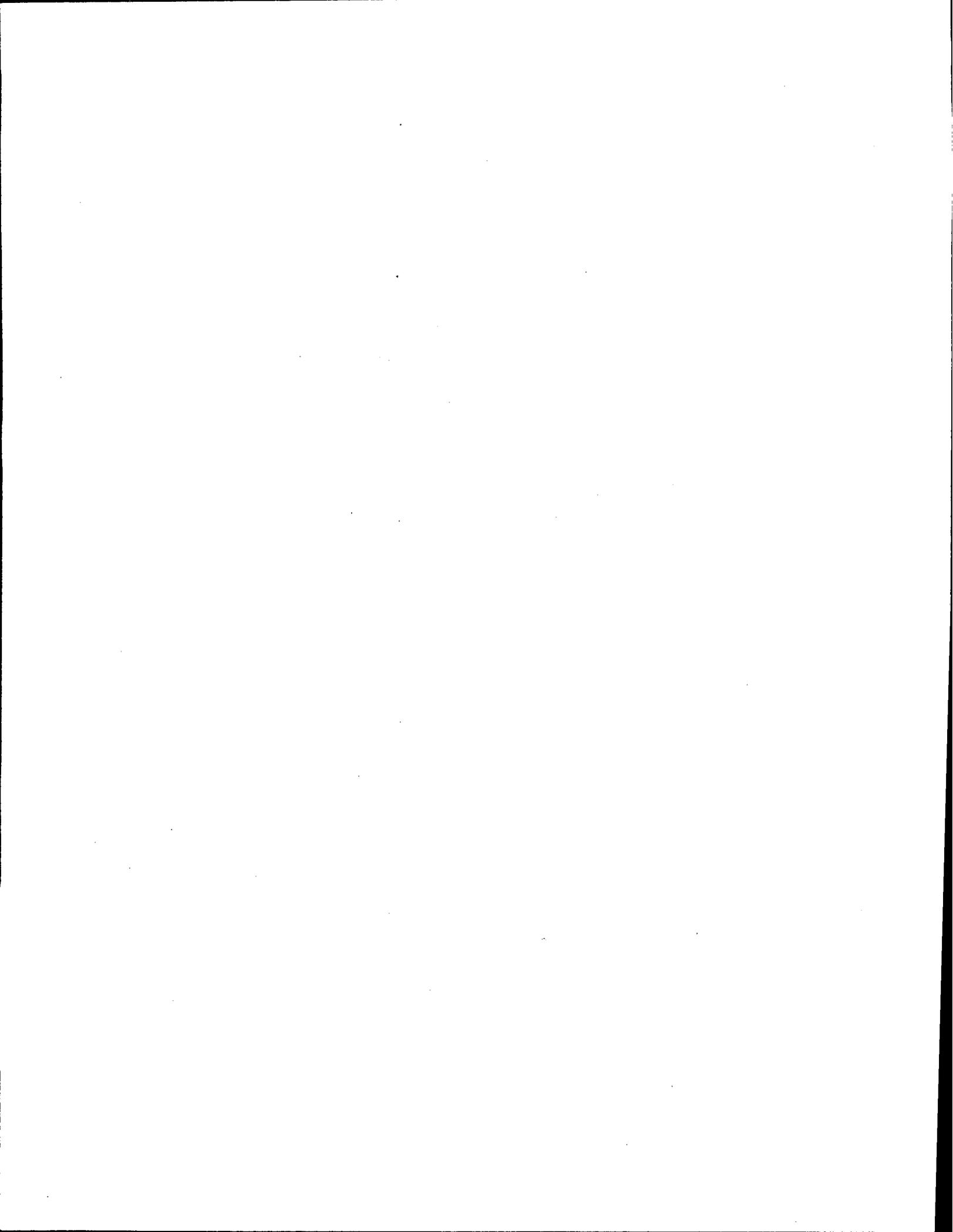
#### SUPPLEMENTAL ACTUARIAL MEMORANDUM

The changes outlined in Bulletin No. 2-2003 will have an impact overall on the medical malpractice industry. However, it is too early to determine what the impact will be on our Physicians & Surgeons experience. Also, some changes could be detrimental to insurers, such as Sections 2 and 3. For example, Section 3 states that if, with a multi-party verdict, any of the parties' shares that are not reasonably collectible will be apportioned to the other parties' shares. This provision could increase the amount of damages that The Medical Protective Company is ordered to pay.

The most objective provision is the cap on punitive damages. The Medical Protective Company has periodically paid claims of more than \$250,000. However, we have only recently begun to capture the breakdown of damages within claim payments, so we lack the substantive data necessary to perform an analysis of punitive damages. In 2002, a data call from the Texas Department of Insurance asked us for more detail on 150 specified claims. Of these 150 claims, none had any punitive damages paid on them.

Bulletin 2-2003 also states that punitive damages are not capped if the defendant "intentionally pursued a course of conduct for the purpose of causing injury or damage." This appears to be very subjective and difficult for a jury to decide on each individual case.

Because of this "cap-buster" provision, potential constitutional challenges, and our lack of data in determining any savings on this provision, we have not altered our filing for the provisions of Bulletin No. 2-2003. The Company's experience is relatively small and has been assigned a credibility weight of 18%, with the compliment of the credibility being assigned to the loss costs underlying SVMIC's rates. To the extent that the SVMIC loss costs reflect the impact of the aforementioned provisions, this impact is incorporated into Medical Protective's rate indication. As we annually review our rate levels we will continue to monitor and modify our rates appropriately as the effects of Bulletin No. 2-2003 become apparent.



1/24/08

**Question 1:** Under this plan, please add what distinguishes the 9 and 10 points. The chart only goes to 8 which states "\$500,000 or more"

Schedule A represents a point allocation system based upon the severity of a claim. As an insured could have more than one claim either pending or paid within the allocation time period, several points can potentially be accumulated. Schedule B represents the debit percentage associated with the total point allocation derived under Schedule A. Please see the example below:

**Schedule A – Insured Example**

Loss Payment of \$260,000	=	6 points
Loss Payment of \$150,000	=	4 points
2 Pending Claims	=	<u>2 points</u>
Total Points		12 points

**Schedule B – Insured Example**

12 points = 200% debit

**Question 2:** Also on the rules 16, 19,20,21,22,23,25,26 these say "available" but do not list the criteria or the debit/credit available. These will need to be listed.

Similar to the Commercial Lines Manual produced by ISO, the Company's Comprehensive Liability Coverage for Healthcare Providers manual is comprised of two main sections... The General Manual which outlines the rating mechanisms for each rating element, and The State Rate Pages which identifies the percentages or factors associated with each rating element, as these can vary by state. If a rating element is identified in the State Rate Pages as, "Available", it indicates the rating rule, as outlined in the General Manual, is available within the state, but there are no specific credits or debits associated with the rating rule.

The most current General Manual for Section III was filed and approved for use in Arkansas, effective 06/01/07, and is attached for your review/reference.

**Question 3:** Also, #27 will need to include an additional rule that individually rated risks will need to be submitted to the Department as an individual risk filing.

Please find enclosed revised Section III State Rate Page 19 which includes the referenced information. Additionally, we have updated our Individual Risk Rating Rule for our stand alone program to conform with this requirement and have enclosed it for your review.

**MANUAL PAGES  
FOR  
COMPREHENSIVE LIABILITY COVERAGE FOR HEALTH CARE PROVIDERS**

**I. APPLICATION OF MANUAL**

- A. This section provides rules, rates, premiums, classifications and territories for the purpose of providing Professional Liability for Physicians/Surgeons.
- B. Any exceptions to these rules are contained in the respective State Rate Pages.

**II. BASIC LIMITS OF LIABILITY**

Basic Limits of Liability for Professional Liability Coverage under this program shall be as follows, unless otherwise modified by statute:

- A. Occurrence Coverage
  - \$100,000 Each Health Care Occurrence
  - \$300,000 Aggregate
- B. Claims-Made Coverage
  - \$100,000 Each Health Care Occurrence
  - \$300,000 Aggregate

**III. PREMIUM COMPUTATION**

The premium shall be computed by applying the rate per physician, shown on the State Rate Pages, in accordance with each physician's medical classification and class plan designation.

**IV. CLASSIFICATIONS**

- A. Physicians/Surgeons
  - 1. Each medical practitioner is assigned a classification code according to their specialty. When more than one classification is applicable, the highest rate classification shall apply.
  - 2. The classification codes will be contained on the State Rate Pages.

B. Part Time Physicians

1. Any insured who is determined not to be working on a full time basis will be considered a part time practitioner and will be eligible for a reduction in the otherwise applicable rate for that specialty. The criteria and commensurate credit for a part time practitioner is identified on the State Rate Pages.
2. A Part-Time Practitioner may include any classification identified in the class plan, as well as those practitioners who are moonlighting or teaching. The hours reported to the Company for rating purposes are subject to audit, at the Company's discretion.
3. The part time credit is not applied to the Extended Reporting Period Coverage rating unless the part time practice did not exceed a specified number of hours/year over the previous five consecutive policy years with the Company or if the insured was part time for the entire retroactive period. The average number of hours in practice per week during the previous five policy years will determine the applicable credit. Refer to the State Rate Pages for the specific criteria.
4. No other credits are to apply concurrent with this rule except risk management and membership association credits.

C. Physicians in Training

1. Following graduation from medical school, a physician may elect to enter additional training periods. For rating purposes, they are defined as follows:
  - a. First Year Resident (or Intern) - 1 year period immediately following graduation. During this period a physician may or may not be licensed, depending upon state requirements.
  - b. Resident - various lengths of time depending upon medical specialty; 3 years average. Following first year residency, generally licensed M.D. Upon completion of residency program, physician becomes board eligible.
  - c. Fellow - Follows completion of residency and is a higher level of training.

Note: Do not confuse a physician in a fellowship training program with a fellow, for example, of American College of Surgeons.

2. Coverage is available for activities directly related to a physician's training program. The coverage will not apply to any professional services rendered after the training is complete.
  - a. Interns, Residents and Fellows are eligible for a reduction in the otherwise applicable physician rate for coverage valid only for activities directly related to an accredited training program. Refer to the Company to determine the applicable credit.
3. Coverage is available for a physician's "moonlighting" activities. The coverage will not apply to any aspect of the insured's training program. The applicable physician class for moonlighting activities, as identified in the class plan, will be utilized to determine the rate. If no such classification is identified, the applicable premium will be computed as follows.
  - a. The premium will be based upon the equivalent medical specialty rate and the average number of hours the insured practices per week.
  - b. The hours reported to the Company for rating purposes are subject to audit, at the Company's discretion.
  - c. No other credits are to apply concurrent with this rule except risk management and membership credits.
  - d. The applicable percentages are presented on the State Rate Pages.

D. Locum Tenens Physician –Physicians Substituting for MPCo Insured Physicians

1. Coverage for a physician substituting for an insured physician will be limited to cover only professional services rendered on behalf of the insured physician for the specified time period. Locum Tenens will share in the insured physician's Limit of Liability. No additional charge will apply for this coverage.
2. The locum tenens physician must complete an application and submit it to the Company in advance for approval prior to the requested effective date of coverage.

E. Temporary Staffing Agency Coverage

1. Coverage for Temporary Staffing Agency Coverage is available to organizations that provide healthcare provider staffing services to healthcare facilities (hospitals, clinics, nursing homes, etc).
2. Pricing is based upon the number of hours worked by the provider.
3. No additional premium modifications may apply with this rating, except Schedule Rating modifications.
4. Refer to the State Rate Pages for the rates associated with this coverage.

F. New Physician

1. A "new" physician shall be a physician who has recently completed one of the following programs and will begin a full time practice for the first time:
  - a. Residency;
  - b. Fellowship program in their medical specialty;
  - c. Fulfillment of a military obligation in remuneration for medical school tuition;
  - d. Medical school or specialty training program.
2. To qualify for the credit, the applicant will be required to apply for a reduced rate within six months after the completion of any of the above programs.
3. A reduced rate will be applied in accordance with the credits shown on the State Rate Pages.

G. Physician Teaching Specialists

1. Coverage is available for faculty members of an accredited training program. The coverage will not apply to any professional services rendered in the insured's private practice.
  - a. Faculty members are eligible for a reduction in the otherwise applicable physician rate for coverage valid only for teaching activities related to an accredited training program. Refer to the Company to determine the applicable credit.

2. Coverage is available for the private practice of a physician teaching specialist. The coverage will not apply to any aspect of the insured's teaching activities.
  - a. The premium will be based upon the otherwise applicable physician rate and the average number of hours per week devoted to teaching activities.
  - b. The hours reported to the Company for rating purposes are subject to audit, at the Company's discretion.
  - c. No other credits are to apply concurrent with this rule except risk management and membership credits.
  - d. The applicable percentages are presented on the State Rate Pages.

#### H. Physician's Leave of Absence

1. A physician who is on a leave of absence for a continuous period of 45 days or more may be eligible for restricted coverage at a discount of the applicable rate for the period of the leave of absence. This will apply retroactively to the first day of the leave of absence, if reported to the company within 30 days. Only one application of this credit may be applied to an annual policy period. Leave of absence may include the following:
  - The birth of insureds newborn, placement of foster children or insured adopts a child, provided the leave is completed within 12 months of the birth, placement or adoption.
  - To care for a spouse, child or parent who has a serious health condition.
  - To care for insureds own health condition which prevents insured from working.
  - Time to enhance the insureds education or other reason while not practicing.

This credit is not available to an insureds leave of absence for vacation purposes. The Minimum Premium Rating Rule applies to insureds eligible for the Leave of Absence Credit.

2. The credit to be applied to the applicable rate is presented on the State Rate Pages.

#### I. Physicians Military Leave of Absence

A physician who is on a military leave of absence may be eligible for restricted coverage at a discount of 100% of the applicable rate for the period of the leave of absence. This will apply retroactively to the first day of the leave of absence.

The Minimum Premium Rating Rule does not apply to insureds that are eligible for the Military Leave of Absence Credit.

16

**V. PREMIUM MODIFICATIONS**

The following premium modifications are applicable to all filed programs unless stated otherwise in the rule or on the State Rate Pages.

**A. Schedule Rating**

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a policy may be modified in accordance with a maximum modification indicated on the State Rate Pages, and may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this schedule rating plan are subject to periodic review. The modification shall be based on one or more of the specific considerations identified on the State Rate Pages.

**B. Risk Management**

The insured will receive a premium credit for up to 3 years, for a Risk Management course approved for by the Company. Refer to the State Rate Pages for the limitations, schedule & value of the credits.

Additionally, the insured will receive an additional credit for three years for the proper use of an electronic health record system within their practice. The credit will be provided for programs meeting the criteria of The Medical Protective Company and issued at the beginning of the next policy period contingent upon receipt of therequired documentation of system capabilities and practice usage. Refer to the State Rate Pages for the limitations, schedule & value of the credits.

**C. Claim Free Credits**

1. If no claim has been attributed to an insured, the insured will be eligible for a premium credit provided on the State Rate Pages.

a. A claim under this policy shall not, for the purpose of this premium credit program, be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non- meritorious or frivolous claims.

b. Insureds converting coverage to The Medical Protective Company, shall qualify for credit at the policy inception date in accordance with the Company's guidelines.

D. Deductible/Self-Insured Retention Credits

1. Deductibles

- a. Credits shall be available, subject to underwriting guidelines.
- b. The deductibles shall apply to the indemnity or the indemnity and allocated loss expense portion of each loss unless otherwise modified by statute.
- c. Deductibles can only be revised at policy renewal.
- d. The deductible credits shall apply to the primary limits premium, net of other applicable credits, identified on the State Rate Pages.
  - i. The credits are expressed as a function of the per health care occurrence or per insured deductible limit.
  - ii. The insured may select an aggregate deductible limit in accordance with underwriting guidelines.
  - iii. The maximum premium credit is limited to 85% of the aggregate deductible limit.

2. Self-Insured Retentions

- a. SIR's shall be offered to qualified insureds.
- b. The SIR's shall apply to the indemnity and allocated loss expense portion of each loss unless otherwise modified by statute.
- c. SIR's can only be revised at policy renewal.
- d. The SIR credits shall apply to the primary limits premium, net of other applicable credits, identified on the State Rate Pages.
  - i. The credits are expressed as a function of the per health care occurrence and aggregate SIR limit.
  - ii. The insured may select an aggregate limit in accordance with underwriting guidelines.
  - iii. The maximum premium credit is limited to 75% of the aggregate SIR limit.

E. Experience Rating

1. A group practice, consisting of a specified number of insureds, may receive a credit/debit based on the claim history. The claims history will be evaluated over a minimum period of five years and a maximum period of ten years. Criteria used to determine the application of such credits/debits shall include:
  - a. Premiums paid
  - b. Number of claims
  - c. Incurred losses
  - d. Paid losses
  - e. Projected incurred but not reported losses
  - f. Cause of such losses
  - g. Nature of practice
2. Such credits/debits shall apply on a one year basis and will be subject to annual review. Refer to the State Rate Pages for the minimum number of insureds requirement and the applicable percentage credit/debit.

F. Non-Discretionary Debit Plan

For any insured who is not eligible for a credit under the company's claim/loss free credit rule, points will be assigned for each claim pursuant to Schedule A, found in the State Rate Pages, for the following:

- Pending against the insured at the beginning of the current policy period; or
- Paid on the insured's behalf during the past 5 years; or
- Closed with no payment during the past 5 years.

For providers who have been practicing for less than eight complete years from their initial medical-school graduation date, the total assigned claim points (as calculated from the Schedule A) will be multiplied by the applicable factor set forth in the following schedule:

<b>Years Between Effective Date of Coverage and Graduation Date</b>	<b>Factor</b>
Less than 5 years	5.00
At least 5 years but less than 6 years	2.50
At least 6 years but less than 7 years	1.666
At least 7 years but less than 8 years	1.25
8 years or more	No factor applied

Insureds with less than one year of experience shall be assumed to have one year of experience. Insureds converting coverage to The Medical Protective Company who have pending claims or claims paid on their behalf within the past five years will be assigned points in accordance with Company guidelines.

A debit shall then be applied the insured's rate based upon Schedule B, found in the State Rate Pages.

For the purpose of this rule, a "claim" shall not include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.

Any Debit required under this rule shall be additive with any other debits or credits applicable under the Company's rating manual.

This non-discretionary debit plan shall only apply to providers who meet the Company's Guidelines for acceptance, and the Company retains the right to refuse to insure any insured or applicant based upon the qualitative nature of any claims made against that individual or entity. As a result, the fact that this rule provides (or does not provide) a debit for claims experience is not an indication that there is a rate available for any particular insured or applicant.

G. Large Group Rating

1. Physicians organized in a Large Group practice may be collectively rated.
2. For the purpose of this rule a Large Group is defined as any collective decision making group / body of insureds who may be owners of, employed by or under contract with a specific and distinct corporation, partnership or association. A Large Group will generally have 25 or more physicians and will have characteristics of operation similar to other large commercial ventures, CEO, CFO, Board of Directors, Business Manager, etc.
3. The premium for a Group will be determined by multiplying the group's manual premium by any credits or debits assigned to the Group under the Schedule Rating Plan, Deductible Credit Rule, or Self Insured Retention Credit Rule. The group's manual premium will equal the sum of the individual manual premium for each scheduled insured covered under the policy. The individual manual premium will equal the filed rate for the scheduled insured minus any applicable Part Time, New to Practice, Risk Management, Leave of Absence or Military Leave of Absence credits. However, once the premium for the Group has been established, the Company may allocate that premium among the scheduled insureds based upon applicable underwriting criteria.
4. Temporary Staffing Agency Coverage is available under the Large Group Rating plan, when the criteria are met for Large Group Rating.
5. For Individual insureds within the group, Extension Contract Rating premium is calculated by multiplying the mature allocated premium times the applicable claims made tail factor.
6. Refer to the State Rate Pages for availability.

H. Small Group Rating Rule

Any group practice consisting of two or more physicians providers may be collectively rated. ("Group Practice" shall mean a group or body of insureds who make a collective buying decision to purchase insurance as the owners, employees, or agents of a specific and distinct corporation, partnership, or association.)

1. The premium for the group will be determined by multiplying the "Groups Net Premium" by any credits or debits assigned to the group under the Schedule Rating Plan or Deductible Credit Rule, after factoring in any commission fee or other expense variations associated with the group. (The Company will negotiate an appropriate commission with the insured's agent based upon the

Group's size and the amount of work to be preformed by the agent. Upon request, the company will write the group on a net of commission basis if the group has negotiated a separate free agreement with its agent.)

2. The "Group's net premium" will equal the sum of the "individual net premiums" for each individual or entity receiving separate limits of liability.
3. The "Individual net premiums" will equally the filed rate for the insured after being adjusted for any applicable non-discretionary debits or credits. However, once the premium for the group has been established, the company may allocate that premium among the individual insured's based upon applicable underwriting criteria.
4. For Individual insured's within the group, the extension contract premium will be per the filed Extension Contract Rating Rule.
5. Refer to the applicable state rate page for availability.

## VI. MODIFIED PREMIUM COMPUTATION

### A. Convertible Coverage Rating Plan

1. Insureds shall be provided the option, subject to underwriting guidelines, to convert from Standard Claims Made to Occurrence coverage. The insured shall be eligible for conversion after the following conditions have been met:
  - a. Payment to the Company of the applicable premium for a minimum of three annual claims made policies.
  - b. Achieve three years of continuous claims made coverage under this plan with no losses attributed to the insured. (A loss shall be a culpable loss. A claim under this plan shall not be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.)
2. At the time the aforementioned conditions are met, and the insured has purchased Occurrence coverage, the Company will issue Extended Reporting Period Coverage, covering professional services subsequent to the retroactive date and prior to the expiration of the claims made policy, and will waive any premium that would normally be due for such coverage.
3. Should the insured be unable to meet the conditions for conversion, the

insured may elect to purchase the Extended Reporting Period Coverage, subject to policy provisions. Refer to the Extended Reporting Period rule to determine the applicable premium.

4. The applicable premium under this plan is presented on the State Rate Pages.
5. No other modifications are to apply concurrent with this rule except membership association, risk management and schedule rating modifications.

B. Enhanced Claims-Made

1. Insureds shall be provided the option, subject to underwriting guidelines, to purchase Claims-Made coverage under the Enhanced rating structure.
2. The Enhanced Claims-Made base rate is developed as a percentage of the applicable Occurrence rate. The applicable percentage is identified on the State Rate Pages.
3. The Enhanced Claims-Made base rate is subject to Claim Free Credits in accordance with the schedule provided on the State Rate Pages. The application of the credits shall be consistent with the criteria identified in V(C) of this section of the manual.

C. Slot Rating

1. Coverage for group practices is available, at the Company's option, on a slot basis rather than on an individual physician basis. The slot endorsement will identify the individuals and practice settings that are covered. Coverage will be provided on a shared limit basis for those insureds moving through the slot or position.
2. The applicable manual rate will be determined by the classification of the slot. Policies rated as a Standard Claims Made policy will utilize the retroactive date of the slot. Extended Reporting Period Coverage may be purchased for the slot based on the applicable retroactive date, classification and limits.
3. Premium modifications for new physician, part time, moonlighting, teaching, risk management or loss free credit cannot be used in conjunction with this rating rule.

D. Full-time Equivalency Rating

1. Occurrence or Standard Claims-Made coverage for group practices is

available, at the Company's option, on a full time equivalent (FTE) basis rather than on an individual physician basis. Coverage is provided on a shared or individual limit basis. Full time equivalency is based on each physician's number of hours of medical practice per year. The definition of one FTE is based on the following number of hours per year:

2,500 - Group Practice  
2,100 - Residency Programs

2. For group practices, the minimum average FTE assigned to individual physicians is .05 (125 hours), subject to a total FTE per policy of no less than 1.0. Residency programs (and other similar programs) are not subject to the group practice minimums.
3. The premium developed by applying the applicable per physician rate to the corresponding FTE will be adjusted to reflect loss cost considerations not recognized in the physician rates. This adjustment will not apply to residency programs since the individual policies generally represent less than one FTE.
4. The following table identifies the applicable premium modification per the number of FTE's in the policy for a shared limit:

<u>FTE*</u> <u>Per Policy</u>	<u>Premium</u> <u>Modification</u>	<u>FTE*</u> <u>Per Policy</u>	<u>Premium</u> <u>Modification</u>
1	+10.0%	11	-14.0%
2	-3.0%	12	-16.0%
3	-4.0%	13	-17.0%
4	-5.0%	14	-18.0%
5	-7.0%	15	-20.0%
6	-8.0%	16	-21.0%
7	-9.0%	17	-22.0%
8	-11.0%	18	-23.0%
9	-12.0%	19	-24.0%
10	-13.0%	20+	-25.0%

- The table value is determined by rounding the actual FTE per policy using the .5 rounding rule. Policies with an FTE of 1 will receive the premium modification regardless of shared or individual limits.

5. Premium modifications for new physician, part time, moonlighting, teaching, loss free credit or other similar credit cannot be used in conjunction with this rating rule.

E. Out-Patient Visit Rating

1. Occurrence or Standard Claims-Made coverage for group practices is available, at the Company's option, on an out-patient visit (OPV) basis rather than on an individual physician basis. Coverage is provided on a shared or individual physician limit basis.
2. The number of out-patient visits equivalent to a physician year is 2,500 hours times the applicable rate of visits per hour. The rate of visits per hour is derived from the group's historical experience, subject to a minimum rate of 1 visit per hour and a maximum rate of 3 visits per hour.
3. The applicable medical specialty rate is divided by the equivalent out-patient visits resulting in the out-patient visit rate to be applied to the visits projected for the policy period. The product of the OPV rate and the projected visits results in the indicated manual premium.
4. The annual visits reported to the Company for rating purposes are subject to audit, at the Company's discretion.
5. Premium modifications for new physician, part time, moonlighting, teaching, claim free credit, or other similar credit cannot be used in conjunction with this rating rule.

The Company may, at its discretion, offer the insured various premium payment options. For determination and eligibility, refer to the state rate pages.

Edition Date: 06/01/06

GM-III-CW-16

26

~~This rate does not apply to Part-Time Practice, Leave of Absence, Voluntary~~  
Leave of Absence, Risk Management or Deductible Credits.

Edition Date: 06/01/06

GM-III-CW-17

27

The  
Medical Protective Company  
Fort Wayne, Indiana 46835  
*Professional Protection Exclusively Since 1899*

**ARKANSAS**

**PHYSICIANS AND SURGEONS**

**OCCURRENCE PROGRAM**

**INDIVIDUAL RISK FILINGS**

INDIVIDUAL RISK FILINGS MUST BE MADE FOR EACH CLASSIFICATION THAT IS  
"A" RATED IN ARKANSAS AND FILED WITH THE DEPARTMENT OF INSURANCE  
AS AN INDIVIDUAL RISK FILING.

The  
Medical Protective Company  
Fort Wayne, Indiana 46835  
*Professional Protection Exclusively Since 1899*

**ARKANSAS**

**PHYSICIANS AND SURGEONS**

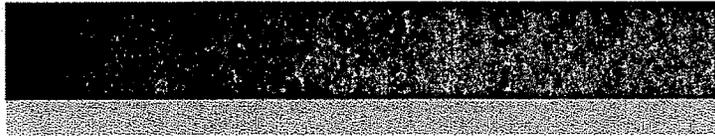
**STANDARD CLAIMS MADE PROGRAM**

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INDIVIDUAL RISK FILINGS MUST BE MADE FOR EACH CLASSIFICATION THAT IS  
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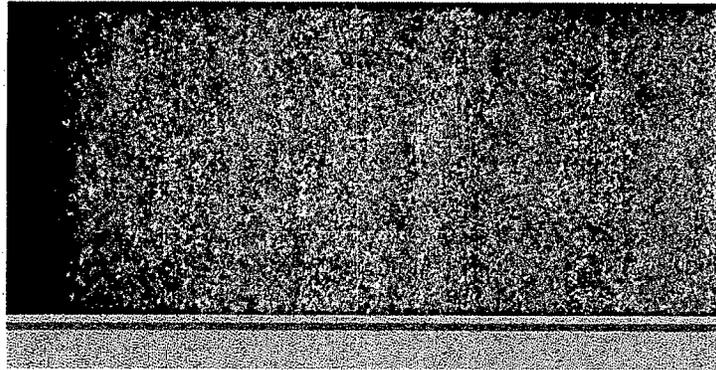




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Cross Country Motor Club of California, Inc., Thousand Oaks, CA 91360.

24. **Deferred Premium Payment Plan**  
(Occurrence & Standard Claims Made Programs)

The Company will, subject to applicable guidelines, offer the insured various premium payment options. The deferred premium payment plan requires a minimum of 25% of the total premium to be paid on or before the inception/renewal date of the policy. The balance of the premium will be payable in periodic installments. Other fees may apply.

25. **Membership Credit**  
(Occurrence & Standard Claims Made Programs)

<b>Credit</b>
5%

26. **Aggregate Credit Rule**  
(Occurrence & Standard Claims Made Programs)

<b>Max Available Credit</b>
50%

27. **Individual Risk Filings**  
(Occurrence & Standard Claims Made Programs)

Individual Risk Filings must be made for each risk that is (A) rated in Arkansas and will be submitted to the Department of Insurance as an Individual Risk Filing.

**Subject:** RE: Company Filing # 07-AR-94

Melissa...

Thank you...that is what I needed!

Edith

---

**From:** Coker, Melissa [mailto:Melissa.Coker@medpro.com]  
**Sent:** Thursday, January 24, 2008 9:33 AM  
**To:** Edith Roberts  
**Cc:** June Stracener; Bill Lacy  
**Subject:** RE: Company Filing # 07-AR-94  
**Importance:** High

Ms. Roberts,  
Please find our response attached prepared by our Product Manager. If you should need anything additional, please let me know.  
Thanks,  
Melissa

---

**From:** Edith Roberts [mailto:Edith.Roberts@arkansas.gov]  
**Sent:** Wednesday, January 23, 2008 4:13 PM  
**To:** Coker, Melissa  
**Cc:** June Stracener; Bill Lacy  
**Subject:** RE: Company Filing # 07-AR-94

Melissa...

I am sorry, but when I went back to review the Non-Discretionary Debit Plan, I found a couple more things.

Under this plan, please add what distinguishes the 9 and 10 points. The chart only goes to 8 which states "\$500,000 or more".

Also on the rules 16, 19,20,21,22,23,25,26 these say "available" but do not list the criteria or the debit/credit available. These will need to be listed.

Also, #27 will need to include an additional rule that individually rated risks will need to be submitted to the Department as an individual risk filing.

Thanks,  
Edith

---

**From:** Coker, Melissa [mailto:Melissa.Coker@medpro.com]  
**Sent:** Wednesday, January 23, 2008 1:16 PM  
**To:** Edith Roberts  
**Subject:** RE: Company Filing # 07-AR-94

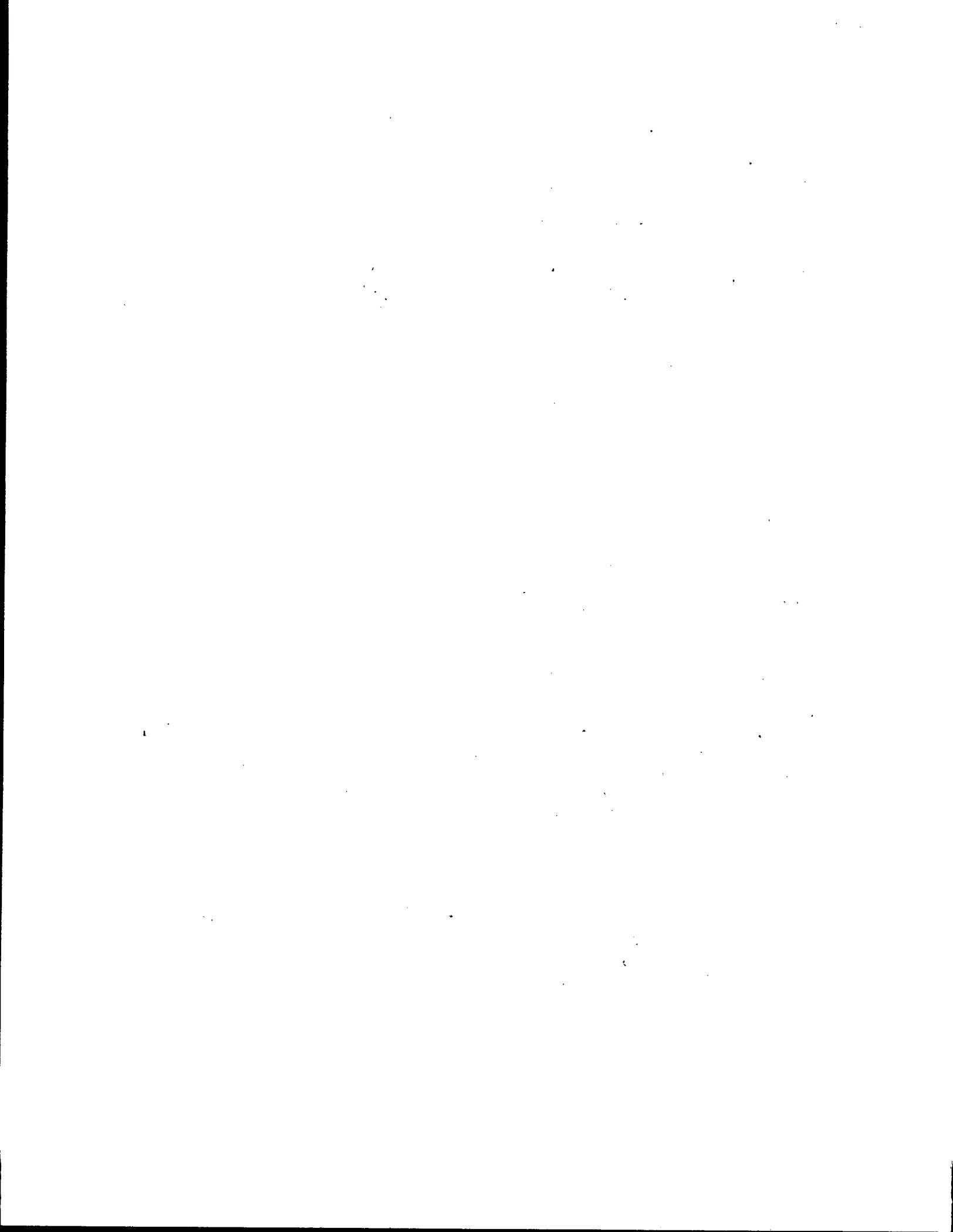
1/28/2008

Thanks,  
Edith

1/9/2008

35

42



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1/9/2008

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**From:** June Stracener [mailto:JStracener@mws gw.com]  
**Sent:** Monday, January 07, 2008 1:48 PM  
**To:** Edith Roberts  
**Subject:** Medical Protective

Hi, Edith. I called but you were on the phone.

1/9/2008

3A

36

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---

**Edith Roberts**

---

**From:** June Stracener [JStracener@mws gw.com]  
**Sent:** Monday, January 07, 2008 8:59 AM  
**To:** Edith Roberts  
**Subject:** The Medical Protective Company (NAIC # 11843)

Good morning, Edith! Happy Monday! I just called but Betty said you were away from your desk.

I know it hasn't been long at all, but I've been asked to check on the status of a filing we submitted for our client, Medical Protective, on December 28th. It had to do with physicians and surgeons and comprehensive liability coverage for healthcare providers. I know the client had expressed in their cover letter a 1-1-08 effective date.

Have you even had a chance to look at it yet?

As always, Edith, thank you for your help!

June

**MITCHELL || WILLIAMS**

**June Stracener, FLMI | Paralegal**  
T 501.370.4225 | F 501.918.7225  
jstracener@mws gw.com | MitchellWilliamsLaw.com  
425 W. Capitol Ave. | Ste. 1800 | Little Rock, AR 72201  
Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C.

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**Edith Roberts**

---

**From:** Edith Roberts  
**Sent:** Monday, January 07, 2008 3:10 PM  
**To:** 'June Stracener'  
**Subject:** RE: Medical Protective

The twenty day file and use is by statute and we cannot depart from that compliance. Sorry.

---

**From:** June Stracener [mailto:JStracener@mws gw.com]  
**Sent:** Monday, January 07, 2008 1:48 PM  
**To:** Edith Roberts  
**Subject:** Medical Protective

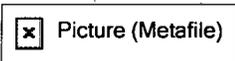
Hi, Edith. I called but you were on the phone.

Medical Protective is working on your requests. Thank you again so much for your help in this regard.

Regarding the effective date, can they request an "effective upon approval" date? They must be revising the form and asked that question.

Thanks a alot.

June



**June Stracener, FLMI** | Paralegal  
T 501.370.4225 | F 501.918.7225  
jstracener@mws gw.com | MitchellWilliamsLaw.com  
425 W. Capitol Ave. | Ste. 1800 | Little Rock, AR 72201  
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**Edith Roberts**

---

**From:** Edith Roberts  
**Sent:** Wednesday, January 09, 2008 7:57 AM  
**To:** 'June Stracener'  
**Cc:** Bill Lacy  
**Subject:** RE: Medical Protective

June...

FYI....

My director, Bill Lacy, talked with Lenita yesterday regarding the "New to Company" discount. I have been advised that this specific discount may not be approved. Please advise Mr. Monroe, also.

Thanks,  
Edith

---

**From:** June Stracener [mailto:JStracener@mwsgw.com]  
**Sent:** Tuesday, January 08, 2008 8:29 AM  
**To:** Edith Roberts  
**Subject:** RE: Medical Protective

Edith, that's okay. I really think they were asking for purposes of completing a form. I'll relate this information on over to them.

Thanks again for your reply.

June



**June Stracener, FLMI** | Paralegal  
T 501.370.4225 | F 501.918.7225  
jstracener@mwsgw.com | MitchellWilliamsLaw.com  
425 W. Capitol Ave. | Ste. 1800 | Little Rock, AR 72201  
Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C.

-----Original Message-----

**From:** Edith Roberts [mailto:Edith.Roberts@arkansas.gov]  
**Sent:** Monday, January 07, 2008 3:10 PM  
**To:** June Stracener  
**Subject:** RE: Medical Protective

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---

**From:** June Stracener [mailto:JStracener@mmsgw.com]  
**Sent:** Monday, January 07, 2008 1:48 PM  
**To:** Edith Roberts  
**Subject:** Medical Protective

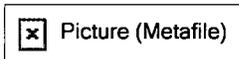
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Thanks a alot.

June



**June Stracener, FLMI** | Paralegal  
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**Edith Roberts**

---

**From:** Edith Roberts  
**Sent:** Monday, January 07, 2008 10:23 AM  
**To:** 'June Stracener'  
**Subject:** RE: The Medical Protective Company (NAIC # 11843)

June...

They cannot have a Jan 1 2008 effective date...We are a "twenty day file and use" once all information is received, including amendments. At the very earliest, it would be twenty days hence from date of receipt. It was received Jan. 02, 2008 but there are also a few problems.

I have partially reviewed the filing. The Form MMPCS is incorrectly completed. It needs to be completed with regards to base rate of each category listed...it is not a survey applicable only to specific filing changes. It must be completed in it's entirety in electronic form as an Excel spreadsheet and may be emailed to me. This form is forwarded to be transferred to web med mal site.

Also some justification in accordance with 23-67-209 must be included for the "New to Company" credit.

You may be working on these items. I have not completed my review, but don't feel there will be any other problems from my initial review.

Thanks,  
Edith

---

**From:** June Stracener [mailto:JStracener@mwsgw.com]  
**Sent:** Monday, January 07, 2008 8:59 AM  
**To:** Edith Roberts  
**Subject:** The Medical Protective Company (NAIC # 11843)

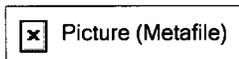
Good morning, Edith! Happy Monday! I just called but Betty said you were away from your desk.

I know it hasn't been long at all, but I've been asked to check on the status of a filing we submitted for our client, Medical Protective, on December 28th. It had to do with physicians and surgeons and comprehensive liability coverage for healthcare providers. I know the client had expressed in their cover letter a 1-1-08 effective date.

Have you even had a chance to look at it yet?

As always, Edith, thank you for your help!

June



**June Stracener, FLMI** | Paralegal  
T 501.370.4225 | F 501.918.7225  
jstracener@mwsgw.com | MitchellWilliamsLaw.com  
425 W. Capitol Ave. | Ste. 1800 | Little Rock, AR 72201  
Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C.

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ER

JOHN K. BAKER  
 W. CHRISTOPHER BARRIER  
 SHERRY P. BARTLEY  
 STEVE BAUMAN  
 R. T. BEARD, III  
 C. DOUGLAS BUFORD, JR.  
 FREDERICK K. CAMPBELL<sup>1</sup>  
 MICHELLE H. CAULEY  
 CHARLES B. CLIETT, JR.<sup>4</sup>  
 KEN COOK  
 DOAK FOSTER<sup>1</sup>  
 BYRON FREELAND  
 ALLAN GATES<sup>5</sup>  
 KATHLYN GRAVES  
 HAROLD W. HAMLIN  
 JEFFREY W. HATFIELD  
 L. KYLE HEFFLEY  
 DONALD H. HENRY  
 HERMANN IVESTER<sup>3</sup>  
 M. SAMUEL JONES III  
 JOHN ALAN LEWIS  
 WALTER E. MAY  
 LANCE R. MILLER  
 STUART P. MILLER  
 T. ARK MONROE, III<sup>1</sup>  
 MARSHALL S. NEY  
 ANNE S. PARKER  
 LYN P. PRUITT  
 CHRISTOPHER T. ROGERS  
 LEIGH ANNE SHULTS  
 JEFFREY L. SINGLETON  
 DERRICK W. SMITH<sup>1</sup>  
 STAN D. SMITH  
 MARCELLA J. TAYLOR  
 JEFFREY THOMAS<sup>1</sup>  
 NICHOLAS THOMPSON<sup>1</sup>  
 WILLIAM H.L. WOODYARD, III, P.A.  
 WALTER G. WRIGHT, JR.

# MITCHELL || WILLIAMS

425 WEST CAPITOL AVENUE, SUITE 1800  
 LITTLE ROCK, ARKANSAS 72201-3525  
 TELEPHONE 501-688-8800  
 FAX 501-688-8807

WRITER'S DIRECT DIAL  
 501-370-4225

December 28, 2007

CH# 505919 ARKS-125411745  
 \$ 100.00

RECEIVED

JAN 02 2008

<sup>6</sup>KYNDA ALMEFTY  
<sup>7</sup>ERIN E. BANKS  
 TRAV BAXTER  
 DAWN D. BICKER  
 VERA M. CHENAULT  
<sup>8</sup>DELENA Y. CHOONG  
 P. BENJAMIN COX  
 COURTNEY C. CROUCH, III  
 JACY M. DAUGHERTY  
<sup>9</sup>JENNY T. GARRETT  
 JOHN K. HARRIMAN  
 BEN D. JACKSON  
 SHAWN J. JOHNSTON  
 MARGARET A. JOHNSTON  
 TONY JUNEAU  
 JENNIFER R. PIERCE  
 CRISTINA SAN ROMAN  
 SHANNON S. SMITH  
 JEFFREY L. SPILLYARDS  
 ZACHARY T. STEADMAN

OF COUNSEL  
 JOSEPH W. GELZINE  
<sup>1</sup>H. MAURICE MITCHELL  
 JOHN S. SELIG  
 JEAN D. STOCKBURGER  
 RICHARD A. WILLIAMS

COUNSEL  
 JEFFREY H. DIXON  
<sup>2</sup>JACK D. GRUNDFEST  
 WILL GRIMSLEY DREWYOR  
<sup>2</sup>ANTON L. JANIK, JR.  
 TODD L. NEWTON

1 ALSO ADMITTED IN DISTRICT OF COLUMBIA  
 2 ALSO ADMITTED IN COLORADO  
 3 ALSO ADMITTED IN THE U.S. PATENT AND TRADEMARK OFFICE  
 4 ALSO ADMITTED IN ARIZONA AND TEXAS  
 5 ALSO ADMITTED IN NEW YORK  
 6 ALSO ADMITTED IN TEXAS AND COLORADO  
 7 ALSO ADMITTED IN OKLAHOMA  
 8 ONLY LICENSED IN FLORIDA  
 9 ONLY LICENSED IN LOUISIANA  
 ALL OTHERS ADMITTED IN ARKANSAS

VIA HAND DELIVERY

Ms. Edith Roberts, Analyst  
 Property Casualty Division  
 Arkansas Insurance Department  
 1200 West Third Street  
 Little Rock, Arkansas 72201

PROPERTY AND CASUALTY DIVISION  
 ARKANSAS INSURANCE DEPARTMENT

Re: **THE MEDICAL PROTECTIVE COMPANY (NAIC #11843)**  
 Physicians & Surgeons and Comprehensive Liability Coverage for Healthcare Providers

Dear Edith:

Thank you for speaking with me this morning concerning the above-captioned filing. We are enclosing for your review and consideration a revised rate, rule and class plan filing applicable to the Company's Arkansas Physicians & Surgeons and Comprehensive Liability Package Programs. The Company is requesting an effective date of January 1, 2008 for this submission.

The Company has also enclosed revised manual pages for Section II Corporations, Partnerships and Associations, and Section III Physicians and Surgeons of the Company's Comprehensive Liability Coverage for Healthcare Providers program. The rates used for this program mirror those used for the Company's individual Physicians & Surgeons program and are, therefore, enclosed in this submission.

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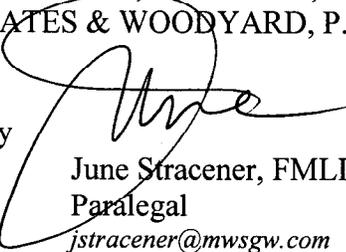
Ms. Edith Roberts, Analyst  
December 28, 2007  
Page 2

Lastly, I am enclosing a self-addressed, postage-paid envelope. Please return the approved stamped copy to my attention upon completion of your review. If you have any questions in the meantime, please let us know. As always, thank you for your courtesy and assistance in this matter.

Sincerely,

MITCHELL WILLIAMS, SELIG,  
GATES & WOODYARD, P.L.L.C.

By



June Stracener, FMLI  
Paralegal  
*jstracener@mws gw.com*

BJS:ka  
Enclosures

cc: Ms. Melissa Coker  
Mr. Ark Monroe

## Property & Casualty Transmittal Document (Revised 1/1/06)

**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: **RECEIVED**

e. Effective date of filing: **JAN 02 2008**

New Business	
Renewal Business	

f. State Filing #: **PROPERTY AND CASUALTY DIVISION**

g. SERFF Filing #: **ARKANSAS INSURANCE DEPARTMENT**

h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #
The Medical Protective Company	Indiana	11843	35-0506406

<b>5. Company Tracking Number</b>	<b>07-AR-94</b>
-----------------------------------	-----------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Melissa Coker 5814 Reed Road Fort Wayne, IN 46835	Paralegal	260-489-0508	260-486-0733	melissa.coker@me dpro.com

7. Signature of authorized filer	<i>Melissa Coker</i>
8. Please print name of authorized filer	Melissa Coker, Paralegal

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

9. Type of Insurance (TOI)	Line 11.0 Medical Malpractice
10. Sub-Type of Insurance (Sub-TOI)	Physicians & Surgeons and Comprehensive Liability Coverage for Healthcare Providers
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Physicians & Surgeons and Comprehensive Liability Coverage for Healthcare Providers
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/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: 01/01/2008                      Renewal: 01/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

*no*

16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	12/28/07
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 #	07-AR-94
---	----------

21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]
--

The Medical Protective Company hereby submits for your review and consideration the above-captioned revised rate, rule and class plan filing applicable to our Arkansas Physicians & Surgeons and Comprehensive Liability Package programs. We request January 1, 2008, as the effective date for this submission.

The accompanying Actuarial Memorandum provides support for the proposed rate, rule and classification revision, which has an overall premium effect of -39.5%.

In addition, please find revised manual pages for Section II Corporations, Partnerships and Associations and Section III Physicians & Surgeons of the Company's Comprehensive Liability Coverage for Health Care Providers program. The rates used for this program mirror those used for the Company's individual Physicians & Surgeons Program, and therefore are being included in this submission.

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 #: 0000505919  
Amount: \$100.00

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

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December 28, 2007

Bill Lacy, Director of the Property and Casualty Division  
Arkansas Insurance Department  
Property & Casualty Division  
1200 West Third Street  
Little Rock, AR 72201-1904

**RECEIVED**  
JAN 02 2008  
PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

**RE: THE MEDICAL PROTECTIVE COMPANY - NAIC #11843  
COMPANY FILING NO. 07-AR-94  
ARKANSAS PHYSICIANS & SURGEONS  
OCCURRENCE AND STANDARD CLAIMS MADE PROGRAMS**

*Revise Base Rate -35.1%  
Classification Revisions 9.2%  
Revise Claims Made Step Factors 0.0%  
Overall Rate Impact -39.5%  
Introduce Claim Free Rule  
Introduce New to Company Credit Rule  
Revise Partnership Corporation Rating Rule*

**ARKANSAS COMPREHENSIVE LIABILITY COVERAGE FOR HEALTH CARE PROVIDERS**  
*Revise Section II – State Rate Pages, Physicians & Surgeons  
Revise Section III – State Rate Pages, Physicians & Surgeons*

**PROPOSED EFFECTIVE DATE: January 1, 2008**

Dear Mr. Lacy:

The Medical Protective Company hereby submits for your review and consideration the above-captioned revised rate, rule and class plan filing applicable to our Arkansas Physicians & Surgeons and Comprehensive Liability Package programs. We request January 1, 2008, as the effective date for this submission.

The accompanying Actuarial Memorandum provides support for the proposed rate, rule and classification revision, which has an overall premium effect of -39.5%.

In addition, please find revised manual pages for Section II Corporations, Partnerships and Associations and Section III Physicians & Surgeons of the Company's Comprehensive Liability Coverage for Health Care Providers program. The rates used for this program mirror those used for the Company's individual Physicians & Surgeons Program, and therefore are being included in this submission.

Enclosed please find the required forms, and a self-addressed stamped envelope. Upon completion of your review, would you please stamp the duplicate copy of this submission and return it to us in the envelope provided.

Should you have any questions regarding this filing, please do not hesitate to contact me. Thank you.

Sincerely,

*Melissa Coker*

Melissa Coker, Paralegal  
The Medical Protective Company  
5814 Reed Road  
Fort Wayne, IN 46835-3568  
(800)-348-4669, ext. 6838  
(260)-486-0733 (fax)  
melissa.coker@medpro.com

Enclosure(s)

*Medical Protective is a member of the Berkshire Hathaway group of businesses*

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The experience indicated rate change is weighted against the complement of credibility. This yields a credibility-weighted rate indication of -40.0% for the Claims Made product (Exhibit I-A, Line 13). The selected rate change of -39.5% is shown in Exhibit I-A, Line 14.

Exhibit I-C presents the development of the credibility factors used to weight the experience indicated rate changes with their respective complements of credibility. The calculations are based on the classical credibility model described in the Casualty Actuarial Society's text, "Foundations of Casualty Actuarial Science." The criterion for 100% credibility is 683 incurred claims, implying that the selected estimated value is within 7.5% of the true value with 95.0% certainty. Exhibit I-C illustrates the calculation indicating a credibility weight of 0.18 applicable to the experience indicated rate change for the Claims Made product in Exhibit I-A, Line 10.

The complement of credibility is derived in Exhibit V. To the extent that the experience indicated rate change is not fully credible, the filing relies on the pure premium underlying the SVMIC rate structure from their 5/2007 filing as determined in this exhibit. The rate indication derived from the SVMIC pure premium and carried over to Exhibit I-A (Line 12) is -44.8%.

## **EXHIBIT II: FIXED EXPENSE AND VARIABLE EXPENSE FACTOR**

The expense provisions for General and Acquisition Expenses are based upon data obtained directly from MedPro's Insurance Expense Exhibits and policy counts written over the past several years. These expenses are considered fixed and are a function of the type of program (e.g., physicians, dentists, or hospitals). Each year's fixed expense provision is calculated by taking the expense category for that year and dividing by the corresponding policy count. Trended total fixed expense per policy is \$1,200 (Exhibit II, Line 3). The total fixed expense provision is divided by the average base equivalent factor to obtain the base equivalent fixed expense of \$882 (Exhibit II, Line 5) for the Claims Made product.

For the Claims Made product, the variable expenses consist of two components: the 3.42% provision for Taxes, Licenses and Fees, and the 2.53% provision for Brokerage and Commissions. These variable expenses are summed with the Underwriting Profit Provision Reflecting Investment Income of 5.00% (Exhibit II, Line 8). The variable expense factor (Exhibit II, Line 10) is unity minus the sum of the variable expenses and underwriting profit provision ( $[1.0 - (3.42\% + 2.53\% + 5.00\%)] = 0.891$ ).

## **EXHIBIT III: UNDERWRITING PROFIT PROVISION REFLECTING INVESTMENT INCOME**

Exhibit III presents the internal rate of return model used to calculate the underwriting profit provision reflecting investment income. The model uses as inputs the anticipated rate of return on invested assets, federal income tax rates on underwriting profit/loss and investment income, the expense provisions from MedPro's rate filing, expected premium collection and LLAE payout patterns, and various leverage ratios. The model demonstrates that, for the Claims Made product, an underwriting profit provision of 5.0% corresponds to a target LLAE ratio of 71.4% and is consistent with a 10.7% rate of return on required surplus.

#### **EXHIBIT IV: UNALLOCATED LOSS ADJUSTMENT EXPENSE FACTOR**

The loading for unallocated loss adjustment expense is calculated in Exhibit IV. This calculation utilizes accident/report year data from MedPro's 2005 Annual Statement, Schedule P Part 1-F. Incurred unallocated loss expense for each year is compared to direct incurred loss & loss adjustment expense in order to calculate a loading factor to be applied to incurred loss & allocated loss expense. The selected provision for unallocated loss adjustment expense is incorporated directly into the rate level indications.

#### **EXHIBIT VI: INCURRED LOSS & ALE DEVELOPMENT**

Exhibit VI-A presents the countrywide 200K/600K limited case incurred loss and total ALE development patterns used to derive the corresponding incremental development factors. The resulting cumulative development factors (Exhibit VI-B) are used to project the 200K/600K limited case incurred loss and total ALE to ultimate settlement values in Exhibit I-B(iii).

#### **EXHIBIT VII: PAID LOSS & ALE DEVELOPMENT**

Exhibit VII-A presents the countrywide 200K/600K limited paid loss and total ALE development patterns used to derive the corresponding incremental development factors. The resulting cumulative development factors (Exhibit VII-B) are used to project the 200K/600K limited paid loss and total ALE to ultimate settlement values in Exhibit I-B(iv).

#### **EXHIBIT VIII: INCURRED LOSS DEVELOPMENT**

Exhibit VIII-A presents the countrywide 200K/600K limited case incurred loss development patterns used to derive the corresponding incremental development factors. The resulting cumulative development factors (Exhibit VIII-B) are used to project the 200K/600K limited case incurred losses to ultimate settlement values in Exhibit I-B(i).

#### **EXHIBIT IX: INCURRED ALE DEVELOPMENT**

Exhibit IX-A presents the countrywide total limits case incurred ALE development patterns used to derive the corresponding incremental development factors. The resulting cumulative development factors (Exhibit IX-B) are used to project the total limits case incurred ALE to ultimate settlement values in Exhibit I-B(i).

## **EXHIBIT X: PAID LOSS DEVELOPMENT**

Exhibit X-A presents the countrywide 200K/600K limited paid loss development patterns used to derive the corresponding incremental development factors. The resulting cumulative development factors (Exhibit X-B) are used to project the 200K/600K limited paid losses to ultimate settlement values in Exhibit I-B(ii).

## **EXHIBIT XI: PAID ALE DEVELOPMENT**

Exhibit XI-A presents the countrywide total limits paid ALE development patterns used to derive the corresponding incremental development factors. The resulting cumulative development factors (Exhibit XI-B) are used to project the total limits paid ALE to ultimate settlement values in Exhibit I-B(ii).

## **EXHIBIT XII: CLASSIFICATION CHANGES**

The proposed revisions to MedPro's Physicians & Surgeons classification plan were determined by incorporating a number of considerations including: classification relativities derived from an ISO countrywide classification study, a review of the classification relativities of other carriers, an analysis of the classification indications, an evaluation of stability issues and underwriting judgment. The culmination of these considerations resulted in the proposed MedPro claim experience, the credibility relativity changes outlined in Exhibit XII.

## **EXHIBIT XIII: STEP FACTOR CHANGES**

The proposed revisions to MedPro's Claims Made step factors in years 1 and 2 were determined by modifying our current step factors to take into account the step factors currently used by State Volunteer Mutual Insurance Company. As we have no policyholders in either claims-made age, the effect is 0.0%.

## **EXHIBIT XIV: INTRODUCTION OF CLAIM FREE CREDIT**

MedPro is introducing a claim free credit program. The program provides credits based on the number of years the physician has practiced without a claim. The attached exhibit outlines the credit structure and estimates the effect of implementing the program will be a premium reduction of 10.5%.

**EXHIBIT XV: INTRODUCTION OF NEW TO COMPANY CREDIT**

MedPro is also introducing a new to company credit program. This program provides an initial credit for the first two years a physician is insured with the company and qualifies for a claim free credit. ~~The effect of implementing this program is outlined on Exhibit XV and will result in a premium reduction of 4.6%.~~

*Withdrawn*

**REVISED MANUAL RATES**

Rate pages for the Occurrence and Claims Made programs have been revised to incorporate the proposed changes and are attached to this filing.

**REVISED COMPREHENSIVE LIABILITY COVERAGE FOR HEALTH CARE PROVIDERS**

Also attached are revised manual pages for Sections III of the Company's Comprehensive Liability Coverage for Health Care Providers program. The rates used for this program mirror those used for the Company's individual Physicians & Surgeons program, and therefore are being included in this submission for manual purposes only.



### 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.)

1.	This filing transmittal is part of Company Tracking #	07-AR-94														
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n/a														
<input type="checkbox"/> Rate Increase <input checked="" type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)																
3.	Overall percentage rate impact for this filing	-36.6 %														
4.	Effect of Rate Filing – Written premium change for this program	-\$190,660														
5.	Effect of Rate Filing – Number of policyholders	33														
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval														
7.	<b>Rate Change by Company</b>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 30%;">Company Name</th> <th rowspan="2" style="width: 20%;">Percentage Change</th> <th colspan="2" style="width: 50%;">Effect of Rate Filing</th> </tr> <tr> <th style="width: 20%;"># of policyholders for this program</th> <th style="width: 30%;">Written premium change for this program</th> </tr> </thead> <tbody> <tr> <td>The Medical Protective Co</td> <td>-36.6%</td> <td>33</td> <td>-\$190,660</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Company Name	Percentage Change	Effect of Rate Filing		# of policyholders for this program	Written premium change for this program	The Medical Protective Co	-36.6%	33	-\$190,660				
Company Name	Percentage Change	Effect of Rate Filing														
		# of policyholders for this program	Written premium change for this program													
The Medical Protective Co	-36.6%	33	-\$190,660													
8.	Overall percentage of last rate revision	+ 0.0% (class plan revision)														
9.	Effective Date of last rate revision	09/01/07														
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval														

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Arkansas Physicians & Surgeons, Occurrence and Standard Claims Made Rates	PRC-AR (pp.1-4); 01/01/08 edt	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02	Arkansas Physicians & Surgeons, Occurrence Rates	RTS-OCC, AR-08-1 edt	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03	Arkansas Physicians & Surgeons, Standard Claims Made Rates	RTS-CMO; AR-08-1 edt	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04	Arkansas Physicians & Surgeons, Standard Claims Made Program Claims Made Factors	CMF-AR; AR-08-1 edt	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05	Arkansas Physicians & Surgeons Occurrence and Standard Claims Made Claim Free Credit Rule	CFC-CW; 06/01/06 edt	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and

SA

### 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	07-AR-94
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	n/a
<input type="checkbox"/> Rate Increase <input checked="" type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)		
<b>3.</b>	<b>Overall percentage rate impact for this filing</b>	-36.6 %
<b>4.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	-\$190,660
<b>5.</b>	<b>Effect of Rate Filing – Number of policyholders</b>	33
<b>6.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
<b>7.</b>	<b>Rate Change by Company</b>	
	<b>Company Name</b>	<b>Percentage Change</b>
		<b>Effect of Rate Filing</b>
		<b># of policyholders for this program</b>
		<b>Written premium change for this program</b>
	The Medical Protective Co	-36.6%                      33                      -\$190,660
<b>8.</b>	<b>Overall percentage of last rate revision</b>	+ 0.0% (class plan revision)
<b>9.</b>	<b>Effective Date of last rate revision</b>	09/01/07
<b>10.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Arkansas Physicians & Surgeons Occurrence and Standard Claims Made Partnership or Corporation Coverage Rule	PCC-AR; 01/01/08 ed	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02	Arkansas State Rate Pages, Section II - Corps, Partnerships and Associations	SR-AR-II-(1-3); 01/01/08 ed	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03	Arkansas State Rate Pages, Section III - Physicians &	SR-AR-III-(1-19); 01/01/08 ed	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return.

**Malpractice Premium Comparison Survey Form REVISED  
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.prc@arkansas.gov*  
 You may also attach to a SERFF filing or submit on a cd disk

Base Rate	Physicians		
	Hospital	Clinic	Private
At 500,000/1,000,000	\$ <input type="text" value="6,207"/>	\$ <input type="text" value="6,207"/>	\$ <input type="text" value="6,207"/>
<b>Discounts and Surcharges</b>			
Emergency Room	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %
Surgery	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %
Delivery	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %
Claims Free	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %
Over 5 years Experience	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %
Other:	<input type="text" value="Risk Management, New-to-Practice, Schedule Rating, Debit Plan"/>	<input type="text" value="-50 to 50"/> %	<input type="text" value="-50 to 200"/> %

Base Rate	Dental		
	Dentist	Orthodontist	Oral Surgeons
At 100,000/300,000	\$ <input type="text" value="1,156"/>	\$ <input type="text" value="1,156"/>	\$ <input type="text" value="6,359"/>
<b>Discounts and Surcharges</b>			
Claims Free	<input type="text" value="5/10/15"/> %	<input type="text" value="5/10/15"/> %	<input type="text" value="5/10/15"/> %
5 years Experience	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %
Surgery	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %
Other:	<input type="text" value="New to Practice"/>	<input type="text" value="60/40/20"/> %	<input type="text" value="60/40/20"/> %
	<input type="text" value="Risk Management"/>	<input type="text" value="5"/> %	<input type="text" value="5"/> %

*Winstony*

THE MEDICAL PROTECTIVE COMPANY

Exhibit I - A

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made Only)

RATE LEVEL INDICATION  
200/600 LIMITS

Proposed Rates Effective: 01/01/2008  
Data Evaluated as of: 06/30/2007

Report Year	(1) Base Equivalent Earned Exposures	(2) Earned Premium at Current Manual Rates	(3) Ultimate LLAE at 1/1/2009 Cost Level	(4) (3) / (1) Trended Accident Year LLAE Pure Premium
1998	563	\$3,479,650	\$1,509,810	\$2,684
1999	189	\$1,165,997	\$635,728	\$3,360
2000	172	\$1,060,455	\$147,885	\$859
2001	140	\$860,642	\$451,575	\$3,218
2002	118	\$712,692	\$543,456	\$4,611
2003	94	\$569,893	\$320,463	\$3,412
2004	70	\$426,150	\$655,641	\$9,417
2005	48	\$297,079	\$434,581	\$8,975
<b>TOTAL</b>	<b>1,394</b>	<b>\$8,572,558</b>	<b>\$4,699,139</b>	<b>\$3,371</b>

1a) Claims Made LLAE Pure Premium		\$3,371
1b) Death, Disability and Retirement (DDR) Load		6.0%
1c) Claims Made LLAE Pure Premium with DDR Load	(1a) x [1.0 + (1b)]	\$3,573
2) Base Equivalent Fixed Expense	Exhibit II	\$882
3) Variable Expense Factor	Exhibit II	0.891
4) Calculated Rate	[(1c) + (2)] / (3)	\$5,003
5) Earned Premium at Current Manual Rates		\$8,572,558
6) Base Equivalent Exposures		1,394
7) Current Average Manual Rate	(5) / (6)	\$6,149
8) Average Credit		0.6%
9) Current Average Rate Including Credits	(7) x [1.0 - (8)]	\$6,113
10) Indicated Rate Change with Credit Offset	[(4) / (9)] - 1.0	-18.2%
11) Credibility Factor	Exhibit I - C	0.18
12) Complement of Credibility		-44.8%
13) Credibility Weighted Rate Change	(10) x (11) + (12) x [1.0 - (11)]	-40.0%
14) Selected Rate Change		-36.6%

NOTE: This exhibit is based upon statewide data.

24. **Deferred Premium Payment Plan**  
(Occurrence & Standard Claims Made Programs)

The Company will, subject to applicable guidelines, offer the insured various premium payment options. The deferred premium payment plan requires a minimum of 25% of the total premium to be paid on or before the inception/renewal date of the policy. The balance of the premium will be payable in periodic installments. Other fees may apply.

25. **Membership Credit**  
(Occurrence & Standard Claims Made Programs)

<b>Credit</b>
5%

26. **Aggregate Credit Rule**  
(Occurrence & Standard Claims Made Programs)

<b>Max Available Credit</b>
50%

27. **Individual Risk Filings**  
(Occurrence & Standard Claims Made Programs)

Individual risk Filings must be made for each risk that is (A) rated in Arkansas.

## 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.)

1.	This filing transmittal is part of Company Tracking #	07-AR-94
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n/a
<input type="checkbox"/> Rate Increase <input checked="" type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)		
3.	Overall percentage rate impact for this filing	-39.5 %
4.	Effect of Rate Filing – Written premium change for this program	-\$205,767
5.	Effect of Rate Filing – Number of policyholders	33
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
7.	<b>Rate Change by Company</b>	
<b>Company Name</b>		<b>Percentage Change</b>
		<b>Effect of Rate Filing</b>
		<b># of policyholders for this program</b>
		<b>Written premium change for this program</b>
The Medical Protective Co		-39.5%
		33
		-\$205,767
8.	Overall percentage of last rate revision	+ 0.0% (class plan revision)
9.	Effective Date of last rate revision	09/01/07
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Arkansas Physicians & Surgeons, Occurrence and Standard Claims Made Rates	PRC-AR (pp.1-4); 01/01/08 edt	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02	Arkansas Physicians & Surgeons, Occurrence Rates	RTS-OCC, AR-08-1 edt	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03	Arkansas Physicians & Surgeons, Standard Claims Made Rates	RTS-CMO; AR-08-1 edt	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04	Arkansas Physicians & Surgeons, Standard Claims Made Program Claims Made Factors	CMF-AR; AR-08-1 edt	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05	Arkansas Physicians & Surgeons Occurrence and Standard Claims Made Claim Free Credit Rule	CFC-CW; 06/01/06 edt	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and

**RATE/RULE FILING SCHEDULE**

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

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7.	<b>Rate Change by Company</b>	
	<b>Company Name</b>	<b>Percentage Change</b>
		<b>Effect of Rate Filing</b>
		<b># of policyholders for this program</b>
		<b>Written premium change for this program</b>
	The Medical Protective Co	-39.5%
		33
		-\$205,767

8.	<b>Overall percentage of last rate revision</b>	+ 0.0% (class plan revision)
9.	<b>Effective Date of last rate revision</b>	09/01/07
10.	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Arkansas Physicians & Surgeons Occurrence and Standard Claims Made New to Company Credit Rule	NCC-AR; 01/01/08 ed	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02	Arkansas Physicians & Surgeons Occurrence and Standard Claims Made Partnership or Corporation Coverage Rule	PCC-AR; 01/01/08 ed	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03	Arkansas State Rate Pages, Section II - Corps, Partnerships and Associations	SR-AR-II-(1-3); 01/01/08 ed	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04	Arkansas State Rate Pages, Section III - Physicians &	SR-AR-III-(1-19); 01/01/08 ed	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

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4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and

# THE MEDICAL PROTECTIVE COMPANY

## ARKANSAS

### PHYSICIANS AND SURGEONS

#### SUPPLEMENTAL ACTUARIAL MEMORANDUM

The changes outlined in Bulletin No. 2-2003 will have an impact overall on the medical malpractice industry. However, it is too early to determine what the impact will be on our Physicians & Surgeons experience. Also, some changes could be detrimental to insurers, such as Sections 2 and 3. For example, Section 3 states that if, with a multi-party verdict, any of the parties' shares that are not reasonably collectible will be apportioned to the other parties' shares. This provision could increase the amount of damages that The Medical Protective Company is ordered to pay.

The most objective provision is the cap on punitive damages. The Medical Protective Company has periodically paid claims of more than \$250,000. However, we have only recently begun to capture the breakdown of damages within claim payments, so we lack the substantive data necessary to perform an analysis of punitive damages. In 2002, a data call from the Texas Department of Insurance asked us for more detail on 150 specified claims. Of these 150 claims, none had any punitive damages paid on them.

Bulletin 2-2003 also states that punitive damages are not capped if the defendant "intentionally pursued a course of conduct for the purpose of causing injury or damage." This appears to be very subjective and difficult for a jury to decide on each individual case.

Because of this "cap-buster" provision, potential constitutional challenges, and our lack of data in determining any savings on this provision, we have not altered our filing for the provisions of Bulletin No. 2-2003. The Company's experience is relatively small and has been assigned a credibility weight of 18%, with the compliment of the credibility being assigned to the loss costs underlying SVMIC's rates. To the extent that the SVMIC loss costs reflect the impact of the aforementioned provisions, this impact is incorporated into Medical Protective's rate indication. As we annually review our rate levels we will continue to monitor and modify our rates appropriately as the effects of Bulletin No. 2-2003 become apparent.

### 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.)

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<input type="checkbox"/> Rate Increase <input checked="" type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)																				
3.	Overall percentage rate impact for this filing	-36.6 %																		
4.	Effect of Rate Filing – Written premium change for this program	-\$190,660																		
5.	Effect of Rate Filing – Number of policyholders	33																		
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval																		
7.	<b>Rate Change by Company</b>																			
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### RATE/RULE FILING SCHEDULE

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5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return.

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Malpractice Premium Comparison Survey  
FORM MMPCS

USE THE APPROPRIATE FORM BELOW

NAIC Number:   
 Company Name: The Medical Protective Company  
 Contact Person: Melissa Coker  
 Telephone No.: 260-486-0838  
 Email Address: Melissa.Coker@medpro.com  
 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 CD disk

	Physician	Hospital
Base Rate At 500,000/1,000,000	\$	<u>6,207</u>
<b>Discounts and Surcharges</b>		
Emergency Room		<u>0</u>
Surgery		<u>0</u>
Delivery		<u>0</u>
Claims Free		<u>0</u>
Over 5 years Experience		<u>0</u>
Other:	<u>Risk Management, New-to-Practice, Schedule Rating, Debit Plan</u>	<u>-50 to 50</u>

*Adjust 2000  
Credit*

	Dental		
	Dentist	Orthodontist	Oral Surgeons
Base Rate At 100,000/300,000	\$ <u>1,156</u>	\$ <u>1,156</u>	\$ <u>6,359</u>
<b>Discounts and Surcharges</b>			
Claims Free	<u>5/10/15</u> %	<u>5/10/15</u> %	<u>5/10/15</u> %
5 years Experience	<u>0</u> %	<u>0</u> %	<u>0</u> %
Surgery	<u>0</u> %	<u>0</u> %	<u>0</u> %
Other:	<u>New to Practice</u>	<u>60/40/20</u> %	<u>60/40/20</u> %
	<u>Risk Management</u>	<u>5</u> %	<u>5</u> %

THE MEDICAL PROTECTIVE COMPANY

Exhibit I - A

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made Only)

RATE LEVEL INDICATION  
200/600 LIMITS

Proposed Rates Effective: 01/01/2008  
Data Evaluated as of: 06/30/2007

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<b>TOTAL</b>	<b>1,394</b>	<b>\$8,572,558</b>	<b>\$4,699,139</b>	<b>\$3,371</b>
1a) Claims Made LLAE Pure Premium				\$3,371
1b) Death, Disability and Retirement (DDR) Load				6.0%
1c) Claims Made LLAE Pure Premium with DDR Load			(1a) x [1.0 + (1b)]	\$3,573
2) Base Equivalent Fixed Expense			Exhibit II	\$882
3) Variable Expense Factor			Exhibit II	0.891
4) Calculated Rate			[(1c) + (2)] / (3)	\$5,003
5) Earned Premium at Current Manual Rates				\$8,572,558
6) Base Equivalent Exposures				1,394
7) Current Average Manual Rate			(5) / (6)	\$6,149
8) Average Credit				0.6%
9) Current Average Rate Including Credits			(7) x [1.0 - (8)]	\$6,113
10) Indicated Rate Change with Credit Offset			[(4) / (9)] - 1.0	-18.2%
11) Credibility Factor			Exhibit I - C	0.18
12) Complement of Credibility				-44.8%
13) Credibility Weighted Rate Change			(10) x (11) + (12) x [1.0 - (11)]	-40.0%
14) Selected Rate Change				-36.6%

NOTE: This exhibit is based upon statewide data.

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**NAIC LOSS COST DATA ENTRY DOCUMENT**

1. This filing transmittal is part of Company Tracking # 07-AR-1714

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number N/A

3. A. The Medical Protective Company B. 11843  
 Company Name Company NAIC Number

4. A. 11.0 Medical Malpractice B. 11.0000 Combination Occurrence & Claims-Made  
 Product Coding Matrix Line of Business (i.e., Type of Insurance) Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)

5. FOR LOSS COSTS ONLY

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Physicians & Surgeons Professional Liability	-39.5%	-39.5%					
TOTAL OVERALL EFFECT	-39.5%	-39.5%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	92	50.0%	01/01/02	780	1,302	1.670	0.829
2003	74	21.0%	02/01/03	870	271	0.312	0.771
2004	49	10.0%	02/01/04	773	254	0.329	0.550
2005	41	22.6%	02/01/05	617	-558	-0.904	0.612
2006	33	0.0%	12/01/06	593	587	0.990	0.384

7. Expense Constants

Expense Constants	Selected Provisions
A. Total Production Expense	7.1%
B. General Expense	13.1%
C. Taxes, License & Fees	3.4%
D. Underwriting Profit & Contingencies	5.0%
E. Other (explain)	0.0%
F. TOTAL	28.6%

8. N/A Apply Lost Cost Factors to Future filings? (Y or N)  
 9. N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):  
 10. -55.7% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):

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

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

<b>NAIC Number:</b>	11843
<b>Company Name:</b>	The Medical Protective Company
<b>Contact Person:</b>	Melissa Coker
<b>Telephone No.:</b>	260-486-0838
<b>Email Address:</b>	Melissa.Coker@medpro.com
<b>Effective Date:</b>	1/1/2008

**Submit to:** Arkansas Insurance Co.  
1200 West 7  
Little Rock, AR  
**Telephone:** 501-371-2800  
*Email as an attachment to insure  
You may also attach to a SERP*

*Survey wrong*

**Base Rate**  
At 500,000/1,000,000  
**Discounts and Surcharges**  
Emergency Room  
Surgery  
Delivery  
Claims Free  
Over 5 years Experience

<b>Private</b>	
\$	6,207
	0%
	0%
	0%
	0%
	0%

<b>Other:</b>	Risk Management		%
	New-t		%
	Sched		%
	Debit Plan		%
			%

	-50 to 200	%
--	------------	---

**Base Rate**  
At 100,000/300,000  
**Discounts and Surcharges**  
Claims Free  
5 years Experience  
Surgery  
Other:

<b>Dental</b>	
<b>Dentist</b>	\$
	%
	%
	%
	%

<b>Orthodontist</b>	\$
	%
	%
	%

<b>Oral Surgeons</b>	\$
	%
	%
	%

*bb*

THE MEDICAL PROTECTIVE COMPANY

Exhibit I - A

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made Only)

RATE LEVEL INDICATION  
200/600 LIMITS

Proposed Rates Effective: 01/01/2008  
Data Evaluated as of: 06/30/2007

Report Year	(1) Base Equivalent Earned Exposures	(2) Earned Premium at Current Manual Rates	(3) Ultimate LLAE at 1/1/2009 Cost Level	(4) (3) / (1) Trended Accident Year LLAE Pure Premium
1998	563	\$3,479,650	\$1,509,810	\$2,684
1999	189	\$1,165,997	\$635,728	\$3,360
2000	172	\$1,060,455	\$147,885	\$659
2001	140	\$860,642	\$451,575	\$3,218
2002	118	\$712,692	\$543,456	\$4,611
2003	94	\$569,893	\$320,463	\$3,412
2004	70	\$426,150	\$655,641	\$9,417
2005	48	\$297,079	\$434,581	\$8,975
<b>TOTAL</b>	<b>1,394</b>	<b>\$8,572,558</b>	<b>\$4,699,139</b>	<b>\$3,371</b>
1a) Claims Made LLAE Pure Premium				\$3,371
1b) Death, Disability and Retirement (DDR) Load				6.0%
1c) Claims Made LLAE Pure Premium with DDR Load			(1a) x [1.0 + (1b)]	\$3,573
2) Base Equivalent Fixed Expense			Exhibit II	\$882
3) Variable Expense Factor			Exhibit II	0.891
4) Calculated Rate			[(1c) + (2)] / (3)	\$5,003
5) Earned Premium at Current Manual Rates				\$8,572,558
6) Base Equivalent Exposures				1,394
7) Current Average Manual Rate			(5) / (6)	\$6,149
8) Average Credit				0.6%
9) Current Average Rate Including Credits			(7) x [1.0 - (8)]	\$6,113
10) Indicated Rate Change with Credit Offset			[(4) / (9)] - 1.0	-18.2%
11) Credibility Factor			Exhibit I - C	0.18
12) Complement of Credibility				-44.8%
13) Credibility Weighted Rate Change			(10) x (11) + (12) x [1.0 - (11)]	-40.0%
14) Selected Rate Change				-39.5%

NOTE: This exhibit is based upon statewide data.

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THE MEDICAL PROTECTIVE COMPANY

Exhibit I - B

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made Only)

RATE LEVEL INDICATION  
200/600 LIMITS

Proposed Rates Effective: 01/01/2008  
Data Evaluated as of: 06/30/2007

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Report	Incurring LDF	Paid LDF	Incurring BF	Paid BF	Selected	Trend	Trended	Trended
Year	Ultimate LALE	Ultimate LALE	Ultimate LALE	Ultimate LALE	Ultimate LALE	Factor at 5.5%	Ultimate LALE	Ultimate LLAE
	Exhibit I - B(i)	Exhibit I - B(ii)	Exhibit I - B(iii)	Exhibit I - B(iv)	LALE		LALE	LLAE
1998	\$833,502	\$831,725	\$830,871	\$832,765	\$832,245	1.754	\$1,460,165	\$1,509,810
1999	\$369,203	\$370,202	\$367,670	\$371,437	\$369,702	1.663	\$614,824	\$635,728
2000	\$90,440	\$91,023	\$90,115	\$95,375	\$90,732	1.576	\$143,023	\$147,885
2001	\$290,474	\$294,109	\$288,132	\$297,112	\$292,291	1.494	\$436,726	\$451,575
2002	\$392,957	\$367,888	\$374,333	\$360,742	\$371,110	1.416	\$525,587	\$543,456
2003	\$230,507	\$231,234	\$228,658	\$238,387	\$230,870	1.342	\$309,925	\$320,463
2004	\$482,916	\$569,361	\$475,092	\$513,727	\$498,321	1.272	\$634,082	\$655,641
2005	\$351,658	\$435,455	\$345,284	\$340,160	\$348,471	1.206	\$420,291	\$434,581
TOTAL					\$3,033,743		\$4,544,622	\$4,699,139

- NOTES: 1) LALE pure premium trend @ 5.5% per Exhibit V  
2) Pure premium trend factor assumes an effective date of 01/01/2008  
3) (8) = (7) \* (1.0 + ULE load of 3.4%)

THE MEDICAL PROTECTIVE COMPANY

Exhibit I - B(i)

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made Only)

RATE LEVEL INDICATION  
200/600 LIMITS

Ultimate Loss & ALE by Incurred Chain Ladder Method  
Data Evaluated as of: 06/30/2007

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
<b>Report Year</b>	<b>To Date Incurred Loss Exhibit VIII - A</b>	<b>Loss Development Factor Exhibit VIII - B</b>	<b>Ultimate Loss</b>	<b>To Date Incurred ALE Exhibit IX - A</b>	<b>ALE Development Factor Exhibit IX - B</b>	<b>Ultimate ALE</b>	<b>Ultimate LALE</b>
1998	\$383,000	0.994	\$380,831	\$449,300	1.008	\$452,671	\$833,502
1999	\$247,000	0.992	\$247,000	\$120,670	1.013	\$122,203	\$369,203
2000	\$0	0.993	\$0	\$88,471	1.022	\$90,440	\$90,440
2001	\$175,000	0.986	\$175,000	\$111,466	1.036	\$115,474	\$290,474
2002	\$1,000	0.980	\$980	\$370,516	1.058	\$391,977	\$392,957
2003	\$126,000	0.979	\$125,000	\$95,738	1.102	\$105,507	\$230,507
2004	\$386,000	0.950	\$386,000	\$81,725	1.186	\$96,916	\$482,916
2005	\$250,000	0.978	\$244,590	\$76,080	1.407	\$107,068	\$351,658
<b>TOTAL</b>	<b>\$1,568,000</b>			<b>\$1,393,966</b>			

- NOTES: 1) (3) = Maximum of (1) x (2) or Paid to Date Losses  
 2) (6) = Maximum of (4) x (5) or Paid to Date ALE  
 3) (7) = (3) + (6)

THE MEDICAL PROTECTIVE COMPANY

Exhibit I - B(ii)

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made Only)

RATE LEVEL INDICATION  
200/600 LIMITS

Ultimate Loss & ALE by Paid Chain Ladder Method  
Data Evaluated as of: 06/30/2007

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Report Year	To Date Paid Loss <u>Exhibit X - A</u>	Loss Development Factor <u>Exhibit X - B</u>	Ultimate Loss <u>Loss</u>	To Date Paid ALE <u>Exhibit XI - A</u>	ALE Development Factor <u>Exhibit XI - B</u>	Ultimate ALE <u>ALE</u>	Ultimate LALE <u>LALE</u>
1998	\$380,000	1.000	\$380,173	\$446,694	1.011	\$451,551	\$831,725
1999	\$247,000	1.002	\$247,462	\$120,670	1.017	\$122,740	\$370,202
2000	\$0	1.006	\$0	\$88,471	1.029	\$91,023	\$91,023
2001	\$175,000	1.014	\$177,452	\$111,466	1.047	\$116,657	\$294,109
2002	\$0	1.039	\$0	\$342,453	1.074	\$367,888	\$367,888
2003	\$125,000	1.083	\$135,313	\$84,548	1.135	\$95,921	\$231,234
2004	\$386,000	1.207	\$465,773	\$81,725	1.268	\$103,588	\$569,361
2005	\$200,000	1.591	\$318,223	\$71,683	1.635	\$117,232	\$435,455
TOTAL	\$1,513,000			\$1,347,710			

NOTES: 1) (3) = (1) x (2)  
2) (6) = (4) x (5)  
3) (7) = (3) + (6)

THE MEDICAL PROTECTIVE COMPANY

Exhibit I - B(iii)

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made Only)

RATE LEVEL INDICATION  
200/600 LIMITS

Ultimate Loss & ALE by Incurred Bornhuetter-Ferguson Method  
Data Evaluated as of: 06/30/2007

	(1)	(2)	(3)	(4)	(5)	(6)
<b>Report Year</b>	<b>Detrended Earned Premium at Current Average Rates</b>	<b>Expected LALE Ratio</b>	<b>To Date Incurred LALE Exhibit VI - A</b>	<b>LALE Development Factor Exhibit VI - B</b>	<b>LALE Outstanding</b>	<b>Ultimate LALE</b>
1998	\$1,971,461	74.2%	\$832,300	0.999	-0.001	\$830,871
1999	\$696,951	74.2%	\$367,670	0.999	-0.001	\$367,670
2000	\$668,728	74.2%	\$88,471	1.003	0.003	\$90,115
2001	\$572,575	74.2%	\$286,466	1.004	0.004	\$288,132
2002	\$500,224	74.2%	\$371,516	1.008	0.008	\$374,333
2003	\$421,996	74.2%	\$221,738	1.023	0.022	\$228,658
2004	\$332,912	74.2%	\$467,725	1.031	0.030	\$475,092
2005	\$244,845	74.2%	\$326,080	1.118	0.106	\$345,284
<b>TOTAL</b>	<b>\$5,409,692</b>		<b>\$2,961,966</b>			<b>\$3,000,155</b>

NOTES: (5) = 1.0 - [1.0 / (4)]

(6) = Maximum of (1) x (2) x (5) + (3) or Paid to Date LALE

THE MEDICAL PROTECTIVE COMPANY

Exhibit I - B(iv)

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made Only)

RATE LEVEL INDICATION  
200/600 LIMITS

Ultimate Loss & ALE by Paid Bornhuetter-Ferguson Method  
Data Evaluated as of: 06/30/2007

	(1)	(2)	(3)	(4)	(5)	(6)
<u>Report Year</u>	<u>Detrended Earned Premium at Current Average Rates</u>	<u>Expected LALE Ratio</u>	<u>To Date Paid LALE Exhibit VII - A</u>	<u>LALE Development Factor Exhibit VII - B</u>	<u>LALE Outstanding</u>	<u>Ultimate LALE</u>
1998	\$1,971,461	74.2%	\$826,694	1.004	0.004	\$832,765
1999	\$696,951	74.2%	\$367,670	1.007	0.007	\$371,437
2000	\$668,728	74.2%	\$88,471	1.014	0.014	\$95,375
2001	\$572,575	74.2%	\$286,466	1.026	0.025	\$297,112
2002	\$500,224	74.2%	\$342,453	1.052	0.049	\$360,742
2003	\$421,996	74.2%	\$209,548	1.101	0.092	\$238,387
2004	\$332,912	74.2%	\$467,725	1.229	0.186	\$513,727
2005	\$244,845	74.2%	\$271,683	1.605	0.377	\$340,160
TOTAL	\$5,409,692		\$2,860,710			\$3,049,704

NOTES: (5) = 1.0 - [1.0 / (4)]  
(6) = (1) x (2) x (5) + (3)

THE MEDICAL PROTECTIVE COMPANY

Exhibit I - C

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made only)

Development of Credibility Factor  
Data Evaluated as of: 06/30/2007

I. Establishment of Credibility Standard:

A. Error % = K = 7.5%

B. Probability = P = 95.0%

C.  $N = \{ (Z^2) / (K^2) \} = (1.96^2) / (0.075^2) = 683$

II. Calculated Credibility :

Based on the Number of Incurred Counts:

Net Number of Incurred Counts = C

100% Credibility is assigned to 683 Incurred Counts

$$\text{Credibility} = \sqrt{\frac{C}{683}}$$

Calculation:

C = 23

$$\text{Credibility} = \sqrt{\frac{23}{683}} = 0.18$$

Selected Credibility Factor = 0.18

THE MEDICAL PROTECTIVE COMPANY

Exhibit I - D(i)

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made Only)

A PRIORI LALE RATIO & COMPLEMENT OF CREDIBILITY  
200/600 LIMITS

1) LALE Pure Premium underlying Current Rates	Exhibit I - D(ii)	\$4,017
2a) Pure Premium Trend	Exhibit V	5.5%
2b) Trend Factor from 02/01/06 to 01/01/08		1.108
3) Trended LALE Pure Premium	(1) x (2b)	\$4,452
4a) ULE Load	Exhibit IV	3.4%
4b) DDR Load		6.0%
5) LLAE Pure Premium with DDR Load	(3) x [1.0 + (4a)] x [1.0 + (4b)]	\$4,879
6) Base Equivalent Fixed Expense	Exhibit II	\$882
7) Variable Expense Factor	Exhibit II	0.891
8) Calculated Rate	[(5) + (6)] / (7)	\$6,469
9) Current Base Equivalent Manual Rate		\$6,038
10) Average Credit		0.6%
11) Current Base Equivalent Rate Including Credit	(9) x [1.0 - (10)]	\$6,002
12) A Priori Expected LALE Ratio at Current Rate Level	(3) / (11)	74.2%

THE MEDICAL PROTECTIVE COMPANY

Exhibit I - D(ii)

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made Only)

CALCULATION OF PURE PREMIUM UNDERLYING CURRENT RATES  
200/600 LIMITS

1) Indicated Base Equivalent Manual Rate from filing effective 02/01/06		\$5,441
2) Average Credit underlying Current Rates		1.6%
3) Indicated Base Equivalent Rate Including Credit	$(1) \times [1.0 - (2)]$	\$5,352
4) Variable Expense Factor underlying Current Rates		0.900
5) Base Equivalent Fixed Expense underlying Current Rates		\$465
6) LLAE Pure Premium underlying Current Rates	$(3) \times (4) - (5)$	\$4,352
7a) ULE Load underlying Current Rates		2.2%
7b) DDR Load underlying Current Rates		6.0%
8) LALE Pure Premium underlying Current Rates	$(6) / \{[1.0 + (7a)] \times [1.0 + (7b)]\}$	\$4,017

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THE MEDICAL PROTECTIVE COMPANY

Exhibit II

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made Only)

Fixed Expenses and Variable Expense Factor

**Fixed Expense Components:**

1. Acquisition Expense	\$	310
2. General Expense	\$	<u>890</u>
3. Total Fixed Expense per Policy	\$	1,200
4. Average Base Equivalent Factor		1.361
5. Base Equivalent Fixed Expense	\$	882

**Variable Expense Components:**

6. Taxes, Licenses and Fees		3.42%
7. Brokerage & Commissions		2.53%
8. Underwriting Profit Provision Reflecting Investment Income	Exhibit III - A	<u>5.00%</u>
9. Total Variable Expenses (Excluding LAE, Aq. Exp., and Gen. Exp.)		10.95%
10. Variable Expense Factor (Unity minus Variable Expenses)		0.891

NOTE: The non-variable expenses are based on the average cost per policy, at a 7/1/2008 cost level.

THE MEDICAL PROTECTIVE COMPANY

Exhibit III - A

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made Only)

CALCULATION OF UNDERWRITING PROFIT PROVISION  
REFLECTING INVESTMENT INCOME

		Time	Premium Collection Pattern	Time	LLAE Payment Pattern
Investment Income Rate	3.68%				
Investment Income Tax Rate	14.10%				
Underwriting Tax Rate	35.00%	0.00	81.3%	0.00	0.0%
		0.25	6.3%	0.25	4.5%
UEPR/Surplus Ratio	2.21	0.50	7.5%	1.25	26.3%
LLAE Reserve/Surplus Ratio	2.10	0.75	5.0%	2.25	31.5%
		1.00	0.0%	3.25	19.1%
Variable Expense Ratio	5.95%			4.25	9.4%
Fixed Expense Ratio	17.63%			5.25	4.3%
				6.25	2.4%
LLAE Ratio	71.42%			7.25	1.1%
				8.25	0.7%
Combined Ratio	95.00%			9.25	0.3%
				10.25	0.1%
				11.25	0.3%
Underwriting Profit Provision	5.00%			12.25	0.1%
				13.25	0.0%
				14.25	0.0%
Total Return on Surplus	10.73%			15.25	0.0%

Time	(1) Collected Premium	(2) Earned Premium	(3) UEPR	(4) Change in UEPR	(5) Written Expenses	(6) Earned Expenses	(7) Incurred LLAE	(8) Paid LLAE	(9) LLAE Reserve	(10) Change in LLAE Reserve	(11) Tax Code Reserve Discount Factors	(12) Discounted LLAE Reserve	(13) Change in Discounted LLAE Reserve	(14) Tax Code UW Profit/Loss	(15) Tax on Tax Code UW Profit/Loss
0.00	\$ 81.25	\$ -	\$ 100.00	\$ 100.00	\$ 5.95	\$ -	\$ -	\$ -	\$ -	\$ -	0.9223	\$ -	\$ -	\$ 14.05	\$ 4.92
0.25	\$ 6.25	\$ 25.00	\$ 75.00	\$ (25.00)	\$ -	\$ 4.41	\$ 17.86	\$ 3.19	\$ 14.66	\$ 14.66	0.9223	\$ 13.52	\$ 13.52	\$ (1.12)	\$ (0.39)
0.50	\$ 7.50	\$ 25.00	\$ 50.00	\$ (25.00)	\$ -	\$ 4.41	\$ 17.86	\$ -	\$ 32.52	\$ 17.86	0.9223	\$ 29.99	\$ 16.47	\$ (0.88)	\$ (0.31)
0.75	\$ 5.00	\$ 25.00	\$ 25.00	\$ (25.00)	\$ -	\$ 4.41	\$ 17.86	\$ -	\$ 50.38	\$ 17.86	0.9223	\$ 46.46	\$ 16.47	\$ (0.88)	\$ (0.31)
1.00	\$ -	\$ 25.00	\$ -	\$ (25.00)	\$ -	\$ 4.41	\$ 17.86	\$ -	\$ 68.23	\$ 17.86	0.9223	\$ 62.93	\$ 16.47	\$ (0.88)	\$ (0.31)
1.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18.82	\$ 49.41	\$ (18.82)	0.9321	\$ 46.06	\$ (16.87)	\$ (1.95)	\$ (0.68)
2.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22.48	\$ 26.93	\$ (22.48)	0.9291	\$ 25.02	\$ (21.03)	\$ (1.45)	\$ (0.51)
3.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13.63	\$ 13.31	\$ (13.63)	0.8884	\$ 11.82	\$ (13.20)	\$ (0.42)	\$ (0.15)
4.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6.73	\$ 6.58	\$ (6.73)	0.8906	\$ 5.86	\$ (5.96)	\$ (0.77)	\$ (0.27)
5.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3.06	\$ 3.52	\$ (3.06)	0.9268	\$ 3.27	\$ (2.59)	\$ (0.47)	\$ (0.16)
6.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1.73	\$ 1.79	\$ (1.73)	0.9423	\$ 1.69	\$ (1.58)	\$ (0.15)	\$ (0.05)
7.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.80	\$ 0.99	\$ (0.80)	0.9621	\$ 0.96	\$ (0.73)	\$ (0.07)	\$ (0.02)
8.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.47	\$ 0.52	\$ (0.47)	0.9698	\$ 0.50	\$ (0.45)	\$ (0.02)	\$ (0.01)
9.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.22	\$ 0.30	\$ (0.22)	0.9684	\$ 0.29	\$ (0.22)	\$ (0.01)	\$ (0.00)
10.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.04	\$ 0.25	\$ (0.04)	0.9668	\$ 0.24	\$ (0.04)	\$ (0.00)	\$ (0.00)
11.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.18	\$ 0.07	\$ (0.18)	0.9668	\$ 0.07	\$ (0.17)	\$ (0.01)	\$ (0.00)
12.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.07	\$ -	\$ (0.07)	0.9668	\$ -	\$ (0.07)	\$ (0.00)	\$ (0.00)
13.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9668	\$ -	\$ -	\$ -	\$ -
14.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9668	\$ -	\$ -	\$ -	\$ -
15.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9668	\$ -	\$ -	\$ -	\$ -
Totals	\$ 100.00	\$ 100.00	\$ -	\$ -	\$ 5.95	\$ 17.63	\$ 71.42	\$ 71.42	\$ -	\$ -		\$ -	\$ -	\$ 5.00	\$ 1.75

Time	(16) Total Reserves	(17) From Reserves Investment Income	(18) Investment Income Net of Tax	(19) Required Surplus	(20) Change in Required Surplus	(21) Investment Income Net of Tax	(22) Investment Income Net of Tax	(23) Cash Flow	(24) 10.73% Discount Factors	(25) Discounted Cash Flow
0.00	\$ 100.00	\$ -	\$ -	\$ 63.99	\$ 63.99	\$ -	\$ -	\$ (93.61)	1.0000	\$ (93.61)
0.25	\$ 89.66	\$ 0.91	\$ 0.78	\$ 53.41	\$ (10.58)	\$ 0.58	\$ 0.50	\$ 21.23	0.9748	\$ 20.70
0.50	\$ 82.52	\$ 0.81	\$ 0.70	\$ 43.10	\$ (10.31)	\$ 0.48	\$ 0.42	\$ 21.96	0.9503	\$ 20.87
0.75	\$ 75.38	\$ 0.75	\$ 0.64	\$ 35.30	\$ (7.81)	\$ 0.39	\$ 0.34	\$ 16.83	0.9264	\$ 15.59
1.00	\$ 68.23	\$ 0.68	\$ 0.59	\$ 32.49	\$ (2.81)	\$ 0.32	\$ 0.27	\$ 6.71	0.9031	\$ 6.06
1.25	\$ 49.41	\$ 0.62	\$ 0.53	\$ 23.53	\$ (8.96)	\$ 0.29	\$ 0.25	\$ 10.43	0.8804	\$ 9.18
2.25	\$ 26.93	\$ 1.82	\$ 1.56	\$ 12.82	\$ (10.71)	\$ 0.86	\$ 0.74	\$ 13.52	0.7950	\$ 10.75
3.25	\$ 13.31	\$ 0.99	\$ 0.85	\$ 6.34	\$ (6.49)	\$ 0.47	\$ 0.40	\$ 7.89	0.7180	\$ 5.67
4.25	\$ 6.58	\$ 0.49	\$ 0.42	\$ 3.13	\$ (3.20)	\$ 0.23	\$ 0.20	\$ 4.09	0.6484	\$ 2.65
5.25	\$ 3.52	\$ 0.24	\$ 0.21	\$ 1.68	\$ (1.46)	\$ 0.12	\$ 0.10	\$ 1.93	0.5856	\$ 1.13
6.25	\$ 1.79	\$ 0.13	\$ 0.11	\$ 0.85	\$ (0.82)	\$ 0.06	\$ 0.05	\$ 1.04	0.5288	\$ 0.55
7.25	\$ 0.99	\$ 0.07	\$ 0.06	\$ 0.47	\$ (0.38)	\$ 0.03	\$ 0.03	\$ 0.49	0.4776	\$ 0.23
8.25	\$ 0.52	\$ 0.04	\$ 0.03	\$ 0.25	\$ (0.23)	\$ 0.02	\$ 0.01	\$ 0.28	0.4313	\$ 0.12
9.25	\$ 0.30	\$ 0.02	\$ 0.02	\$ 0.14	\$ (0.11)	\$ 0.01	\$ 0.01	\$ 0.13	0.3895	\$ 0.05
10.25	\$ 0.25	\$ 0.01	\$ 0.01	\$ 0.12	\$ (0.02)	\$ 0.01	\$ 0.00	\$ 0.03	0.3517	\$ 0.01
11.25	\$ 0.07	\$ 0.01	\$ 0.01	\$ 0.03	\$ (0.09)	\$ 0.00	\$ 0.00	\$ 0.10	0.3177	\$ 0.03
12.25	\$ -	\$ 0.00	\$ 0.00	\$ -	\$ (0.03)	\$ 0.00	\$ 0.00	\$ 0.04	0.2869	\$ 0.01
13.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.2591	\$ -
14.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.2340	\$ -
15.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.2113	\$ -
Totals		\$ 7.58	\$ 6.51	\$ (0.00)	\$ 3.88	\$ 3.34	\$ 13.10	\$ 0.00		

THE MEDICAL PROTECTIVE COMPANY

Exhibit III - B

ARKANSAS

PHYSICIANS & SURGEONS

CALCULATION OF INVESTMENT INCOME RATE AND  
EFFECTIVE FEDERAL INCOME TAX RATE ON INVESTMENT INCOME

The rate of return is the ratio of net investment income earned to mean cash and invested assets as determined from the Annual Statement.

Year	Prior Year Cash and Invested Assets	Current Year Cash and Invested Assets	Mean Cash and Invested Assets	Net Investment Income	Rate of Return
2003	\$ 1,582,814,730	\$ 1,934,006,083	\$ 1,758,410,407	\$ 62,878,046	3.58%
2004	\$ 1,934,006,083	\$ 1,958,098,806	\$ 1,946,052,445	\$ 70,520,509	3.62%
2005	\$ 1,958,098,806	\$ 2,101,581,058	\$ 2,029,839,932	\$ 74,605,991	3.68%
Selected					3.68%

The effective rate of Federal Income Tax was determined by applying current tax rates to the distribution of Annual Statement investment income.

Asset Type	Net Investment Income	FIT Rate
<b>Bonds</b>		
Taxable	\$ 18,579,293	35.00% (a)
Nontaxable	\$ 52,407,005	5.25% (b)
Subtotal	\$ 70,986,298	13.04%
<b>Stocks</b>		
Affiliates	\$ -	
Nonaffiliates	\$ -	
Subtotal	\$ -	14.18% (c)
<b>Other</b>		
Mortgage loans	\$ -	
Real estate	\$ 550,000	
Cash and short-term investments	\$ 5,259,948	
All other	\$ -	
Subtotal	\$ 5,809,948	35.00% (a)
<b>Total Gross Investment Income</b>	<b>\$ 76,796,246</b>	<b>14.70%</b>
<b>Total Investment Deductions</b>	<b>\$ 2,190,255</b>	<b>35.00% (a)</b>
<b>Total Net Investment Income</b>	<b>\$ 74,605,991</b>	<b>14.10%</b>

Notes:

- (a) Full corporate tax rate of 35%.
- (b) 100% of the income on tax-exempt bonds is subject to proration. That is, 15% of that income is taxed at the full corporate tax rate of 35%. The applicable tax rate is  $(15\%)(35\%) = 5.25\%$ .
- (c) 30% of the dividend income on stock is subject to the full corporate tax rate of 35%. The remaining 70% of dividend income on stock is subject to proration. That is, 15% of that income is taxed at the full corporate tax rate of 35%. The applicable tax rate is  $[(30\%)(35\%) + (70\%)(15\%)(35\%)] = 14.18\%$ .

THE MEDICAL PROTECTIVE COMPANY

Exhibit IV

ARKANSAS

PHYSICIANS & SURGEONS

UNALLOCATED LOSS EXPENSE FACTOR

	(1)	(2)	(3)	(4)
<b>Accident/ Report Year</b>	<b>Total LLAE Incurred</b>	<b>Unallocated Loss Expense</b>		<b>ULE Factor</b>
		<b><u>Paid</u></b>	<b><u>Unpaid</u></b>	
2001	430,815	8,975	1,027	2.4%
2002	486,105	9,143	1,781	2.3%
2003	624,689	8,743	4,221	2.1%
2004	610,111	6,826	5,860	2.1%
2005	<u>513,919</u>	<u>5,522</u>	<u>5,341</u>	<u>2.2%</u>
5-Yr Avg	2,665,639	39,209	18,230	2.2%
3-Yr Avg	1,748,719	21,091	15,422	2.1%
			<b>Total Limits:</b>	<b>2.2%</b>
			<b>200/600 Limits:</b>	<b>3.4%</b>

NOTES: 1) This exhibit is based upon companywide experience derived from the 2005 Annual Statement Schedule P - Part 1F.

2) (4) =  $\frac{\{(2) + (3)\}}{\{(1) - (2) - (3)\}}$

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THE MEDICAL PROTECTIVE COMPANY

EXHIBIT V - A

\$200K/\$600K BASE RATE CALCULATION

ARKANSAS

PHYSICIANS & SURGEONS

I. LOSS COST COMPONENT

A. Indicated \$1M/\$3M Average Claims Made LLAE Pure F

II. FIXED EXPENSE COMPONENT

- A. General Expense
- B. Other Acquisition Expense

---

- C. Total Fixed Expense

III. VARIABLE EXPENSE COMPONENT

- A. Taxes, Licenses and Fees
- B. Commissions & Brokerage
- C. Underwriting Profit Provision (Including Investment I)

---

- D. Total Variable Expenses
  
- E. Variable Expense Factor

100%

- 44.8%

Indicated  
6  
%

15

IV. INDICATED \$1M/\$3M BASE CLASS RATE

A. Indicated Average \$1M/\$3M Rate before Credit Offset	(IA + IIC) / (IIIE)	\$13,134
B. Average Credit		0.6%
C. Indicated Average \$1M/\$3M Rate with Credit Offset	IVA / (1.0 - IVB)	\$13,213
D. MPCo Proposed Class Factor with ILF Differential	Exhibit I - D(iv)	2.104
E. Indicated \$1M/\$3M Base Class Rate with Credit Offset	IVC / IVD	\$6,280
F. Estimated \$200K/\$600K Base Class Rate with Credit Offset		\$3,330

V. SELECTED \$200K/\$600K BASE RATES

A. Indicated \$200K/\$600K Claims Made Base Rate	\$3,330
B. Current \$200K/\$600K Claims Made Base Rate	\$6,036
C. Indicated Rate Change	-44.8%



THE MEDICAL PROTECTIVE COMPANY

EXHIBIT V - B

MPCo AVERAGE LLAE PURE PREMIUM DERIVATION

ARKANSAS  
CLAIMS MADE

PHYSICIANS & SURGEONS

<b>I. SVMIC Undiscounted Average Mature CM \$1M/\$3M Limit LALE Pure Premium</b>	Exhibit V-C	<b>\$9,864</b>
<b>II. Medical Protective Loss Related Expenses</b>		
A. Unallocated Loss Expense Load		1.022
B. Death, Disability and Retirement Load		1.060
<b>III. MPCO Average \$1M/\$3M LLAE Pure Premium @01/01/2008 Cost Level</b>		
A. Average LLAE Pure Premium at 01/01/2008 Level	I x IIIA x IIIB	<b>\$10,686</b>

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT V - C

SVMIC'S AVERAGE LALE PURE PREMIUM DERIVATION

ARKANSAS  
CLAIMS MADE

PHYSICIANS & SURGEONS

**I. Indicated SVMIC Average \$1M/\$3M Claims Made Rate**

A. SVMIC 80420 \$1M/\$3M Claims Made Rate		\$7,321
B. Average Class Factor	Exhibit V-D	1.952
C. SVMIC Average \$1M/\$3M Claims Made Rate		<b>\$14,292</b>

**II. SVMIC Expense Considerations**

A. ULAE		1.065
B. Discount Factor		0.878
C. DDR		1.043
D. Variable Expense Factor	(1.0 - Di) x Dii / Diii	0.730
i. Variable Expenses		16.0%
ii. Offset for Discount Program		0.8957
iii. Premium Payment Plan		1.030
E. Fixed Expenses		\$823

**III. SVMIC Discounted Average \$1M/\$3M LALAE Pure Premium @05/15/2007 Cost Level** **\$9,864**  
(I \* IID - IIE) / (IIA \* IIB \* IIC)

NOTES: All references are to SVMIC's Arkansas filing effective 5/15/2007.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT V - D

DERIVATION OF AVERAGE RATE RELATIVITIES

ARKANSAS

PHYSICIANS & SURGEONS

	(1)	(2)	(3)	(4)	(5)	(6)
Proposed MPCO Class	Expected Exposure Distribution	Current Adjusted MPCO Rate Relativity	State Volunteer Rate Relativity	Proposed MPCO Rate Relativity	MPCO 200K/600K ILF Differential	Adjusted MPCO Rate Relativity
1A	1.2%	0.710	1.006	0.710	1.000	0.710
1B	3.2%	0.710	0.830	0.850	1.000	0.850
1C	4.4%	0.738	0.838	1.000	1.000	1.000
1D	3.2%	1.110	0.911	1.150	1.000	1.150
2A	24.6%	1.165	1.103	1.225	1.000	1.225
2B	16.3%	1.220	1.090	1.375	1.000	1.375
2C	0.4%	1.375	1.808	1.450	1.000	1.450
3A	11.0%	1.500	1.800	1.725	1.036	1.787
3B	8.9%	2.228	1.568	2.250	1.036	2.330
4	6.0%	2.383	2.113	2.400	1.036	2.486
5A	7.0%	2.751	2.971	2.800	1.036	2.900
5B	0.3%	3.000	2.782	3.000	1.036	3.107
6	4.2%	4.532	5.155	4.400	1.036	4.557
7	8.4%	4.651	5.308	5.100	1.036	5.282
7B	0.1%	4.875	6.753	5.300	1.036	5.489
8	0.6%	7.750	6.275	7.300	1.036	7.561
<b>TOTAL</b>	<b>100.0%</b>	<b>1.935</b>	<b>1.952</b>	<b>2.054</b>	<b>1.017</b>	<b>2.104</b>

THE MEDICAL PROTECTIVE COMPANY

Exhibit VI - A

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made only)

Incurred Loss & ALE Development  
200/600 LIMITS

As of 06/30/2007

Report Year	9	18	30	42	54	66	78	90	102	114	126	138	150	162	174
1992	3,783,933	12,171,586	14,860,025	15,193,801	15,465,026	15,447,281	15,247,413	15,083,525	15,242,492	15,277,497	15,255,212	15,260,740	15,260,740	15,260,740	15,260,740
1993	4,631,095	12,293,972	14,546,767	15,755,167	15,729,636	15,603,289	15,007,503	15,152,216	15,031,629	15,047,768	15,049,053	15,048,511	15,049,070	15,049,070	15,049,070
1994	5,295,529	20,836,473	23,754,111	23,035,298	22,706,806	22,890,738	22,968,939	23,194,164	23,166,579	23,194,865	23,178,505	23,191,874	23,208,879	23,155,315	
1995	10,407,062	31,600,557	35,121,819	37,906,150	38,011,098	38,599,290	38,412,433	38,379,945	38,347,929	38,399,709	38,332,234	38,383,461	38,413,406		
1996	11,907,533	44,581,554	52,449,581	57,039,054	58,557,325	59,099,355	58,292,144	58,469,407	58,373,031	58,560,157	58,504,673	58,316,274			
1997	15,151,457	49,840,474	60,099,166	63,189,781	64,266,004	65,878,008	66,963,801	67,170,339	67,651,947	67,520,953	67,551,053				
1998	21,062,222	58,723,825	73,908,920	78,748,136	78,763,427	79,879,062	80,150,968	81,146,693	81,212,562	81,243,217					
1999	16,242,093	59,989,351	84,278,181	89,635,058	94,846,783	95,269,346	95,787,956	95,608,660	96,009,024						
2000	14,217,299	63,132,678	84,237,504	94,700,937	96,537,660	97,611,999	98,173,243	97,524,506							
2001	14,611,084	64,494,128	95,450,395	108,190,541	108,831,085	108,908,873	108,945,062								
2002	20,913,144	85,311,518	130,765,819	142,493,940	144,453,007	148,492,805									
2003	33,552,429	124,555,253	170,504,059	182,643,304	183,495,642										
2004	55,212,126	143,369,763	184,732,528	202,120,924											
2005	24,169,072	75,227,324	100,160,104												
2006	18,947,121	56,271,754													
2007	16,816,473														

NOTE: This exhibit is based on countrywide experience.

THE MEDICAL PROTECTIVE COMPANY

Exhibit VI - B

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made only)

Incurred Loss & ALE Development  
200/600 LIMITS

As of 06/30/2007

Report Year	06-18	18-30	30-42	42-54	54-66	66-78	78-90	90-102	102-114	114-126	126-138	138-150	150-162	162-174	174-Ult
1992	3.217	1.221	1.022	1.018	0.999	0.987	0.989	1.011	1.002	0.999	1.000	1.000	1.000	1.000	
1993	2.655	1.183	1.083	0.998	0.992	0.962	1.010	0.992	1.001	1.000	1.000	1.000	1.000	1.000	
1994	3.935	1.140	0.970	0.986	1.008	1.003	1.010	0.999	1.001	0.999	1.001	1.001	1.001	0.998	
1995	3.036	1.111	1.079	1.003	1.015	0.995	0.999	0.999	1.001	0.998	1.001	1.001	1.001		
1996	3.744	1.176	1.088	1.027	1.009	0.986	1.003	0.998	1.003	0.999	0.997				
1997	3.289	1.206	1.051	1.017	1.025	1.016	1.003	1.007	0.998	1.000					
1998	2.788	1.259	1.065	1.000	1.014	1.003	1.012	1.001	1.000						
1999	3.693	1.405	1.064	1.058	1.004	1.005	0.998	1.004							
2000	4.441	1.334	1.124	1.019	1.011	1.006	0.993								
2001	4.414	1.480	1.133	1.006	1.001	1.000									
2002	4.079	1.533	1.090	1.014	1.028										
2003	3.712	1.369	1.071	1.005											
2004	2.597	1.289	1.094												
2005	3.113	1.331													
2006	2.970														

Projected Incremental Development Factor	2.795	1.327	1.085	1.008	1.015	1.004	1.001	1.004	1.000	0.999	0.999	1.001	1.000	1.000	1.000
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Cumulative Development Factor	4.148	1.484	1.118	1.031	1.023	1.008	1.004	1.003	0.999	0.999	1.000	1.001	1.000	1.000	1.000
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NOTE: This exhibit is based on countrywide experience.

THE MEDICAL PROTECTIVE COMPANY

Exhibit VII - A

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made only)

Paid Loss & ALE Development  
200/600 LIMITS

As of 06/30/2007

Report Year	6	18	30	42	54	66	78	90	102	114	126	138	150	162	174
1992	699,681	4,111,087	8,467,021	12,481,261	14,239,523	14,777,576	14,815,855	14,851,216	14,928,049	14,963,511	15,255,212	15,260,740	15,260,740	15,260,740	15,260,740
1993	836,786	5,311,120	10,519,918	12,900,041	13,759,465	14,105,615	14,401,824	14,708,350	14,862,528	15,047,768	15,049,053	15,048,511	15,049,070	15,049,070	15,049,070
1994	819,334	8,985,222	17,489,479	19,664,848	20,761,036	21,764,575	22,234,624	22,716,066	22,766,539	23,001,885	23,119,068	23,134,926	23,155,315	23,155,315	23,155,315
1995	1,439,350	13,732,756	23,074,304	29,175,007	34,030,957	35,902,002	36,898,491	38,091,658	38,202,705	38,238,501	38,272,845	38,341,317	38,398,893	38,398,893	38,398,893
1996	1,955,813	20,620,693	37,984,302	48,275,342	52,190,029	56,338,941	57,611,854	57,832,994	57,916,728	57,943,483	57,973,153	58,190,774	58,190,774	58,190,774	58,190,774
1997	3,319,432	20,142,447	41,571,305	53,718,338	59,472,558	63,178,699	65,560,529	66,693,409	67,279,908	67,391,917	67,427,428	67,427,428	67,427,428	67,427,428	67,427,428
1998	4,823,982	23,666,811	50,699,950	67,499,715	72,948,599	76,386,277	78,388,593	80,155,895	80,504,200	81,015,146	81,015,146	81,015,146	81,015,146	81,015,146	81,015,146
1999	3,752,855	23,873,578	58,735,909	76,247,211	86,613,762	91,350,115	93,800,913	94,550,332	95,239,160	95,239,160	95,239,160	95,239,160	95,239,160	95,239,160	95,239,160
2000	4,102,396	27,028,266	59,216,699	79,039,332	88,564,126	93,174,180	95,740,921	96,287,917	96,287,917	96,287,917	96,287,917	96,287,917	96,287,917	96,287,917	96,287,917
2001	2,834,791	27,654,635	66,855,870	89,030,182	100,211,365	104,603,306	106,953,386	106,953,386	106,953,386	106,953,386	106,953,386	106,953,386	106,953,386	106,953,386	106,953,386
2002	4,978,879	40,439,803	90,686,079	118,236,829	134,459,766	140,712,024	140,712,024	140,712,024	140,712,024	140,712,024	140,712,024	140,712,024	140,712,024	140,712,024	140,712,024
2003	5,582,618	51,089,142	115,216,462	153,846,869	168,231,418	168,231,418	168,231,418	168,231,418	168,231,418	168,231,418	168,231,418	168,231,418	168,231,418	168,231,418	168,231,418
2004	9,639,550	66,115,036	128,968,207	165,339,468	165,339,468	165,339,468	165,339,468	165,339,468	165,339,468	165,339,468	165,339,468	165,339,468	165,339,468	165,339,468	165,339,468
2005	5,115,676	40,693,831	74,991,877	74,991,877	74,991,877	74,991,877	74,991,877	74,991,877	74,991,877	74,991,877	74,991,877	74,991,877	74,991,877	74,991,877	74,991,877
2006	4,917,377	28,855,278	28,855,278	28,855,278	28,855,278	28,855,278	28,855,278	28,855,278	28,855,278	28,855,278	28,855,278	28,855,278	28,855,278	28,855,278	28,855,278
2007	4,568,608														

NOTE: This exhibit is based on countrywide experience.

THE MEDICAL PROTECTIVE COMPANY

Exhibit VII - B

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made only)

Paid Loss & ALE Development  
200/600 LIMITS

As of 06/30/2007

Report Year	06-18	18-30	30-42	42-54	54-66	66-78	78-90	90-102	102-114	114-126	126-138	138-150	150-162	162-174	174-UIR
1992	5,876	2,060	1,474	1,141	1,038	1,003	1,002	1,005	1,002	1,019	1,000	1,000	1,000	1,000	
1993	6,347	1,981	1,226	1,067	1,025	1,021	1,021	1,010	1,012	1,000	1,000	1,000	1,000	1,000	
1994	10,966	1,946	1,124	1,056	1,048	1,022	1,022	1,002	1,010	1,005	1,001	1,001	1,001	1,001	
1995	9,541	1,680	1,264	1,166	1,055	1,028	1,032	1,003	1,001	1,001	1,002	1,002	1,002	1,002	
1996	10,543	1,842	1,271	1,081	1,079	1,023	1,004	1,001	1,000	1,001	1,004	1,001	1,001	1,001	
1997	6,068	2,064	1,292	1,107	1,062	1,038	1,017	1,009	1,002	1,001	1,001	1,001	1,001	1,001	
1998	4,906	2,142	1,331	1,081	1,047	1,026	1,023	1,004	1,006						
1999	6,361	2,460	1,298	1,136	1,055	1,027	1,008	1,007							
2000	6,588	2,191	1,335	1,121	1,052	1,028	1,006								
2001	9,755	2,418	1,332	1,126	1,044	1,022									
2002	8,122	2,242	1,304	1,137	1,046										
2003	9,151	2,255	1,335	1,093											
2004	6,859	1,951	1,282												
2005	7,955	1,843													
2006	5,868														
Projected Incremental Development Factor	6,896	2,021	1,306	1,116	1,047	1,025	1,011	1,007	1,003	1,001	1,003	1,001	1,000	1,000	1,000
Cumulative Development Factor	22,378	3,245	1,605	1,229	1,101	1,052	1,026	1,014	1,007	1,004	1,004	1,001	1,000	1,000	1,000

NOTE: This exhibit is based on countrywide experience.

THE MEDICAL PROTECTIVE COMPANY

Exhibit VIII - A

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made only)

Incurred Loss Development  
200/600 LIMITS

As of 06/30/2007

Report Year	6	18	30	42	54	66	78	90	102	114	126	138	150	162	174
1992	2,951,250	9,594,710	11,598,475	11,311,353	11,368,079	11,233,579	11,013,579	10,816,579	10,903,579	10,903,579	10,803,579	10,803,579	10,803,579	10,803,579	10,803,579
1993	3,669,787	9,638,655	10,857,658	11,511,555	11,360,163	11,027,663	10,350,663	10,399,663	10,249,663	10,254,663	10,254,663	10,254,663	10,254,663	10,254,663	10,254,663
1994	3,777,635	15,581,406	16,841,602	15,514,671	14,890,222	14,682,722	14,660,722	14,842,222	14,767,222	14,767,222	14,737,222	14,737,222	14,737,222	14,737,222	14,687,222
1995	7,795,493	24,233,607	25,556,448	26,479,530	25,376,243	25,279,335	24,967,835	24,646,834	24,547,834	24,561,834	24,459,834	24,449,834	24,448,834		
1996	8,341,605	33,732,182	37,486,177	39,083,589	39,353,905	38,821,378	37,950,379	38,064,379	37,992,818	38,089,818	38,039,818	37,724,818			
1997	10,451,036	36,911,043	42,595,488	42,516,040	42,074,585	42,495,502	43,106,254	42,663,231	42,882,231	42,757,230	42,757,230				
1998	14,967,448	44,412,444	53,215,998	53,921,096	51,896,262	52,074,561	51,300,729	51,536,456	51,369,456	51,097,456					
1999	11,323,119	44,974,031	59,840,200	60,531,500	61,944,393	61,169,095	61,006,595	60,395,595	60,448,595						
2000	9,565,564	47,046,420	58,900,270	63,590,159	63,426,612	63,735,077	63,756,827	62,985,827							
2001	8,881,452	44,173,935	63,364,803	68,496,368	67,022,570	65,556,320	64,452,319								
2002	12,554,676	59,103,545	89,998,131	93,916,789	91,233,515	92,239,755									
2003	20,369,763	84,003,350	113,676,838	114,092,330	110,847,252										
2004	27,834,140	91,576,920	112,852,934	116,130,078											
2005	11,176,194	45,505,559	59,582,655												
2006	7,579,651	30,994,637													
2007	6,342,079														

NOTE: This exhibit is based on countrywide experience.

THE MEDICAL PROTECTIVE COMPANY

Exhibit VIII - B

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made only)

Incurred Loss Development  
200/600 LIMITS

As of 06/30/2007

Report Year	06-18	18-30	30-42	42-54	54-66	66-78	78-90	90-102	102-114	114-126	126-138	138-150	150-162	162-174	174-Ult
1992	3.251	1.209	0.975	1.005	0.988	0.980	0.982	1.008	1.000	0.991	1.000	1.000	1.000	1.000	
1993	2.626	1.126	1.060	0.987	0.971	0.939	1.005	0.986	1.000	1.000	1.000	1.000	1.000	1.000	
1994	4.125	1.081	0.921	0.960	0.986	0.999	1.012	0.995	1.000	0.998	1.000	1.000	0.997		
1995	3.109	1.055	1.036	0.958	0.996	0.988	0.987	0.996	1.001	0.996	1.000	1.000			
1996	4.044	1.111	1.043	1.007	0.986	0.978	1.003	0.998	1.003	0.999	0.992				
1997	3.532	1.154	0.998	0.990	1.010	1.014	0.990	1.005	0.997	1.000					
1998	2.967	1.198	1.013	0.962	1.003	0.985	1.005	0.997	0.995						
1999	3.972	1.331	1.012	1.023	0.987	0.987	0.990	1.001							
2000	4.918	1.252	1.080	0.997	1.005	1.000	0.988								
2001	4.974	1.434	1.097	0.964	0.978	0.983									
2002	4.708	1.523	1.044	0.971	1.011										
2003	4.124	1.353	1.004	0.972											
2004	3.290	1.232	1.047												
2005	4.072	1.309													
2006	4.089														

Projected Incremental Development Factor	3.608	1.294	1.030	0.970	0.999	0.993	0.993	1.001	0.998	0.999	0.996	1.000	1.000	1.000	1.000
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Cumulative Development Factor	4.588	1.266	0.978	0.950	0.979	0.980	0.986	0.993	0.992	0.994	0.996	1.000	1.000	1.000	1.000
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NOTE: This exhibit is based on countrywide experience.

THE MEDICAL PROTECTIVE COMPANY

Exhibit VIII - B

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made only)

Incurred Loss Development  
200/600 LIMITS

As of 06/30/2007

Report Year	06-18	18-30	30-42	42-54	54-66	66-78	78-90	90-102	102-114	114-126	126-138	138-150	150-162	162-174	174-Ult
1992	3.251	1.209	0.975	1.005	0.988	0.980	0.982	1.008	1.000	0.991	1.000	1.000	1.000	1.000	1.000
1993	2.626	1.126	1.060	0.987	0.971	0.939	1.005	0.986	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1994	4.125	1.081	0.921	0.960	0.986	0.999	1.012	0.995	1.000	0.998	1.000	1.000	0.997		
1995	3.109	1.055	1.036	0.958	0.996	0.988	0.987	0.996	1.001	0.996	1.000	1.000			
1996	4.044	1.111	1.043	1.007	0.986	0.978	1.003	0.998	1.003	0.999	1.000	1.000			
1997	3.532	1.154	0.998	0.990	1.010	1.014	0.990	1.005	0.997	1.000	0.992				
1998	2.967	1.198	1.013	0.962	1.003	0.985	1.005	0.997	0.995						
1999	3.972	1.331	1.012	1.023	0.987	0.997	0.990	1.001							
2000	4.918	1.252	1.080	0.997	1.005	1.000	0.988								
2001	4.708	1.434	1.097	0.964	0.978	0.983									
2002	4.124	1.523	1.044	0.971	1.011										
2003	3.290	1.353	1.004	0.972											
2004	4.072	1.232	1.047												
2005		1.309													
2006															

Projected Incremental Development Factor	3.608	1.294	1.030	0.970	0.999	0.993	0.993	1.001	0.998	0.999	0.996	1.000	1.000	1.000	1.000
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Cumulative Development Factor	4.568	1.266	0.978	0.950	0.979	0.980	0.986	0.993	0.992	0.994	0.996	1.000	1.000	1.000	1.000
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NOTE: This exhibit is based on countrywide experience.

THE MEDICAL PROTECTIVE COMPANY

Exhibit IX - A

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made only)

Incurred ALE Development

As of 06/30/2007

Report Year	6	18	30	42	54	66	78	90	102	114	126	138	150	162	174
1992	832,683	2,576,876	3,261,550	3,882,448	4,096,947	4,213,702	4,233,834	4,266,946	4,338,913	4,373,918	4,451,633	4,457,161	4,457,161	4,457,161	4,457,161
1993	961,308	2,655,317	3,689,109	4,243,612	4,369,473	4,575,626	4,656,840	4,752,553	4,781,966	4,793,105	4,794,390	4,793,848	4,794,407	4,794,407	4,794,407
1994	1,517,894	5,255,067	6,912,509	7,520,627	7,816,584	8,208,016	8,298,217	8,351,942	8,389,357	8,427,643	8,441,283	8,454,652	8,471,657	8,468,093	8,468,093
1995	2,611,569	7,366,950	9,565,371	11,426,620	12,634,855	13,319,955	13,444,598	13,733,111	13,800,095	13,837,875	13,872,400	13,933,627	13,964,572	13,964,572	13,964,572
1996	3,565,928	10,849,372	14,963,404	17,955,465	19,203,420	20,277,977	20,341,765	20,405,028	20,380,213	20,470,339	20,464,855	20,591,456	20,464,855	20,464,855	20,464,855
1997	4,700,421	12,829,431	17,503,678	20,673,741	22,191,419	23,382,506	23,857,547	24,507,108	24,769,716	24,763,723	24,793,823	24,793,823	24,793,823	24,793,823	24,793,823
1998	6,094,774	14,311,381	20,692,922	24,827,041	26,867,165	27,804,501	28,850,239	29,610,237	29,843,106	29,843,106	29,843,106	29,843,106	29,843,106	29,843,106	29,843,106
1999	4,918,974	15,015,320	24,437,981	29,103,558	32,902,390	34,100,251	34,781,361	35,213,065	35,560,429	35,560,429	35,560,429	35,560,429	35,560,429	35,560,429	35,560,429
2000	4,651,735	16,086,258	25,337,234	31,110,778	33,111,048	33,876,922	34,416,416	34,538,679	34,538,679	34,538,679	34,538,679	34,538,679	34,538,679	34,538,679	34,538,679
2001	5,729,632	20,320,193	32,085,592	38,694,173	41,808,515	43,352,553	44,492,743	44,492,743	44,492,743	44,492,743	44,492,743	44,492,743	44,492,743	44,492,743	44,492,743
2002	8,358,468	26,207,973	40,767,688	48,577,151	53,219,492	56,253,050	56,253,050	56,253,050	56,253,050	56,253,050	56,253,050	56,253,050	56,253,050	56,253,050	56,253,050
2003	13,182,686	40,551,903	56,827,221	68,550,974	72,648,390	72,648,390	72,648,390	72,648,390	72,648,390	72,648,390	72,648,390	72,648,390	72,648,390	72,648,390	72,648,390
2004	27,377,986	51,792,843	71,879,594	83,990,846	83,990,846	83,990,846	83,990,846	83,990,846	83,990,846	83,990,846	83,990,846	83,990,846	83,990,846	83,990,846	83,990,846
2005	12,992,878	29,721,765	40,577,449	40,577,449	40,577,449	40,577,449	40,577,449	40,577,449	40,577,449	40,577,449	40,577,449	40,577,449	40,577,449	40,577,449	40,577,449
2006	11,367,470	25,277,117	25,277,117	25,277,117	25,277,117	25,277,117	25,277,117	25,277,117	25,277,117	25,277,117	25,277,117	25,277,117	25,277,117	25,277,117	25,277,117
2007	10,474,394														

NOTE: This exhibit is based on countrywide experience.

THE MEDICAL PROTECTIVE COMPANY

Exhibit IX - B

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made only)

Incurred ALE Development

As of 06/30/2007

Report Year	06-18	18-30	30-42	42-54	54-66	66-78	78-90	90-102	102-114	114-126	126-138	138-150	150-162	162-174	174-Ult
1992	3.095	1.266	1.190	1.055	1.028	1.005	1.008	1.017	1.008	1.018	1.001	1.000	1.000	1.000	1.000
1993	2.762	1.389	1.150	1.030	1.047	1.018	1.021	1.006	1.002	1.000	1.000	1.000	1.000	1.000	1.000
1994	3.462	1.315	1.088	1.039	1.050	1.011	1.006	1.006	1.003	1.002	1.002	1.002	1.002	1.000	1.000
1995	2.821	1.298	1.195	1.106	1.054	1.009	1.021	1.005	1.003	1.002	1.004	1.002	1.002	1.000	1.000
1996	3.043	1.379	1.200	1.070	1.056	1.003	1.003	0.999	1.004	1.000	1.006	1.000	1.000	1.000	1.000
1997	2.751	1.354	1.181	1.073	1.054	1.020	1.027	1.011	1.000	1.001	1.000	1.000	1.000	1.000	1.000
1998	2.348	1.446	1.200	1.082	1.035	1.038	1.026	1.008	1.010	1.010	1.000	1.000	1.000	1.000	1.000
1999	3.053	1.628	1.191	1.131	1.036	1.020	1.012	1.010	1.010	1.010	1.000	1.000	1.000	1.000	1.000
2000	3.458	1.575	1.228	1.064	1.023	1.016	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2001	3.547	1.579	1.206	1.080	1.037	1.026	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2002	3.135	1.556	1.192	1.096	1.057	1.026	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2003	3.076	1.401	1.206	1.060	1.057	1.026	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2004	1.892	1.388	1.168	1.060	1.057	1.026	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2005	2.288	1.365	1.168	1.060	1.057	1.026	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2006	2.224	1.365	1.168	1.060	1.057	1.026	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Projected Incremental Development Factor	2.064	1.387	1.187	1.076	1.042	1.021	1.013	1.009	1.005	1.001	1.005	1.002	1.000	1.000	1.000
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Cumulative Development Factor	4.028	1.952	1.407	1.186	1.102	1.058	1.036	1.022	1.013	1.008	1.006	1.002	1.000	1.000	1.000
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NOTE: This exhibit is based on countrywide experience.

THE MEDICAL PROTECTIVE COMPANY

Exhibit X - A

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made only)

Paid Loss Development  
200/600 LIMITS

As of 06/30/2007

Report Year	6	18	30	42	54	66	78	90	102	114	126	138	150	162	174
1992	476,296	2,587,301	5,851,831	8,847,079	10,216,079	10,603,579	10,603,579	10,603,579	10,603,579	10,603,579	10,803,579	10,803,579	10,803,579	10,803,579	10,803,579
1993	597,559	3,727,928	7,385,428	9,023,463	9,548,163	9,664,663	9,799,663	9,999,663	10,099,663	10,254,663	10,254,663	10,254,663	10,254,663	10,254,663	10,254,663
1994	341,966	5,568,557	11,340,603	12,560,672	13,232,222	13,672,222	14,012,222	14,412,222	14,412,222	14,612,222	14,687,222	14,687,222	14,687,222	14,687,222	14,687,222
1995	662,594	9,112,115	14,835,449	18,696,533	21,926,745	22,908,334	23,638,834	24,446,834	24,446,834	24,446,834	24,446,834	24,446,834	24,446,834	24,446,834	24,446,834
1996	996,105	13,579,511	25,022,072	31,377,322	33,657,140	36,444,046	37,402,379	37,512,379	37,564,818	37,564,818	37,564,818	37,564,818	37,564,818	37,564,818	37,564,818
1997	1,791,031	11,815,517	26,249,720	34,244,369	37,901,586	40,184,502	41,905,252	42,332,230	42,607,230	42,657,230	42,657,230	42,657,230	42,657,230	42,657,230	42,657,230
1998	2,933,952	13,885,165	32,773,407	44,018,561	46,714,929	48,898,229	49,756,729	50,679,456	50,769,456	50,904,456	50,904,456	50,769,456	50,769,456	50,769,456	50,769,456
1999	1,702,420	13,804,538	36,984,595	48,661,501	54,785,396	57,756,096	59,296,096	59,546,096	59,546,096	59,546,096	59,546,096	59,546,096	59,546,096	59,546,096	59,546,096
2000	2,410,563	15,870,671	36,817,483	49,569,961	56,564,128	59,757,523	61,643,898	61,860,398	61,860,398	61,860,398	61,860,398	61,860,398	61,860,398	61,860,398	61,860,398
2001	844,126	13,864,768	38,909,801	52,724,868	59,589,070	61,924,820	62,962,320	62,962,320	62,962,320	62,962,320	62,962,320	62,962,320	62,962,320	62,962,320	62,962,320
2002	2,369,310	22,245,086	55,656,621	72,840,815	82,676,516	85,424,755	85,424,755	85,424,755	85,424,755	85,424,755	85,424,755	85,424,755	85,424,755	85,424,755	85,424,755
2003	1,280,227	24,744,966	66,371,269	89,737,672	97,733,338	97,733,338	97,733,338	97,733,338	97,733,338	97,733,338	97,733,338	97,733,338	97,733,338	97,733,338	97,733,338
2004	3,027,099	29,848,693	66,846,737	86,472,063	86,472,063	86,472,063	86,472,063	86,472,063	86,472,063	86,472,063	86,472,063	86,472,063	86,472,063	86,472,063	86,472,063
2005	874,189	19,246,051	39,151,905	39,151,905	39,151,905	39,151,905	39,151,905	39,151,905	39,151,905	39,151,905	39,151,905	39,151,905	39,151,905	39,151,905	39,151,905
2006	1,100,148	10,355,050	10,355,050	10,355,050	10,355,050	10,355,050	10,355,050	10,355,050	10,355,050	10,355,050	10,355,050	10,355,050	10,355,050	10,355,050	10,355,050
2007	1,037,583														

NOTE: This exhibit is based on countrywide experience.

THE MEDICAL PROTECTIVE COMPANY

Exhibit X - B

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made only)

Paid Loss Development  
200/600 LIMITS

As of 06/30/2007

Report Year	06-18	18-30	30-42	42-54	54-66	66-78	78-90	90-102	102-114	114-126	126-138	138-150	150-162	162-174	174-UIR
1992	5,432	2,262	1,512	1,155	1,038	1,000	1,000	1,000	1,000	1,019	1,000	1,000	1,000	1,000	1,000
1993	6,239	1,981	1,222	1,058	1,012	1,014	1,020	1,010	1,015	1,000	1,000	1,000	1,000	1,000	1,000
1994	16,284	2,037	1,108	1,053	1,033	1,025	1,029	1,000	1,014	1,005	1,000	1,000	1,000	1,000	1,000
1995	13,752	1,628	1,260	1,173	1,045	1,032	1,034	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1996	13,633	1,843	1,254	1,073	1,083	1,026	1,003	1,001	1,000	1,000	1,001	1,000	1,000	1,000	1,001
1997	6,597	2,222	1,305	1,107	1,060	1,043	1,010	1,006	1,001	1,000	1,000	1,000	1,000	1,000	1,000
1998	4,733	2,360	1,343	1,061	1,047	1,018	1,019	1,002	1,003	1,000	1,000	1,000	1,000	1,000	1,000
1999	7,991	2,719	1,316	1,126	1,054	1,027	1,004	1,004	1,004	1,000	1,000	1,000	1,000	1,000	1,000
2000	6,584	2,320	1,346	1,141	1,056	1,032	1,004	1,004	1,004	1,000	1,000	1,000	1,000	1,000	1,000
2001	16,425	2,806	1,355	1,130	1,039	1,017	1,019	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
2002	9,389	2,502	1,309	1,135	1,033	1,017	1,019	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
2003	19,329	2,682	1,352	1,089	1,039	1,017	1,019	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
2004	9,860	2,240	1,294	1,135	1,033	1,017	1,019	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
2005	22,016	2,034	1,294	1,135	1,033	1,017	1,019	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
2006	9,412	2,034	1,294	1,135	1,033	1,017	1,019	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
Projected Incremental Development Factor	1,887	2,334	1,319	1,115	1,042	1,025	1,008	1,004	1,001	1,000	1,000	1,000	1,000	1,000	1,000
Cumulative Development Factor	44,150	3,714	1,591	1,207	1,083	1,039	1,014	1,006	1,002	1,000	1,000	1,000	1,000	1,000	1,000

NOTE: This exhibit is based on countrywide experience.

THE MEDICAL PROTECTIVE COMPANY

Exhibit XI - A

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made only)

Paid ALE Development

As of 06/30/2007

Report Year	6	18	30	42	54	66	78	90	102	114	126	138	150	162	174
1992	223,385	1,523,786	2,615,190	3,634,182	4,023,444	4,173,997	4,212,276	4,247,637	4,324,470	4,359,932	4,451,633	4,457,161	4,457,161	4,457,161	4,457,161
1993	239,227	1,583,192	3,134,490	3,876,578	4,211,302	4,440,952	4,602,161	4,708,687	4,762,865	4,793,105	4,794,390	4,793,848	4,794,407	4,794,407	4,794,407
1994	477,368	3,416,665	6,148,876	7,104,176	7,528,814	8,092,353	8,222,402	8,305,844	8,354,317	8,389,663	8,431,846	8,447,704	8,468,093	8,468,093	8,468,093
1995	776,756	4,620,641	8,238,855	10,478,474	12,104,212	12,993,668	13,261,657	13,644,824	13,755,871	13,791,667	13,826,011	13,894,483	13,952,059		
1996	959,708	7,041,182	12,962,230	16,898,020	18,532,889	19,894,895	20,209,475	20,320,615	20,351,910	20,378,675	20,408,335	20,590,956			
1997	1,528,401	8,326,930	15,321,585	19,473,967	21,570,972	22,994,197	23,655,277	24,361,179	24,672,678	24,734,687	24,770,198				
1998	1,890,030	9,781,646	17,926,543	23,481,154	26,233,670	27,488,048	28,631,864	29,476,439	29,734,744	30,110,690					
1999	2,050,435	10,269,040	21,751,314	27,585,710	31,828,366	33,594,019	34,504,817	35,004,236	35,455,564						
2000	1,691,833	11,157,595	22,399,216	29,469,371	31,999,998	33,416,657	34,097,023	34,427,519							
2001	1,990,665	13,789,867	27,946,069	36,305,314	40,622,295	42,678,486	43,991,066								
2002	2,609,569	18,194,717	35,029,458	45,396,014	51,783,250	55,287,269									
2003	4,302,391	26,344,156	48,845,193	64,109,197	70,499,080										
2004	6,612,451	36,266,343	62,121,470	78,867,405											
2005	4,241,487	21,447,780	35,839,972												
2006	3,817,229	18,500,228													
2007	3,531,025														

NOTE: This exhibit is based on countrywide experience.

THE MEDICAL PROTECTIVE COMPANY

Exhibit XI - B

ARKANSAS

PHYSICIANS & SURGEONS  
(Claims Made only)

Paid ALE Development

As of 06/30/2007

Report Year	06-18	18-30	30-42	42-54	54-66	66-78	78-90	90-102	102-114	114-126	126-138	138-150	150-162	162-174	174-UIR
1992	6.821	1.716	1.390	1.107	1.037	1.009	1.008	1.018	1.008	1.021	1.001	1.000	1.000	1.000	
1993	6.618	1.980	1.237	1.086	1.055	1.036	1.023	1.012	1.006	1.000	1.000	1.000	1.000	1.000	
1994	7.157	1.800	1.155	1.060	1.075	1.016	1.010	1.006	1.004	1.005	1.002	1.002	1.000	1.000	
1995	5.949	1.783	1.272	1.155	1.073	1.021	1.029	1.008	1.003	1.002	1.005	1.004	1.000	1.000	
1996	7.337	1.841	1.304	1.097	1.073	1.016	1.005	1.002	1.001	1.001	1.009	1.000	1.000	1.000	
1997	5.448	1.840	1.271	1.108	1.066	1.029	1.030	1.013	1.003	1.001	1.001	1.000	1.000	1.000	
1998	5.175	1.833	1.310	1.117	1.048	1.042	1.029	1.009	1.013	1.001	1.001	1.000	1.000	1.000	
1999	5.008	2.118	1.268	1.154	1.055	1.027	1.014	1.013	1.013	1.001	1.001	1.000	1.000	1.000	
2000	6.595	2.008	1.316	1.086	1.044	1.020	1.010								
2001	6.927	2.027	1.299	1.119	1.051	1.031									
2002	6.972	1.925	1.296	1.141	1.068										
2003	6.123	1.854	1.312	1.100											
2004	5.485	1.713	1.270												
2005	5.057	1.671													
2006	4.847														

Projected Incremental Development Factor	5.195	1.746	1.290	1.117	1.056	1.026	1.017	1.011	1.006	1.002	1.006	1.003	1.000	1.000	1.000
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Cumulative Development Factor	14.838	2.856	1.635	1.268	1.135	1.074	1.047	1.029	1.017	1.011	1.009	1.003	1.000	1.000	1.000
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NOTE: This exhibit is based on countrywide experience.

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THE MEDICAL PROTECTIVE COMPANY

ARKANSAS

EXHIBIT XII

PHYSICIANS & SURGEONS

Classification Changes

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
ISO Code	Description	Current Class	Current Relativity to Class 1B	Proposed Class	Proposed Relativity to Class 1C	Class Differential Change	Overall Rate Effect with Base Rate Change
230.00	AEROSPACE MEDICINE	1A	0.710	1B	0.850	19.7%	-22.3%
231.00	GEN. PREVENTIVE MED.-NO SURG.	1A	0.710	1B	0.850	19.7%	-22.3%
233.00	OCCUPATIONAL MEDICINE	1A	0.710	1B	0.850	19.7%	-22.3%
235.00	PHYSIATRY	1A	0.710	1B	0.850	19.7%	-22.3%
236.00	PUBLIC HEALTH	1A	0.710	1B	0.850	19.7%	-22.3%
248.00	NUTRITION	1A	0.710	1B	0.850	19.7%	-22.3%
256.00	DERMATOLOGY-NO SURGERY	1A	0.710	1B	0.850	19.7%	-22.3%
234.00	PHARMACOLOGY-CLINICAL	1A	0.710	1C	1.000	40.8%	-8.6%
232.00	HYPNOSIS	1B	1.000	1C	1.000	0.0%	-35.1%
238.00	ENDOCRINOLOGY-NO SURGERY	1B	1.000	1C	1.000	0.0%	-35.1%
244.00	GYNECOLOGY-NO SURGERY	1B	1.000	1C	1.000	0.0%	-35.1%
250.00	PSYCHOANALYSIS	1B	1.000	1C	1.000	0.0%	-35.1%
251.00	PSYCHOSOMATIC MEDICINE	1B	1.000	1C	1.000	0.0%	-35.1%
249.00	PSYCHIATRY-INCLUDING CHILD	1A	0.710	1C	1.000	40.8%	-8.6%
243.00	GERIATRICS-NO SURGERY	1B	1.000	1D	1.150	15.0%	-25.4%
247.00	RHINOLOGY-NO SURGERY	1B	1.000	1D	1.150	15.0%	-25.4%
258.00	LARYNGOLOGY-NO SURGERY	1B	1.000	1D	1.150	15.0%	-25.4%
264.00	OTOLOGY-NO SURGERY	1B	1.000	1D	1.150	15.0%	-25.4%
265.00	OTORHINOLARYNGOLOGY-NO SURGERY	1B	1.000	1D	1.150	15.0%	-25.4%
266.00	PATHOLOGY-NO SURGERY	1C	1.150	1D	1.150	0.0%	-35.1%
282.00	DERMATOLOGY-MINOR SURGERY	1B	1.000	1D	1.150	15.0%	-25.4%
268.00	PHYSICIANS-NO SURGERY-N.O.C.	1B	1.000	2A	1.350	35.0%	-12.4%
252.00	RHEUMATOLOGY-NO SURGERY	1C	1.150	2A	1.350	17.4%	-23.8%
260.00	NEPHROLOGY-NO SURGERY	1C	1.150	2A	1.350	17.4%	-23.8%
420.00	FAMILY PHYS/GEN.-NO SURGERY	1C	1.150	2A	1.350	17.4%	-23.8%
245.00	HEMATOLOGY-NO SURGERY	2A	1.225	2A	1.350	10.2%	-28.5%
267.00	PEDIATRICS-NO SURGERY	2A	1.225	2A	1.350	10.2%	-28.5%
289.00	OPHTHALMOLOGY-MINOR SURGERY	2A	1.225	2A	1.350	10.2%	-28.5%
255.00	CARDIOVASCULAR DISEASE-NO SURGERY	1C	1.150	2B	1.450	26.1%	-18.2%
114.00	SURGERY-OPHTHALMOLOGY	2A	1.225	2B	1.450	18.4%	-23.2%
296.00	HOSPITALISTS	N/A	N/A	2B	1.450	0.0%	0.0%
257.00	INTERNAL MEDICINE-NO SURGERY	2A	1.225	2B	1.450	18.4%	-23.2%
272.00	ENDOCRINOLOGY-MINOR SURGERY	2B	1.375	2C	1.550	12.7%	-26.8%
425.00	RADIATION THERAPY,N.O.C.	2B	1.375	2C	1.550	12.7%	-26.8%
237.00	DIABETES-NO SURGERY	2A	1.225	3A	1.650	58.2%	2.6%
276.00	GERIATRICS-MINOR SURGERY	2A	1.225	3A	1.650	58.2%	2.6%
277.00	GYNECOLOGY-MINOR SURGERY	2A	1.225	3A	1.650	58.2%	2.6%
102.26	URGENT CARE - NO SURGERY	2B	1.375	3A	1.650	40.9%	-8.5%
151.00	ANESTHESIOLOGY	2B	1.375	3A	1.650	40.9%	-8.5%
253.00	RADIOLOGY-DIAGNOSTIC-NO SURGERY	2B	1.375	3A	1.650	40.9%	-8.5%
270.00	RHINOLOGY-MINOR SURGERY	2B	1.375	3A	1.650	40.9%	-8.5%
285.00	LARYNGOLOGY-MINOR SURGERY	2B	1.375	3A	1.650	40.9%	-8.5%
287.00	NEPHROLOGY-MINOR SURGERY	2B	1.375	3A	1.650	40.9%	-8.5%
290.00	OTOLOGY-MINOR SURGERY	2B	1.375	3A	1.650	40.9%	-8.5%
291.00	OTORHINOLARYNGOLOGY-MIN. SURGERY	2B	1.375	3A	1.650	40.9%	-8.5%
293.00	PEDIATRICS-MINOR SURGERY	2B	1.375	3A	1.650	40.9%	-8.5%
295.00	PAIN MANAGEMENT	2B	1.375	3A	1.650	40.9%	-8.5%
431.00	SHOCK THERAPY,N.O.C.	2B	1.375	3A	1.650	40.9%	-8.5%
471.00	NEONATOLOGY	2B	1.375	3A	1.650	40.9%	-8.5%
241.00	GASTROENTEROLOGY-NO SURGERY	3A	1.725	3A	1.650	-4.3%	-37.9%
246.00	INFECTIOUS DISEASES-NO SURG.	3A	1.725	3A	1.650	-4.3%	-37.9%
261.00	NEUROLOGY-INCL. CHILD-NO SURGERY	3A	1.725	3A	1.650	-4.3%	-37.9%
274.00	GASTROENTEROLOGY-MIN. SURGERY	3A	1.725	3A	1.650	-4.3%	-37.9%
292.00	PATHOLOGY-MINOR SURGERY	3A	1.725	3A	1.650	-4.3%	-37.9%
294.00	PHYSICIANS-MINOR SURG.-N.O.C.	3A	1.725	3A	1.650	-4.3%	-37.9%
421.00	FAMILY PHYS/GEN.-MINOR SURGERY NO DELIVERIES	3A	1.725	3A	1.650	-4.3%	-37.9%



THE MEDICAL PROTECTIVE COMPANY

ARKANSAS

EXHIBIT XII

PHYSICIANS & SURGEONS

Classification Changes

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
ISO Code	Description	Current Class	Current Relativity to Class 1B	Proposed Class	Proposed Relativity to Class 1C	Class Differential Change	Overall Rate Effect with Base Rate Change
269.00	PULMONARY DISEASES-NO SURGERY	3A	1,725	3B	2,100	21.7%	-21.0%
273.00	FAMILY PRACTICE - MINOR SURGERY INCL DELIVERIES	3A	1,725	3B	2,100	21.7%	-21.0%
279.00	INFECTIOUS DISEASES-MIN. SURG.	3A	1,725	3B	2,100	21.7%	-21.0%
278.00	HEMATOLOGY-MINOR SURGERY	3B	2,250	3B	2,100	-6.7%	-39.4%
280.00	RADIOLOGY-DIAGNOSTIC-MIN. SURGERY	3B	2,250	3B	2,100	-6.7%	-39.4%
281.00	CARDIOVASCULAR DISEASE-MIN. SURGERY	3B	2,250	3B	2,100	-6.7%	-39.4%
283.00	INTENSIVE CARE MEDICINE	3B	2,250	3B	2,100	-6.7%	-39.4%
284.00	INTERNAL MEDICINE-MINOR SURGERY	3B	2,250	3B	2,100	-6.7%	-39.4%
449.00	RADIOPAQUE DYE INJECTIONS,N.O.C.	3B	2,250	3B	2,100	-6.7%	-39.4%
472.00	RADIOLOGY - INCL MAMMOGRAPHY	N/A	N/A	3B	2,100	0.0%	0.0%
145.00	SURGERY-UROLOGICAL	4	2,350	3B	2,100	-10.6%	-42.0%
288.00	NEUROLOGY-INCL. CHILD-MIN. SURG.	3B	2,250	4	2,350	4.4%	-32.2%
422.00	CATHETERIZATION,N.O.C.	3B	2,250	4	2,350	4.4%	-32.2%
106.00	SURGERY-LARYNGOLOGY	5A	2,800	4	2,350	-16.1%	-45.5%
155.00	SURGERY-PLASTIC-OTORHINOLARYNGOLOGY	5A	2,800	4	2,350	-16.1%	-45.5%
158.00	SURGERY-OTOLOGY	5A	2,800	4	2,350	-16.1%	-45.5%
159.00	SURGERY-OTORHINOLARYNGOLOGY	5A	2,800	4	2,350	-16.1%	-45.5%
160.00	SURGERY-RHINOLOGY	5A	2,800	4	2,350	-16.1%	-45.5%
105.00	SURGERY-GERIATRICS	4	2,350	5A	2,800	19.1%	-22.7%
117.00	SURGERY-FAMILY PRACTICE	4	2,350	5A	2,800	19.1%	-22.7%
136.00	SURGERY-COSMETIC	5B	3,000	5A	2,800	-6.7%	-39.4%
156.00	SURGERY-PLASTIC-N.O.C.	5B	3,000	5A	2,800	-6.7%	-39.4%
167.00	SURGERY-GYNECOLOGY	5B	3,000	5A	2,800	-6.7%	-39.4%
154.00	SURGERY-ORTHOPEDIC (INCL BACK)	6	4,400	6	3,900	-11.4%	-42.5%
144.00	SURGERY-THORACIC	7	4,875	6	3,900	-20.0%	-48.1%
146.00	SURGERY-VASCULAR	7	4,875	6	3,900	-20.0%	-48.1%
150.00	SURGERY-CARDIOVASCULAR DISEASE	7	4,875	6	3,900	-20.0%	-48.1%
143.00	SURGERY-GENERAL-N.O.C.	6	4,400	7A	4,550	3.4%	-32.9%
166.00	SURGERY-ABDOMINAL	6	4,400	7A	4,550	3.4%	-32.9%
153.00	SURGERY-OBSTETRICS-GYNECOLOGY	7	4,875	7A	4,550	-6.7%	-39.4%
168.00	SURGERY-OBSTETRICS	7	4,875	7A	4,550	-6.7%	-39.4%
171.00	SURGERY-TRAUMATIC	7	4,875	7B	5,200	6.7%	-30.8%
152.00	SURGERY-NEUROLOGY-INCL. CHILD	8	7,750	8	7,400	-4.5%	-38.0%



THE MEDICAL PROTECTIVE COMPANY

ARKANSAS

EXHIBIT XIII

PHYSICIANS & SURGEONS

Step Factor Changes

<u>Year</u>	<u>Current Step Factor</u>	<u>Proposed Step Factor</u>	<u>Change</u>	<u>Distribution</u>
1	0.280	0.325	16.1%	0.0%
2	0.580	0.775	33.6%	0.0%
3	0.915	0.915	0.0%	0.0%
4	0.930	0.930	0.0%	6.0%
Mature	1.000	1.000	0.0%	69.5%
Occurrence	1.000	1.000	0.0%	24.5%
<b>Total</b>			<b>0.0%</b>	

THE MEDICAL PROTECTIVE COMPANY

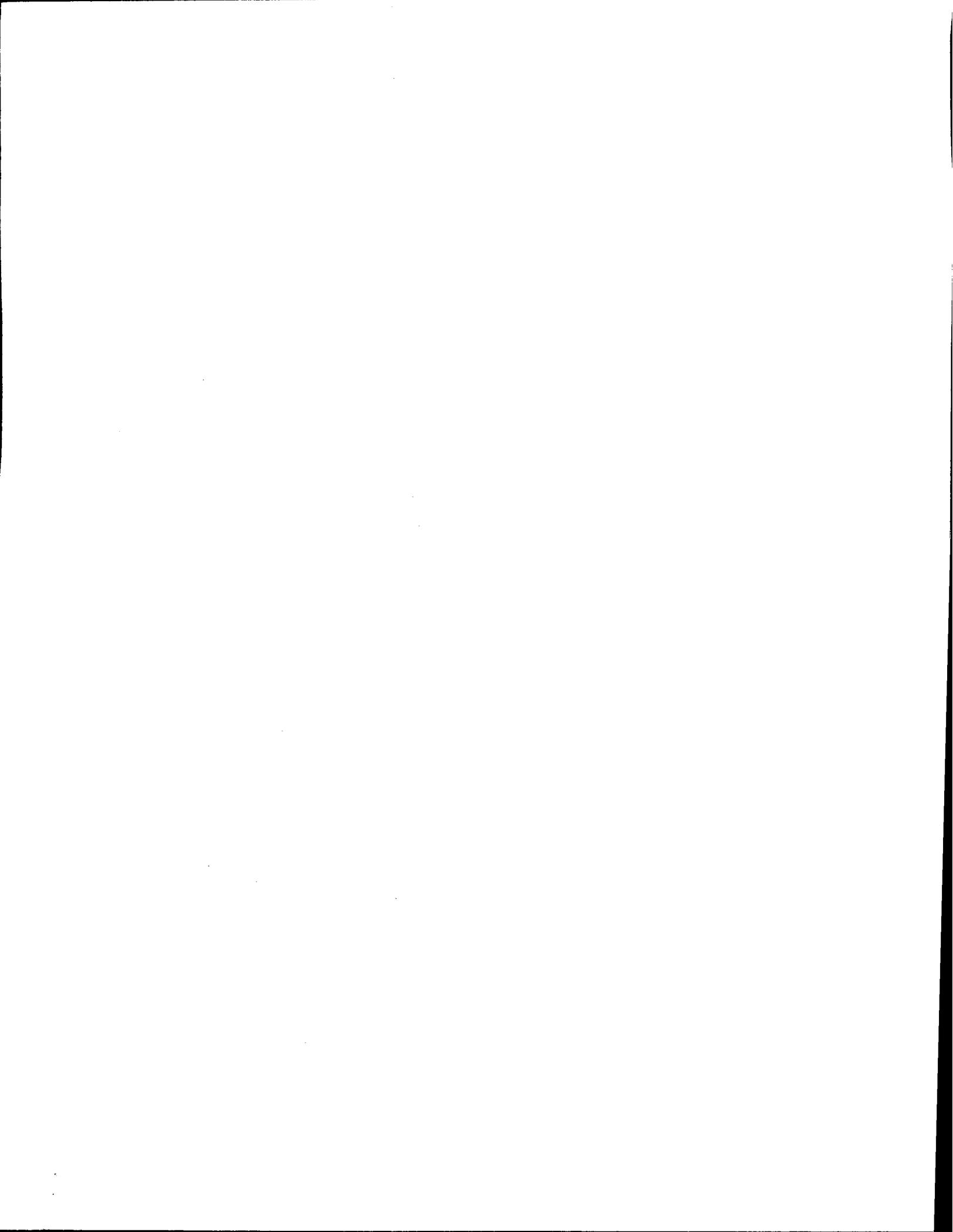
ARKANSAS

EXHIBIT XIV

PHYSICIANS & SURGEONS

Effect of Claim Free Credit

<u># of Years Claim Free</u>	<u>Credit</u>	<u>Distribution</u>
< 5	0%	8.3%
5 - 9	5%	18.1%
10 - 14	10%	28.2%
> 14	15%	45.3%
<b>Total</b>	<b>10.5%</b>	



THE MEDICAL PROTECTIVE COMPANY

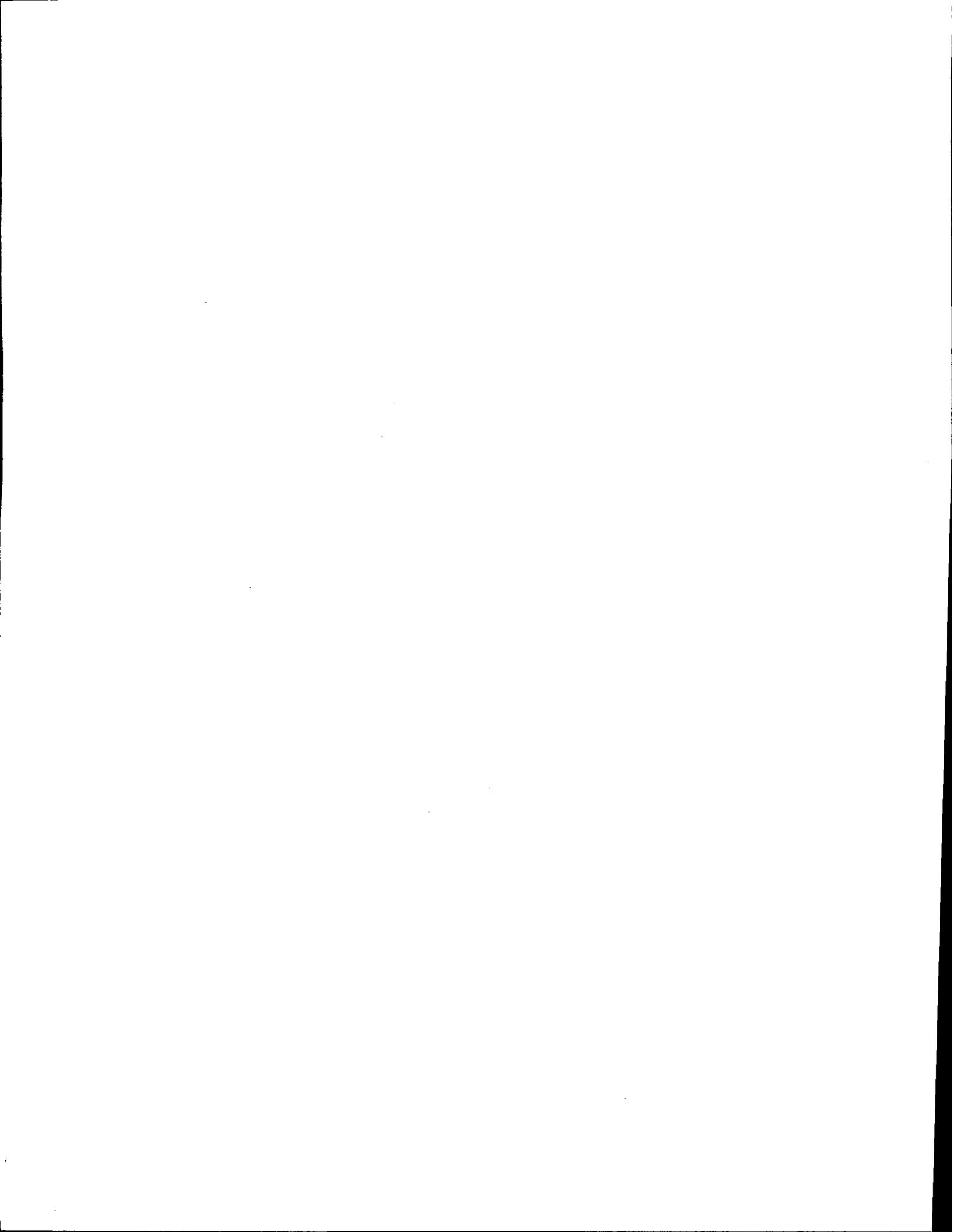
ARKANSAS

EXHIBIT XV

PHYSICIANS & SURGEONS

Effect of New to Company Credit

<u>Eligible for Credit?</u>	<u>Credit</u>	<u>Distribution</u>
No	0%	8.3%
Yes	5%	91.7%
<b>Total</b>	<b>4.6%</b>	<b>100.0%</b>



The  
Medical Protective Company  
Fort Wayne, Indiana 46835  
*Professional Protection Exclusively Since 1899*

**ARKANSAS**

**OCCURRENCE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS IA**

NON-SURGICAL SPECIALISTS TO INCLUDE: ALLERGY, FORENSIC MEDICINE, NUCLEAR MEDICINE AND OPHTHALMOLOGY.

**CLASS IB**

NON-SURGICAL SPECIALISTS TO INCLUDE: AEROSPACE MEDICINE, DERMATOLOGY, NUTRITION, OCCUPATIONAL MEDICINE, PHYSIATRY, PREVENTATIVE MEDICINE AND PUBLIC HEALTH.

**CLASS IC**

NON-SURGICAL SPECIALISTS TO INCLUDE: ENDOCRINOLOGY, GYNECOLOGY, PHARMACOLOGY AND PSYCHIATRY.

**CLASS ID**

NON-SURGICAL SPECIALISTS TO INCLUDE: GERIATRICS, OTORHINOLARYNGOLOGY AND PATHOLOGY.

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: DERMATOLOGY.

**CLASS IIA**

NON-SURGICAL SPECIALISTS TO INCLUDE: FAMILY/GENERAL PRACTICE, HEMATOLOGY/ONCOLOGY, NEPHROLOGY, PEDIATRICS, RHEUMATOLOGY AND SURGICAL SPECIALISTS PERFORMING NO SURGERY.

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: OPHTHALMOLOGY.

The  
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**ARKANSAS**

**OCCURRENCE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS IIB**

NON-SURGICAL SPECIALISTS TO INCLUDE: CARDIOLOGY (INCLUDING SWAN-GANZ),  
HOSPITALISTS AND INTERNAL MEDICINE.

SURGICAL SPECIALISTS IN: OPHTHALMOLOGY.

**CLASS IIC**

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR  
OWN PATIENTS INCLUDING: ENDOCRINOLOGY AND RADIATION THERAPY.

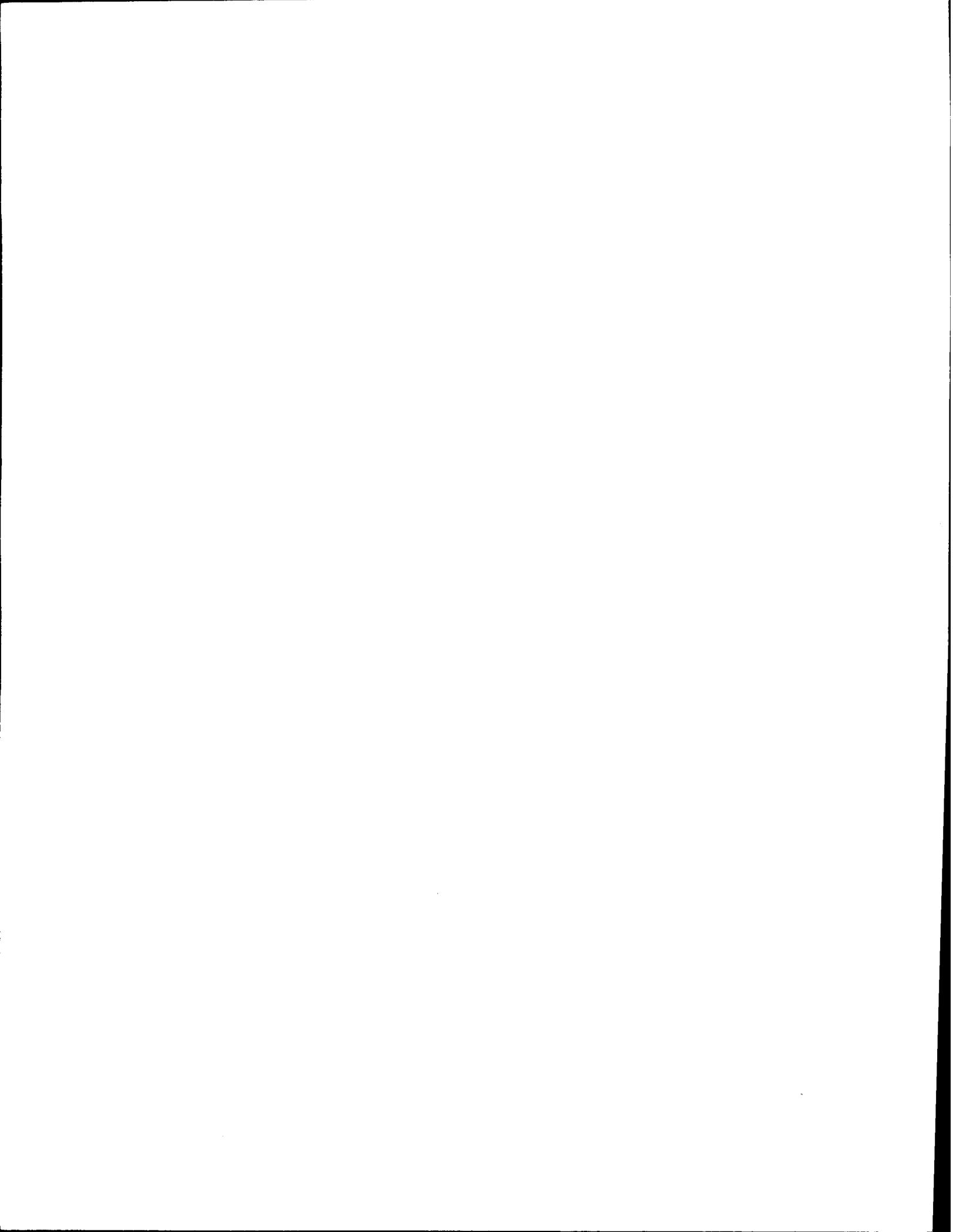
**CLASS IIIA**

NON-SURGICAL SPECIALISTS TO INCLUDE: DIABETES, GASTROENTEROLOGY, INFECTIOUS  
DISEASE, NEUROLOGY, RADIOLOGY - DIAGNOSTIC AND URGENT CARE.

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR  
OWN PATIENTS INCLUDING: GASTROENTEROLOGY, GERIATRICS, GYNECOLOGY,  
NEONATOLOGY, NEPHROLOGY, OTORHINOLARYNGOLOGY, PATHOLOGY, PEDIATRICS, SHOCK  
THERAPY AND SURGICAL SPECIALISTS PERFORMING MINOR SURGERY - NOT OTHERWISE  
CLASSIFIED.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR  
SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR  
SURGERY (NO DELIVERIES).

SURGICAL SPECIALISTS IN: ANESTHESIOLOGY AND PAIN MANAGEMENT.



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**ARKANSAS**

**OCCURRENCE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS IIIB**

NON-SURGICAL SPECIALISTS TO INCLUDE: PULMONARY DISEASE.

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: CARDIOLOGY (RIGHT HEART CATHETERIZATION), HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASE, INTENSIVE CARE, INTERNAL MEDICINE, RADIOLOGY-DIAGNOSTIC, RADIOLOGY-INCL MAMMOGRAPHY AND RADIOPAQUE DYE INJECTION.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR SURGERY (INCLUDING DELIVERIES).

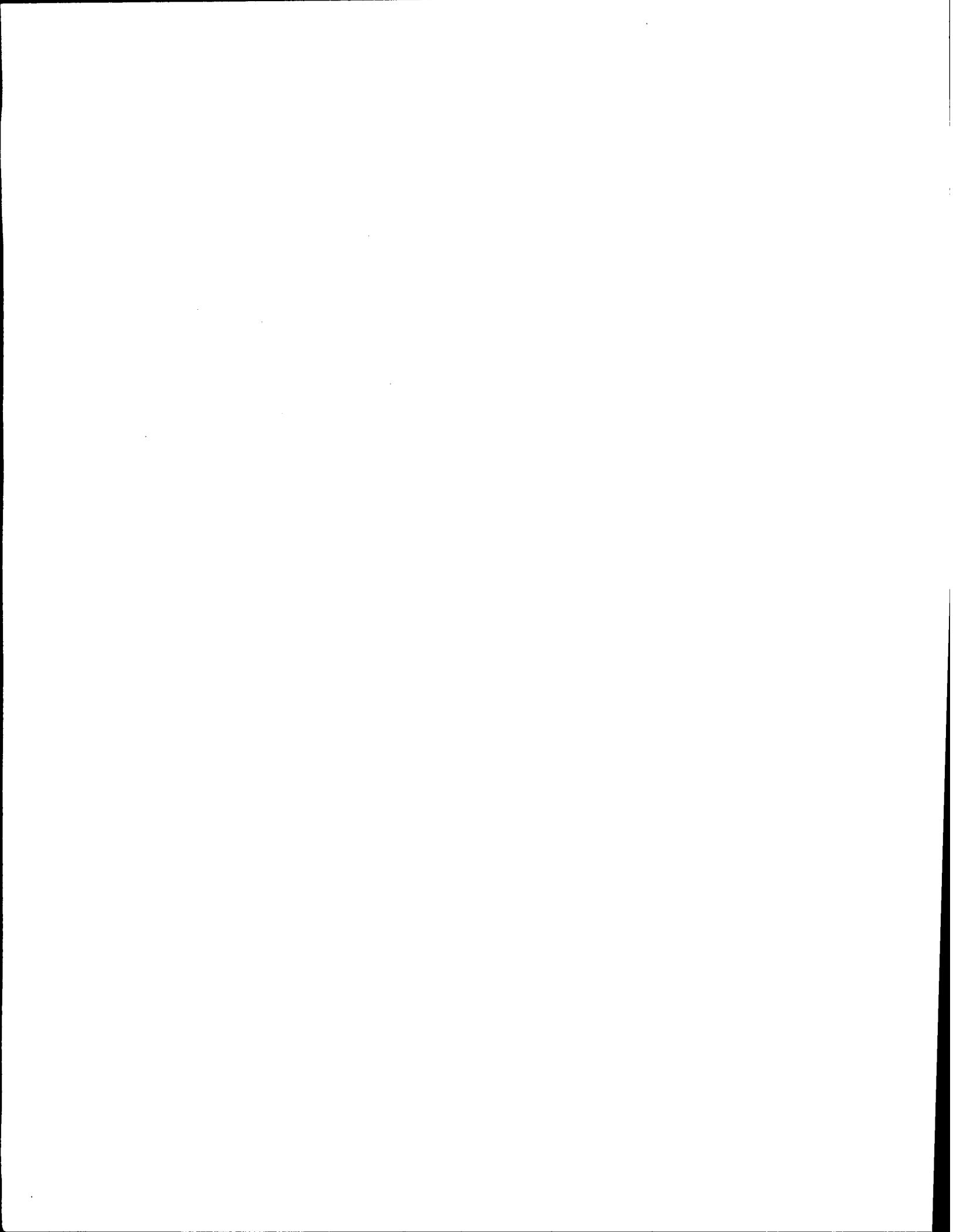
SURGICAL SPECIALISTS IN: UROLOGY.

**CLASS IV**

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: NEUROLOGY.

SURGICAL SPECIALISTS IN: COLON AND RECTAL, GASTROENTEROLOGY, OTORHINOLARYNGOLOGY AND PLASTIC SURGERY - NO ELECTED COSMETIC.

PHYSICIANS OTHERWISE IN CLASS IA, CLASS IB, CLASS IC, CLASS ID, CLASS IIA, CLASS IIB, CLASS IIC, CLASS IIIA OR CLASS IIIB: ACUPUNCTURE AND CARDIOLOGY (LEFT HEART CATHETERIZATION).



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**ARKANSAS**

**OCCURRENCE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS VA**

EMERGENCY MEDICINE WITH NO MAJOR SURGERY.

SURGICAL SPECIALISTS IN: COSMETIC SURGERY, FAMILY/GENERAL PRACTICE, GERIATRICS, GYNECOLOGY, HAND SURGERY, HEAD AND NECK SURGERY AND PLASTIC - NOT OTHERWISE CLASSIFIED.

**CLASS VB**

SURGICAL SPECIALISTS IN: EMERGENCY MEDICINE AND ORTHOPEDIC (EXCLUDING SPINAL).

**CLASS VI**

SURGICAL SPECIALISTS IN: CARDIOVASCULAR SURGERY, ORTHOPEDIC SURGERY (INCLUDING SPINAL), THORACIC SURGERY AND VASCULAR SURGERY.

**CLASS VIIA**

SURGICAL SPECIALISTS IN: ABDOMINAL SURGERY, GENERAL SURGERY AND OB/GYN.

**CLASS VIIB**

SURGICAL SPECIALISTS IN: TRAUMATIC SURGERY.

**CLASS VIII**

SURGICAL SPECIALISTS IN: NEUROLOGICAL SURGERY.

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**ARKANSAS**

**STANDARD CLAIMS MADE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS IA**

NON-SURGICAL SPECIALISTS TO INCLUDE: ALLERGY, FORENSIC MEDICINE, NUCLEAR MEDICINE AND OPHTHALMOLOGY.

**CLASS IB**

NON-SURGICAL SPECIALISTS TO INCLUDE: AEROSPACE MEDICINE, DERMATOLOGY, NUTRITION, OCCUPATIONAL MEDICINE, PHYSIATRY, PREVENTATIVE MEDICINE AND PUBLIC HEALTH.

**CLASS IC**

NON-SURGICAL SPECIALISTS TO INCLUDE: ENDOCRINOLOGY, GYNECOLOGY, PHARMACOLOGY AND PSYCHIATRY.

**CLASS ID**

NON-SURGICAL SPECIALISTS TO INCLUDE: GERIATRICS, OTORHINOLARYNGOLOGY AND PATHOLOGY.

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: DERMATOLOGY.

**CLASS IIA**

NON-SURGICAL SPECIALISTS TO INCLUDE: FAMILY/GENERAL PRACTICE, HEMATOLOGY/ONCOLOGY, NEPHROLOGY, PEDIATRICS, RHEUMATOLOGY AND SURGICAL SPECIALISTS PERFORMING NO SURGERY.

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: OPHTHALMOLOGY.

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**STANDARD CLAIMS MADE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS IIB**

NON-SURGICAL SPECIALISTS TO INCLUDE: CARDIOLOGY (INCLUDING SWAN-GANZ),  
HOSPITALISTS AND INTERNAL MEDICINE.

SURGICAL SPECIALISTS IN: OPHTHALMOLOGY.

**CLASS IIC**

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR  
OWN PATIENTS INCLUDING: ENDOCRINOLOGY AND RADIATION THERAPY.

**CLASS IIIA**

NON-SURGICAL SPECIALISTS TO INCLUDE: DIABETES, GASTROENTEROLOGY, INFECTIOUS  
DISEASE, NEUROLOGY, RADIOLOGY - DIAGNOSTIC AND URGENT CARE.

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR  
OWN PATIENTS INCLUDING: GASTROENTEROLOGY, GERIATRICS, GYNECOLOGY,  
NEONATOLOGY, NEPHROLOGY, OTORHINOLARYNGOLOGY, PATHOLOGY, PEDIATRICS, SHOCK  
THERAPY AND SURGICAL SPECIALISTS PERFORMING MINOR SURGERY - NOT OTHERWISE  
CLASSIFIED.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR  
SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR  
SURGERY (NO DELIVERIES).

SURGICAL SPECIALISTS IN: ANESTHESIOLOGY AND PAIN MANAGEMENT.

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**ARKANSAS**

**STANDARD CLAIMS MADE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS IIIB**

NON-SURGICAL SPECIALISTS TO INCLUDE: PULMONARY DISEASE.

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: CARDIOLOGY (RIGHT HEART CATHETERIZATION), HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASE, INTENSIVE CARE, INTERNAL MEDICINE, RADIOLOGY-DIAGNOSTIC, RADIOLOGY-INCL MAMMOGRAPHY AND RADIOPAQUE DYE INJECTION.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR SURGERY (INCLUDING DELIVERIES).

SURGICAL SPECIALISTS IN: UROLOGY.

**CLASS IV**

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: NEUROLOGY.

SURGICAL SPECIALISTS IN: COLON AND RECTAL, GASTROENTEROLOGY, OTORHINOLARYNGOLOGY AND PLASTIC SURGERY - NO ELECTED COSMETIC.

PHYSICIANS OTHERWISE IN CLASS IA, CLASS IB, CLASS IC, CLASS ID, CLASS IIA, CLASS IIB, CLASS IIC, CLASS IIIA OR CLASS IIIB: ACUPUNCTURE AND CARDIOLOGY (LEFT HEART CATHETERIZATION).

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**ARKANSAS**

**STANDARD CLAIMS MADE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS VA**

EMERGENCY MEDICINE WITH NO MAJOR SURGERY.

SURGICAL SPECIALISTS IN: COSMETIC SURGERY, FAMILY/GENERAL PRACTICE, GERIATRICS, GYNECOLOGY, HAND SURGERY, HEAD AND NECK SURGERY AND PLASTIC - NOT OTHERWISE CLASSIFIED.

**CLASS VB**

SURGICAL SPECIALISTS IN: EMERGENCY MEDICINE AND ORTHOPEDIC (EXCLUDING SPINAL).

**CLASS VI**

SURGICAL SPECIALISTS IN: CARDIOVASCULAR SURGERY, ORTHOPEDIC SURGERY (INCLUDING SPINAL), THORACIC SURGERY AND VASCULAR SURGERY.

**CLASS VIIA**

SURGICAL SPECIALISTS IN: ABDOMINAL SURGERY, GENERAL SURGERY AND OB/GYN.

**CLASS VIIB**

SURGICAL SPECIALISTS IN: TRAUMATIC SURGERY.

**CLASS VIII**

SURGICAL SPECIALISTS IN: NEUROLOGICAL SURGERY.

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**ARKANSAS**

**PHYSICIANS AND SURGEONS**

**OCCURRENCE RATES**

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,150	3,010	4,408	5,332	5,676
<b>1B</b>	2,574	3,604	5,277	6,384	6,795
<b>1C</b>	3,028	4,239	6,207	7,509	7,994
<b>1D</b>	3,482	4,875	7,138	8,635	9,192
<b>2A</b>	4,088	5,723	8,380	10,138	10,792
<b>2B</b>	4,391	6,147	9,002	10,890	11,592
<b>2C</b>	4,693	6,570	9,621	11,639	12,390
<b>3A</b>	4,996	7,244	11,091	14,239	15,488
<b>3B</b>	6,359	9,221	14,117	18,123	19,713
<b>4</b>	7,116	10,318	15,798	20,281	22,060
<b>5A</b>	8,478	12,293	18,821	24,162	26,282
<b>5B</b>	9,084	13,172	20,166	25,889	28,160
<b>6</b>	11,809	17,123	26,216	33,656	36,608
<b>7A</b>	13,777	19,977	30,585	39,264	42,709
<b>7B</b>	15,746	22,832	34,956	44,876	48,813
<b>8</b>	22,407	32,490	49,744	63,860	69,462

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**ARKANSAS**

PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	646	904	1,324	1,602	1,705
<b>1B</b>	773	1,082	1,585	1,917	2,041
<b>1C</b>	910	1,274	1,866	2,257	2,402
<b>1D</b>	1,046	1,464	2,144	2,594	2,761
<b>2A</b>	1,228	1,719	2,517	3,045	3,242
<b>2B</b>	1,319	1,847	2,704	3,271	3,482
<b>2C</b>	1,410	1,974	2,891	3,497	3,722
<b>3A</b>	1,501	2,176	3,332	4,278	4,653
<b>3B</b>	1,910	2,770	4,240	5,444	5,921
<b>4</b>	2,138	3,100	4,746	6,093	6,628
<b>5A</b>	2,547	3,693	5,654	7,259	7,896
<b>5B</b>	2,729	3,957	6,058	7,778	8,460
<b>6</b>	3,548	5,145	7,877	10,112	10,999
<b>7A</b>	4,139	6,002	9,189	11,796	12,831
<b>7B</b>	4,730	6,859	10,501	13,481	14,663
<b>8</b>	6,732	9,761	14,945	19,186	20,869

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PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	1,540	2,156	3,157	3,819	4,066
<b>1B</b>	1,844	2,582	3,780	4,573	4,868
<b>1C</b>	2,169	3,037	4,446	5,379	5,726
<b>1D</b>	2,495	3,493	5,115	6,188	6,587
<b>2A</b>	2,929	4,101	6,004	7,264	7,733
<b>2B</b>	3,146	4,404	6,449	7,802	8,305
<b>2C</b>	3,362	4,707	6,892	8,338	8,876
<b>3A</b>	3,579	5,190	7,945	10,200	11,095
<b>3B</b>	4,555	6,605	10,112	12,982	14,121
<b>4</b>	5,098	7,392	11,318	14,529	15,804
<b>5A</b>	6,074	8,807	13,484	17,311	18,829
<b>5B</b>	6,508	9,437	14,448	18,548	20,175
<b>6</b>	8,460	12,267	18,781	24,111	26,226
<b>7A</b>	9,870	14,312	21,911	28,130	30,597
<b>7B</b>	11,280	16,356	25,042	32,148	34,968
<b>8</b>	16,053	23,277	35,638	45,751	49,764

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PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	1,818	2,545	3,727	4,509	4,800
<b>1B</b>	2,177	3,048	4,463	5,399	5,747
<b>1C</b>	2,561	3,585	5,250	6,351	6,761
<b>1D</b>	2,945	4,123	6,037	7,304	7,775
<b>2A</b>	3,458	4,841	7,089	8,576	9,129
<b>2B</b>	3,714	5,200	7,614	9,211	9,805
<b>2C</b>	3,969	5,557	8,136	9,843	10,478
<b>3A</b>	4,225	6,126	9,380	12,041	13,098
<b>3B</b>	5,378	7,798	11,939	15,327	16,672
<b>4</b>	6,019	8,728	13,362	17,154	18,659
<b>5A</b>	7,171	10,398	15,920	20,437	22,230
<b>5B</b>	7,683	11,140	17,056	21,897	23,817
<b>6</b>	9,988	14,483	22,173	28,466	30,963
<b>7A</b>	11,653	16,897	25,870	33,211	36,124
<b>7B</b>	13,318	19,311	29,566	37,956	41,286
<b>8</b>	18,952	27,480	42,073	54,013	58,751

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**ARKANSAS**

PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	1,848	2,587	3,788	4,583	4,879
<b>1B</b>	2,212	3,097	4,535	5,486	5,840
<b>1C</b>	2,603	3,644	5,336	6,455	6,872
<b>1D</b>	2,994	4,192	6,138	7,425	7,904
<b>2A</b>	3,514	4,920	7,204	8,715	9,277
<b>2B</b>	3,775	5,285	7,739	9,362	9,966
<b>2C</b>	4,034	5,648	8,270	10,004	10,650
<b>3A</b>	4,295	6,228	9,535	12,241	13,315
<b>3B</b>	5,467	7,927	12,137	15,581	16,948
<b>4</b>	6,118	8,871	13,582	17,436	18,966
<b>5A</b>	7,288	10,568	16,179	20,771	22,593
<b>5B</b>	7,809	11,323	17,336	22,256	24,208
<b>6</b>	10,152	14,720	22,537	28,933	31,471
<b>7A</b>	11,844	17,174	26,294	33,755	36,716
<b>7B</b>	13,536	19,627	30,050	38,578	41,962
<b>8</b>	19,263	27,931	42,764	54,900	59,715

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**ARKANSAS**

**PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES**

**MATURE**

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	1,987	2,782	4,073	4,928	5,246
<b>1B</b>	2,379	3,331	4,877	5,900	6,281
<b>1C</b>	2,799	3,919	5,738	6,942	7,389
<b>1D</b>	3,219	4,507	6,599	7,983	8,498
<b>2A</b>	3,779	5,291	7,747	9,372	9,977
<b>2B</b>	4,059	5,683	8,321	10,066	10,716
<b>2C</b>	4,338	6,073	8,893	10,758	11,452
<b>3A</b>	4,618	6,696	10,252	13,161	14,316
<b>3B</b>	5,878	8,523	13,049	16,752	18,222
<b>4</b>	6,578	9,538	14,603	18,747	20,392
<b>5A</b>	7,837	11,364	17,398	22,335	24,295
<b>5B</b>	8,397	12,176	18,641	23,931	26,031
<b>6</b>	10,916	15,828	24,234	31,111	33,840
<b>7A</b>	12,735	18,466	28,272	36,295	39,479
<b>7B</b>	14,555	21,105	32,312	41,482	45,121
<b>8</b>	20,713	30,034	45,983	59,032	64,210

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**ARKANSAS**

**PHYSICIANS AND SURGEONS**

**STANDARD CLAIMS MADE PROGRAM**

**CLAIMS MADE FACTORS**

YEARS SINCE RETROACTIVE DATE	FACTOR
0	0.325
1	0.775
2	0.915
3	0.930
4 OR MORE	1.000
MATURE CLAIMS MADE TO OCCURRENCE FACTOR	0.924

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~~ARKANSAS  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE PROGRAM  
NEW TO COMPANY CREDIT~~

A NEW INSURED MAY BE ELIGIBLE FOR A NEW TO COMPANY CREDIT PURSUANT TO THE FOLLOWING GUIDELINES:

- A. NEVER INSURED WITH THE COMPANY, OR
- B. PREVIOUSLY INSURED WITH COMPANY MORE THAN 1 YEAR AGO.
- C. ELIGIBLE FOR CLAIM FREE CREDITS.

*With Max 2000*

CREDITS IN THE AMOUNT OF 5% OF FILED MANUAL RATES SHALL APPLY TO THE INSURED'S FIRST AND SECOND CONSECUTIVE YEARS OF COVERAGE.

THIS CREDIT IS NOT SUBJECT TO THE AGGREGATE CREDIT RULE AND SUBJECT TO UNDERWRITING GUIDELINES. ONLY ONE REQUEST FOR THIS TWO YEAR CREDIT PROGRAM WILL BE GRANTED TO AN ELIGIBLE INSURED DURING ANY PERIOD OF TIME INSURED BY THE COMPANY.

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**ARKANSAS**  
**PHYSICIANS AND SURGEONS**  
**OCCURRENCE PROGRAM**  
**NEW TO COMPANY CREDIT**

A NEW INSURED MAY BE ELIGIBLE FOR A NEW TO COMPANY CREDIT PURSUANT TO THE FOLLOWING GUIDELINES:

- A. NEVER INSURED WITH THE COMPANY, OR
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- C. ELIGIBLE FOR CLAIM FREE CREDITS.

CREDITS IN THE AMOUNT OF 5% OF FILED MANUAL RATES SHALL APPLY TO THE INSUREDS FIRST AND SECOND CONSECUTIVE YEARS OF COVERAGE.

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**ARKANSAS**

**PHYSICIANS AND SURGEONS**

**STANDARD CLAIMS MADE PROGRAM**

**CLAIM FREE CREDIT**

IF NO CLAIM HAS BEEN ATTRIBUTED TO AN INSURED, THE INSURED WILL BE ELIGIBLE FOR A PREMIUM CREDIT BASED ON THE FOLLOWING SCHEDULE:

1. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 3 YEARS BUT LESS THAN 5 YEARS, A 5% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
2. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 5 YEARS BUT LESS THAN 10 YEARS, A CREDIT OF 10% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.
3. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 10 YEARS OR MORE, A CREDIT OF 15% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.

A CLAIM UNDER THIS POLICY SHALL NOT, FOR THE PURPOSE OF THIS PREMIUM CREDIT PROGRAM, BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

INSUREDS CONVERTING COVERAGE TO THE MEDICAL PROTECTIVE COMPANY SHALL QUALIFY FOR CREDIT AT THE POLICY INCEPTION DATE IN ACCORDANCE WITH THE COMPANY'S GUIDELINES.

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**ARKANSAS**  
**PHYSICIANS AND SURGEONS**  
**OCCURRENCE PROGRAM**  
**CLAIM FREE CREDIT**

IF NO CLAIM HAS BEEN ATTRIBUTED TO AN INSURED, THE INSURED WILL BE ELIGIBLE FOR A PREMIUM CREDIT BASED ON THE FOLLOWING SCHEDULE:

1. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 3 YEARS BUT LESS THAN 5 YEARS, A 5% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
2. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 5 YEARS BUT LESS THAN 10 YEARS, A CREDIT OF 10% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.
3. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 10 YEARS OR MORE, A CREDIT OF 15% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.

A CLAIM UNDER THIS POLICY SHALL NOT, FOR THE PURPOSE OF THIS PREMIUM CREDIT PROGRAM, BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

INSUREDS CONVERTING COVERAGE TO THE MEDICAL PROTECTIVE COMPANY SHALL QUALIFY FOR CREDIT AT THE POLICY INCEPTION DATE IN ACCORDANCE WITH THE COMPANY'S GUIDELINES.

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**PHYSICIANS AND SURGEONS**

**STANDARD CLAIMS MADE PROGRAM**

**CLAIM FREE CREDIT**

IF NO CLAIM HAS BEEN ATTRIBUTED TO AN INSURED, THE INSURED WILL BE ELIGIBLE FOR A PREMIUM CREDIT BASED ON THE FOLLOWING SCHEDULE:

1. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 5 YEARS BUT LESS THAN 10 YEARS, A 5% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
2. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 10 YEARS BUT LESS THAN 14 YEARS, A CREDIT OF 10% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.
3. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 15 YEARS OR MORE, A CREDIT OF 15% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.

A CLAIM UNDER THIS POLICY SHALL NOT, FOR THE PURPOSE OF THIS PREMIUM CREDIT PROGRAM, BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

INSUREDS CONVERTING COVERAGE TO THE MEDICAL PROTECTIVE COMPANY SHALL QUALIFY FOR CREDIT AT THE POLICY INCEPTION DATE IN ACCORDANCE WITH THE COMPANY'S GUIDELINES.

The  
Medical Protective Company  
Fort Wayne, Indiana 46835  
*Professional Protection Exclusively Since 1899*

**ARKANSAS**

**PHYSICIANS AND SURGEONS**

**OCCURRENCE PROGRAM**

**PARTNERSHIP OR CORPORATION COVERAGE**

THE PREMIUM WILL EQUAL 10% OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS AND EMPLOYED/CONTRACTED PHYSICIANS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION. IRRESPECTIVE OF THE NUMBER OF INDIVIDUALS, THE MAXIMUM PREMIUM WILL BE BASED ON THE FIVE HIGHEST RATED CLASSIFICATIONS AND WILL BE SUBJECT TO THE CAPS IN THE FOLLOWING TABLE.

<u>LIMIT</u>	<u>CAP</u>
1000/3000 AND BELOW	\$7,700
2000/4000	\$11,800
3000/5000	\$13,300
4000/6000	\$14,400
5000/7000	\$15,300

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS OR EMPLOYED/CONTRACTED PHYSICIANS.

**CLASS IIB**

NON-SURGICAL SPECIALISTS TO INCLUDE: CARDIOLOGY (INCLUDING SWAN-GANZ), HOSPITALISTS AND INTERNAL MEDICINE.

SURGICAL SPECIALISTS IN: OPHTHALMOLOGY.

**CLASS IIC**

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: ENDOCRINOLOGY AND RADIATION THERAPY.

**CLASS IIIA**

NON-SURGICAL SPECIALISTS TO INCLUDE: DIABETES, GASTROENTEROLOGY, INFECTIOUS DISEASE, NEUROLOGY, RADIOLOGY - DIAGNOSTIC AND URGENT CARE.

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: GASTROENTEROLOGY, GERIATRICS, GYNECOLOGY, NEONATOLOGY, NEPHROLOGY, OTORHINOLARYNGOLOGY, PATHOLOGY, PEDIATRICS, SHOCK THERAPY AND SURGICAL SPECIALISTS PERFORMING MINOR SURGERY - NOT OTHERWISE CLASSIFIED.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR SURGERY (NO DELIVERIES).

SURGICAL SPECIALISTS IN: ANESTHESIOLOGY AND PAIN MANAGEMENT.

**CLASS IIIB**

NON-SURGICAL SPECIALISTS TO INCLUDE: PULMONARY DISEASE.

SPECIALTIES PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: CARDIOLOGY (RIGHT HEART CATHETERIZATION), HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASE, INTENSIVE CARE, INTERNAL MEDICINE, RADIOLOGY-DIAGNOSTIC, RADIOLOGY-INCL MAMMOGRAPHY AND RADIOPAQUE DYE INJECTION.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR SURGERY (INCLUDING DELIVERIES).

SURGICAL SPECIALISTS IN: UROLOGY.

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177  
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1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,540	2,156	3,157	3,819	4,066
1B	1,844	2,582	3,780	4,573	4,868
1C	2,169	3,037	4,446	5,379	5,726
1D	2,495	3,493	5,115	6,188	6,587
2A	2,929	4,101	6,004	7,264	7,733
2B	3,146	4,404	6,449	7,802	8,305
2C	3,362	4,707	6,892	8,338	8,876
3A	3,579	5,190	7,945	10,200	11,095
3B	4,555	6,605	10,112	12,982	14,121
4	5,098	7,392	11,318	14,529	15,804
5A	6,074	8,807	13,484	17,311	18,829
5B	6,508	9,437	14,448	18,548	20,175
6	8,460	12,267	18,781	24,111	26,226
7A	9,870	14,312	21,911	28,130	30,597
7B	11,280	16,356	25,042	32,148	34,968
8	16,053	23,277	35,638	45,751	49,764

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,818	2,545	3,727	4,509	4,800
1B	2,177	3,048	4,463	5,399	5,747
1C	2,561	3,585	5,250	6,351	6,761
1D	2,945	4,123	6,037	7,304	7,775
2A	3,458	4,841	7,089	8,576	9,129
2B	3,714	5,200	7,614	9,211	9,805
2C	3,969	5,557	8,136	9,843	10,478
3A	4,225	6,126	9,380	12,041	13,098
3B	5,378	7,798	11,939	15,327	16,672
4	6,019	8,728	13,362	17,154	18,659
5A	7,171	10,398	15,920	20,437	22,230
5B	7,683	11,140	17,056	21,897	23,817
6	9,988	14,483	22,173	28,466	30,963
7A	11,653	16,897	25,870	33,211	36,124
7B	13,318	19,311	29,566	37,956	41,286
8	18,952	27,480	42,073	54,013	58,751

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,848	2,587	3,788	4,583	4,879
1B	2,212	3,097	4,535	5,486	5,840
1C	2,603	3,644	5,336	6,455	6,872
1D	2,994	4,192	6,138	7,425	7,904
2A	3,514	4,920	7,204	8,715	9,277
2B	3,775	5,285	7,739	9,362	9,966
2C	4,034	5,648	8,270	10,004	10,650
3A	4,295	6,228	9,535	12,241	13,315
3B	5,467	7,927	12,137	15,581	16,948
4	6,118	8,871	13,582	17,436	18,966
5A	7,288	10,568	16,179	20,771	22,593
5B	7,809	11,323	17,336	22,256	24,208
6	10,152	14,720	22,537	28,933	31,471
7A	11,844	17,174	26,294	33,755	36,716
7B	13,536	19,627	30,050	38,578	41,962
8	19,263	27,931	42,764	54,900	59,715

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Class	100/300	200/600	500/1000	1000/1000	1000/3000
1A	1,987	2,782	4,073	4,928	5,246
1B	2,379	3,331	4,877	5,900	6,281
1C	2,799	3,919	5,738	6,942	7,389
1D	3,219	4,507	6,599	7,983	8,498
2A	3,779	5,291	7,747	9,372	9,977
2B	4,059	5,683	8,321	10,066	10,716
2C	4,338	6,073	8,893	10,758	11,452
3A	4,618	6,696	10,252	13,161	14,316
3B	5,878	8,523	13,049	16,752	18,222
4	6,578	9,538	14,603	18,747	20,392
5A	7,837	11,364	17,398	22,335	24,295
5B	8,397	12,176	18,641	23,931	26,031
6	10,916	15,828	24,234	31,111	33,840
7A	12,735	18,466	28,272	36,295	39,479
7B	14,555	21,105	32,312	41,482	45,121
8	20,713	30,034	45,983	59,032	64,210

4. Increased Limit Factors

LIMIT	CLASSES 1A-2B	CLASSES 3A-7	CLASS 8
100/300	1.000	1.000	1.000
200/600	1.400	1.450	1.450
500/1000	2.050	2.220	2.220
1000/1000	2.480	2.850	2.850
1000/3000	2.640	3.100	3.100

5. Excess Limit Factors

LIMIT	CLASSES 1A-2B	CLASSES 3A-7	CLASS 8
1M/1M xs 1M/3M	1.21	1.22	1.22
2M/2M xs 1M/3M	1.33	1.34	1.34
3M/3M xs 1M/3M	1.40	1.42	1.42
4M/4M xs 1M/3M	1.45	1.48	1.48
5M/5M xs 1M/3M	1.50	1.54	1.54
6M/6M xs 1M/3M	1.53	1.58	1.58
7M/7M xs 1M/3M	1.56	1.62	1.62
8M/8M xs 1M/3M	1.58	1.65	1.65
9M/9M xs 1M/3M	1.61	1.67	1.67

Note: For aggregate limits not listed above, refer to company.

6. Extended Reporting Period Coverage Factors

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
1	0.940
2	1.400
3	1.550
4	1.750
5 OR MORE	1.950

7. Shared Limits Modification

Modification
Up to 25%

C. **Policy Writing Minimum Premium**  
(Occurrence & Standard Claims Made Programs)

Physician & Surgeons	\$250
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D. **Premium Modifications**

1. **Part Time Physicians & Surgeons**  
(Occurrence & Standard Claims Made Programs)

Hours Practicing Per Week	Credit	Max Agg Hours Per Year
0-10	50%	515
11-20	30%	1050

\*The part-time credit is not applied to the Extended Reporting Period Coverage rating unless the part time practice did not exceed an average of 1050 hours/year over the previous five consecutive policy years with the company.

2. **Physicians in Training**

a. Training Activities

**NOT AVAILABLE**

b. Moonlighting Activities

**NOT AVAILABLE**

3. **Locum Tenens**  
(Occurrence & Standard Claims Made Programs)

**AVAILABLE**

4. **Temporary Staffing Agency Rating**  
(Occurrence & Standard Claims Made Programs)

<b>Formula</b>
(Applicable Manual Rate / 3120) * 1.60

5. **New Physicians & Surgeons**  
(Occurrence & Standard Claims Made Programs)

<b>Years New to Practice</b>	<b>Credit</b>
1 <sup>st</sup>	50%
2 <sup>nd</sup>	30%

6. **Physician Teaching Specialists**

a. Training Activities

NOT AVAILABLE

b. Teaching Specialists

NOT AVAILABLE

7. **Physicians Leave of Absence**

<b>Program</b>	<b>Credit</b>
Occurrence	100%
Standard Claims Made	100%

8. **Physicians Military Leave of Absence Credit**

<b>Program</b>	<b>Credit</b>
Occurrence	100%
Standard Claims Made	100%

9. **Schedule Rating**  
(Occurrence & Standard Claims Made Programs)

<b>Consideration(s)</b>	<b>Description</b>
1. Historical Loss Experience	The frequency or severity of claims for the insured(s) is greater/less than the expected experience for an insured(s) of the same classification/size or recognition of unusual circumstances of claims in the loss experience.
2. Cumulative Years of Patient Experience.	The insured(s) demonstrates a stable, longstanding practice and/or significant degree of experience in their current area of medicine.
3. Classification Anomalies.	Characteristics of a particular insured that differentiate the insured from other members of the same class, or recognition of recent developments within a classification or jurisdiction that are anticipated to impact future loss experience.
4. Claim Anomalies	Economic, societal or jurisdictional changes or trends that will influence the frequency or severity of claims, or the unusual circumstances of a claim(s) which understate/overstate the severity of the claim(s).
5. Management Control Procedures.	Specific operational activities undertaken by the insured to reduce the frequency and/or severity of claims.
6. Number / Type of Patient Exposures.	Size and/or demographics of the patient population which influences the frequency and/or severity of claims.
7. Organizational Size / Structure.	The organization's size and processes are such that economies of scale are achieved while servicing the insured.
8. Healthcare Standards, Quality & Claim Review.	Presence of (1) committees that meet on a routine basis to review medical procedures, treatments, and protocols and then assist in the integration of such into the practice, (2) Committees that meet to assure the quality of the health care services being rendered and/or (3) Committees to provide consistent review of claims/incidents that have occurred and to develop corrective action.
9. Other Risk Management Practices and Procedures.	Additional activities undertaken with the specific intention of reducing the frequency or severity of claims.
10. Training, Accreditation & Credentialing.	The insured(s) exhibits greater/less than normal participation and support of such activities.
11. Record – Keeping Practices.	Degree to which insured incorporates methods to maintain quality patient records, referrals, and test results.
12. Utilization of Monitoring Equipment, Diagnostic Tests or Procedures.	Demonstrating the willingness to expend the time and capital to incorporate the latest advances in medical treatments and equipment into the practice, or failure to meet accepted standards of care.
<b>Maximum Modification</b> <b>- 50% / + 50%</b>	

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

10. **Risk Management**  
(Occurrence, & Standard Claims Made Programs)

Year	Credit	Addtl Credit - if EMR
1	5%	2.5%
2	5%	2.5%
3	5%	2.5%

11. **Claim Free Credits**  
(Occurrence & Standard Claims Made Programs)

Years Claim Free	Credit
3 but less than 5	5%
5 but less than 10	10%
10 or more	15%

12. **Deductible Credits**  
(Occurrence & Standard Claims Made Programs)

**PREMIUM CREDIT FOR LOSS ONLY DEDUCTIBLE**

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	7%	6%	5%	3%	2%
100	17%	15%	13%	10%	8%
200		30%	26%	21%	17%
250			32%	26%	21%
500				43%	36%

**PREMIUM CREDIT FOR LOSS AND ALE DEDUCTIBLE**

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	16%	14%	12%	9%	6%
100	29%	26%	22%	17%	14%
200		44%	39%	31%	25%
250			45%	36%	30%
500				57%	46%

The Deductible Credits are applicable to the primary limit premium, net of all other applicable credits and subject to a maximum dollar credit of 85% of the aggregate limit.

For Deductible and Limit combinations not listed, credits will be interpolated or extrapolated from the above ranges.

13. **Self-Insured Retention Credits**

NOT AVAILABLE

14. **Experience Rating**

NOT AVAILABLE

15. **Non-Discretionary Debit Rating Plan**  
 (Occurrence & Standard Claims Made Programs)

Schedule A:

Claim Threshold	Points
Pending claim	1
Loss payment of \$0 to \$49,999	1
Loss payment of \$50,000 to \$99,999	2
Loss payment of \$100,000 to \$249,999	4
Loss payment of \$250,000 to \$499,999	6
Loss payment of \$500,000 or more	8

Schedule B:

Total Points	Table A	Table B
0	0%	0%
1	0%	0%
2	0%	0%
3	10%	0%
4	25%	10%
5	25%	25%
6	35%	35%
7	35%	35%
8	50%	50%
9	100%	100%
10+	200%	200%

For the purposes of schedule B, table B shall apply to all insureds practicing under the following ISO codes: 80106, 80143-80146, 80150-80156, 80158-80160, 80166-80171, 80176, 80273, 84106, 84143-84146, 84150-84156, 84158-84160, 84166-84171, 84176 and 84273. Table A, in Schedule B, shall apply to Insureds practicing under any other ISO Code.

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16. **Group & Large Group Rating**  
(Occurrence & Standard Claims Made Programs)

AVAILABLE

17. **Convertible Coverage Rating Plan**

NOT AVAILABLE

18. **Enhanced Claims Made Rating**

NOT AVAILABLE

19. **Slot Rating**  
(Standard Claims Made Programs)

AVAILABLE

20. **Full-Time Equivalency Rating**  
(Occurrence & Standard Claims Made Programs)

AVAILABLE

21. **Accelerated Extension Contract Rating**  
(Standard Claims Made Programs)

AVAILABLE

22. **OPV Rating**  
(Occurrence & Standard Claims Made Programs)

AVAILABLE

23. **Renewal Rate Rule**  
(Occurrence & Standard Claims Made Programs)

AVAILABLE

24. **Deferred Premium Payment Plan**  
(Occurrence & Standard Claims Made Programs)

The Company will, subject to applicable guidelines, offer the insured various premium payment options. The deferred premium payment plan requires a minimum of 25% of the total premium to be paid on or before the inception/renewal date of the policy. The balance of the premium will be payable in periodic installments. Other fees may apply.

25. **Membership Credit**  
(Occurrence & Standard Claims Made Programs)

<b>Credit</b>
5%

26. **Aggregate Credit Rule**  
(Occurrence & Standard Claims Made Programs)

<b>Max Available Credit</b>
50%

27. **Individual Risk Filings**  
(Occurrence & Standard Claims Made Programs)

Individual risk Filings must be made for each risk that is (A) rated in Arkansas.

28. **New to Company Rating**  
(Occurrence & Standard Claims Made Programs)

A new insured may be eligible for a New to Company Credit pursuant to the following guidelines:

- a. Never insured with the Company, or
- b. Previously insured with Company more than 1 year ago.
- c. Eligible for Claim Free Credits.

Credits in the amount of 5% of filed manual rates shall apply to the insureds first and second consecutive years of coverage.

This credit is not subject to the aggregate credit rule and subject to underwriting guidelines. Only one request for this two year credit program will be granted to an eligible insured during any period of time insured by the Company.