

SERFF Tracking Number: ARKS-125411752 State: Arkansas
Filing Company: 00006 - INSURANCE SERVICES OFFICE, INC. State Tracking Number: #104677 \$250
Company Tracking Number: PR 2007-BPSLC
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations
Made/Occurrence
Product Name: Medical Malpractice
Project Name/Number: /

Filing at a Glance

Company: 00006 - INSURANCE SERVICES OFFICE, INC.

Product Name: Medical Malpractice SERFF Tr Num: ARKS-125411752 State: Arkansas
TOI: 11.0 Medical Malpractice - Claims SERFF Status: Closed State Tr Num: #104677 \$250
Made/Occurrence
Sub-TOI: 11.0000 Med Mal Sub-TOI Co Tr Num: PR 2007-BPSLC State Status: Fees verified and received
Combinations
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Disposition Date: 01/02/2008
Date Submitted: 01/02/2008 Disposition Status: Filed
Effective Date Requested (New): Effective Date (New):
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
State Status Changed: 01/29/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Company and Contact

Filing Contact Information

NA NA, NA@NA.com

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

Filing Company Information

00006 - INSURANCE SERVICES OFFICE, CoCode: 6 State of Domicile: Arkansas
INC.
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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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 01/02/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		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-125411752		Yes

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Made/Occurrence
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Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125411752

01/04/2008

Comments:

Attachment:

ARKS-125411752.pdf

ER



2828 EAST TRINITY MILLS ROAD SUITE 150 CARROLLTON, TX 75006

TEL: (214) 390-1825 FAX: (214) 390-1975

December 27, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

CR# 104677

\$ 250.00

ARHS-125411752

RECEIVED

JAN 02 2008

Attention: William R. Lacy, Director
Property and Casualty Division

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

RE: Insurance Services Office, Inc.
PR 2007-BPSLC
Professional Liability
Revision of Basic Limit Loss Costs for Physicians and Surgeons
REFERENCE FILING
State of Arkansas

new loss cost filing for
introductory class: osteopathy
only

Dear Mr. Lacy:

closed

We hereby file the enclosed advisory reference document.

We propose this revision become effective in accordance with the following rule of application:

These changes are applicable to all policies written on or after September 1, 2008.

In accordance with your loss cost procedures, this effective date applies only to those insurers who have filed their Professional Liability loss cost multipliers to be automatically applicable to future ISO loss cost revisions. Any other ISO participating insurer may adopt ISO loss costs by filing its loss cost multipliers and selecting an effective date.

Please return an acknowledged copy of this cover letter for our records. An addressed, stamped envelope is enclosed for your convenience. We have also included an additional copy of this letter and envelope; we request that you return it now with a "received" stamp to confirm that you have received the filing.

Very truly yours,

Donald J. Beckel

Donald J. Beckel, CPCU, ARM
Assistant Regional Manager

FILED

Jan 02 2008

DJB:db
Encl.

PROPERTY AND CASUALTY
ARKANSAS INSURANCE DEPT.

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing: **JAN 02 2008**

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

RECEIVED

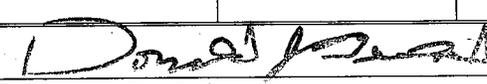
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

3. Group Name _____ **Group NAIC #** _____

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Insurance Services Office, Inc.	DE		13-3131412	

5. Company Tracking Number PR-2007-BPSLC

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

6. Name and address	Title	Telephone #s	FAX #	e-mail
Donald J. Beckel Insurance Services Office, Inc. 2828 E. Trinity Mills Rd., Ste. 150 Carrollton, TX 75006	Asst. Regional Manager	(214) 390-1825 Ext. 224	(214) 390-1975	DBECKEL@iso.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Donald J. Beckel		

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

9. Type of Insurance (TOI)	11.0 Med Mal - Claims Made and Occurrence
10. Sub-Type of Insurance (Sub-TOI)	11.0000
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Medical Professional Liability
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 9/1/2008 Renewal: 9/1/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	Not Applicable
17. Reference Organization # & Title	Not Applicable
18. Company's Date of Filing	12/27/07
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

RATE/RULE FILING SCHEDULE

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

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

1.	This filing transmittal is part of Company Tracking #	PR-2007-BPSLC
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

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

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

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

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

6.	Overall percentage of last rate revision	+12.7%
7.	Effective Date of last rate revision	4/1/2007
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	LC-2	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

ARKANSAS
EXECUTIVE SUMMARY
PR-2007-BPSLC
MEDICAL PROFESSIONAL LIABILITY LOSS COSTS
INTRODUCTION OF DOCTOR OF OSTEOPATHY CLASSES

PURPOSE	This document introduces advisory prospective loss costs for the new doctor of osteopathy classes introduced in rules filing PR-2007-ORU07.
DEFINITION OF THE ISO ADVISORY PROSPECTIVE LOSS COST	Advisory prospective loss costs are that portion of a rate that does not include provisions for expenses (other than loss adjustment expenses) or profit, and are based on historical aggregate losses and loss adjustment expenses adjusted through development to their ultimate value and projected through trending to a future point in time.
SOURCE OF ADVISORY PROSPECTIVE LOSS COSTS	For cases in which there are currently a doctor of osteopathy (D.O.) class and a corresponding medical doctor (M.D.) class for the same medical specialty in Division Seven of the Commercial Lines Manual, the D.O. and M.D. classes are assigned the same loss cost. Similarly, the proposed loss cost for each of the new D.O. classes is the proposed loss cost from Section A of filing PR-2007-BPROF for the corresponding existing M.D. class.
RELATED FILINGS	The loss costs in this filing assume the implementation of rules filing PR-2007-ORU07 and loss cost filing PR-2007-BPROF.
COMPANY DECISION	<p>We encourage each insurer to decide independently whether the judgments made and the procedures or data used by ISO in developing the loss costs contained herein are appropriate for its use. We have included within this document the information upon which ISO relied in order to enable companies to make such independent judgments.</p> <p>Some calculations included in this document involve areas of ISO staff judgment. Each company should carefully review and evaluate its own experience in order to determine whether the ISO advisory loss costs are appropriate for its use.</p> <p>This material has been developed exclusively by the staff of Insurance Services Office, Inc.</p>
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**ARKANSAS
COMMERCIAL LINES MANUAL
DIVISION SEVEN - PROFESSIONAL LIABILITY
PHYSICIANS AND SURGEONS**

<u>D.O. CLASS CODE</u>	<u>USE LOSS COST FOR M.D. CLASS</u>	<u>\$500K PROPOSED LOSS COST</u>	<u>D.O. CLASS CODE</u>	<u>USE LOSS COST FOR M.D. CLASS</u>	<u>\$500K PROPOSED LOSS COST</u>
84101	80101	\$13,327.00	84250	80250	\$3,131.00
84103	80103	13,327.00	84258	80258	3,913.00
84104	80104	15,991.00	84259	80259	3,913.00
84105	80105	13,327.00	84260	80260	3,913.00
84106	80106	13,327.00	84264	80264	3,913.00
84107	80107	13,327.00	84270	80270	5,218.00
84108	80108	13,327.00	84271	80271	6,522.00
84114	80114	7,996.00	84279	80279	9,131.00
84115	80115	13,327.00	84285	80285	5,218.00
84117	80117	15,991.00	84286	80286	6,522.00
84141	80141	23,987.00	84287	80287	6,522.00
84146	80146	23,987.00	84290	80290	5,218.00
84166	80166	23,987.00	84294	80294	5,218.00
84168	80168	26,652.00	84321	80321	2,936.00
84169	80169	21,321.00	84322	80322	4,892.00
84170	80170	21,321.00	84323	80323	9,995.00
84171	80171	21,321.00	84324	80324	9,995.00
84232	80232	3,131.00	84325	80325	13,992.00
84234	80234	3,913.00	84326	80326	15,991.00
84237	80237	3,913.00	84327	80327	17,989.00
84240	80240	3,131.00	84858	80158	13,327.00
84246	80246	5,218.00	84859	80159	13,327.00
84247	80247	3,913.00	84860	80160	13,327.00
84248	80248	3,913.00			