

SERFF Tracking Number: ARKS-125636584 State: Arkansas
Filing Company: 32557 - AMERICAN PHYSICIANS INS EXCHANGE State Tracking Number: #133502 \$100
Company Tracking Number: 2008-02-AR
TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1023 Physicians & Surgeons
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: 32557 - AMERICAN PHYSICIANS INS EXCHANGE

Product Name: n/a SERFF Tr Num: ARKS-125636584 State: Arkansas
TOI: 11.1 Medical Malpractice - Claims Made Only SERFF Status: Closed State Tr Num: #133502 \$100

Sub-TOI: 11.1023 Physicians & Surgeons Co Tr Num: 2008-02-AR State Status: Fees verified and received

Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Disposition Date: 05/16/2008

Date Submitted: 05/06/2008 Disposition Status: Filed

Effective Date Requested (New): Effective Date (New):

Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

rate filing

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: 05/16/2008

State Status Changed: 05/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Company and Contact

Filing Contact Information

SERFF Tracking Number: ARKS-125636584 State: Arkansas
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EXCHANGE
Company Tracking Number: 2008-02-AR
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Product Name: n/a
Project Name/Number: /

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

Filing Company Information

32557 - AMERICAN PHYSICIANS INS CoCode: 32557 State of Domicile: Arkansas
EXCHANGE
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

SERFF Tracking Number: ARKS-125636584 State: Arkansas
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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	05/16/2008	05/16/2008

SERFF Tracking Number: ARKS-125636584 State: Arkansas
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Disposition

Disposition Date: 05/16/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125636584 State: Arkansas
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 EXCHANGE
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 Product Name: n/a
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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 Document for OTHER than Workers' Comp		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	Form PROMAL		Yes
Supporting Document	Form PRONOT		Yes
Supporting Document	ARKS-125636584		Yes

SERFF Tracking Number: ARKS-125636584 State: Arkansas
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Product Name: n/a
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125636584 State: Arkansas
Filing Company: 32557 - AMERICAN PHYSICIANS INS State Tracking Number: #133502 \$100
EXCHANGE
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TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1023 Physicians & Surgeons
Product Name: n/a
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125636584

05/16/2008

Comments:

Attachment:

ARKS-125636584.pdf

ER



American Physicians Insurance Company

133502
100.00

Federal Express Delivery

May 5, 2008

ARKS-125636584

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

FILED

May 06 2008

**PROPERTY AND CASUALTY
ARKANSAS INSURANCE DEPT.**

Attn: Edith Roberts, Senior Rate and Form Analyst

Re: Rate Filing – Physicians and Dentists Medical Professional Liability
Company – American Physicians Insurance Company, NAIC #32557
Company Filing No. 2008-02 AR

Dear Ms. Roberts:

We hereby respectfully submit this Physicians and Dentists Medical Professional Liability rate filing representing an overall base rate increase of 13.13% at limits of \$1,000,000/\$3,000,000 with a requested effective date of July 5, 2008.

Enclosed is a copy of our consulting actuaries' report regarding rate indications for the state of Arkansas.

Please also find enclosed form PC RLC, form PC TD-1, a check in the amount of \$100. for the filing fee and revised tables for claims-made rates and increased limit factors.

Your acknowledgement of this filing by stamping and returning a copy of this letter in the enclosed postage-paid return envelope will be greatly appreciated. If you have any questions, please do not hesitate to call.

Sincerely,

Judy Shepperd
Compliance Officer

RECEIVED

MAY 06 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business	RECEIVED
Renewal Business	

f. State Filing #: **MAY 06 2008**

g. SERFF Filing #:

h. Subject Codes

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

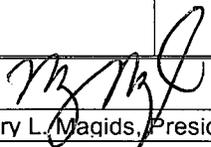
3. Group Name	Group NAIC #
	0000

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Physicians Insurance Company	Texas	32557	75-1517531	Texas

5. Company Tracking Number	2008-02 AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Judy Shepperd 1301 S. Capital of Texas Highway, Suite C300 Austin, Texas 78746	Compliance Officer	512-314-4398; 1-800-252-3628 ext 4396	512-314-4398	jshepperd@api-c.com

7. Signature of authorized filer 

8. Please print name of authorized filer: Maury L. Magids, President

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

9. Type of Insurance (TOI)	11.1 Med Mal-Claims Made Only
10. Sub-Type of Insurance (Sub-TOI)	11.1023 Physicians & Surgeons
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Physicians and Surgeons
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 (give description)
14. Effective Date(s) Requested	New: 7-5-2008 Renewal: 10-1-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	5-5-2008
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 # 2008-02 AR

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

American Physicians Insurance Company (API) submits new rates for its Physicians and Dentists medical malpractice program in Arkansas. The proposed change is a 13.13% overall increase.

[View Complete Filing Description](#)

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 #: 133502

Amount: 100.00

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

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

PC TD-1 pg 2 of 2

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 #	2008-02 AR
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	2008-01 AR
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)
-----------	--

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)
American Physicians	13.13%	13.13%	77,892	110	593,249		
Insurance Company							

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

6.	Overall percentage of last rate revision	37%
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7.	Effective Date of last rate revision	12-1-2001
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	General Rules and Classifications Filing Submitted Separately; Tracking # 2008-03 AR	<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	

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # 2008-02 AR

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. American Physicians Insurance Company Company Name
 B. 32557 Company NAIC Number

4. A. Professional Liability – Med Mal – Claims Made Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
 B. N/A

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 & Dentists Med Mal	13.13%	13.13%	N/A	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT							

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
2001	104	37%	12-1-01	631	2,906	460.5%	104.8%
2002	99			703	(301)	(42.8%)	102.4%
2003	94			723	(521)	(72.1%)	105.5%
2004	85			744	1,501	201.7%	35%
2005	91			697	1,176	168.7%	44.5%
2006	90			643	1,636	254.4%	71.3%
2007	82			716	547	76.4%	66.5%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	12.3
B. General Expense	14.0
C. Taxes, License & Fees	2.7
D. Underwriting Profit & Contingencies	-
E. Other (explain)	-
F. TOTAL	29.0

8. N Apply Lost Cost Factors to Future filings? (Y or N)

9. 33.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A
32.0% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): N/A

10. PC RLC U:\LossCostDraft\DataEntry.doc

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

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

NAIC Number:	32557
Company Name:	American Physicians Insurance Company
Contact Person:	Judy Shepperd
Telephone No.:	512-314-4396; 1-800-252-3628 ext 4396
Email Address:	jshepperd@api-c.com
Effective Date:	7-5-08 New; 10-1-08 Renewal

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

Base Rate At 500,000/1,000,000	Physicians		
	Hospital	Clinic	Private
	\$ 8804	\$ 8804	\$ 8804
Discounts and Surcharges			
Emergency Room			
Surgery			
Delivery			
Claims Free	25%	25%	25%
Over 5 years Experience			
Other:	Schedule Rating 5 to 50%	5 to 50%	5 to 50%

Base Rate At 100,000/300,000	Dental		
	Dentist	Orthodontist	Oral Surgeons
	\$ 1149	\$ 2441	\$ 6794
Discounts and Surcharges			
Claims Free	25%	25%	25%
5 years Experience			
Surgery			
Other:	Schedule Rating 5 to 50%	5 to 50%	5 to 50%

AMERICAN PHYSICIANS INSURANCE COMPANY

**ARKANSAS PHYSICIANS PROFESSIONAL LIABILITY
ACTUARIAL ANALYSIS OF PROPOSED RATE LEVELS
EFFECTIVE APRIL 1, 2008**

This memorandum has been prepared in support of American Physicians Insurance Company's (APIC) proposed base rate change for Arkansas physicians professional liability (PPL) coverage effective April 1, 2008.

Due to the lack of sufficient historical APIC-specific premium and claims experience in Arkansas, we have reviewed the Arkansas PPL rate filing of First Professionals Insurance Company (FPIC) effective March 1, 2003 in order to evaluate APIC's rate level requirements for providing PPL coverage in Arkansas. FPIC is one of the larger providers of PPL coverage in Arkansas and hence, APIC believes the FPIC rate filing provides a representative source for estimating expected PPL claim costs in Arkansas.

The key assumptions underlying APIC's proposed rates are summarized below:

- 1) APIC has assumed that the estimated expected loss and allocated loss adjustment expense (ALAE) for an Arkansas base schedule physician reflected in the FPIC manual rates, assumed to be effective March 1, 2003, are representative of the claims experience APIC expects to incur on its Arkansas book of business. See Exhibits 1 and 2 for details of the expected loss and ALAE pure premium derivation;
- 2) Based on an American Medical Association (AMA) distribution of physicians by schedule in Arkansas, we estimated overall weighted average relativities for APIC's and FPIC's schedule plans. Our analysis shows that, on an overall basis, FPIC's pure premium should be increased by 10.0% to offset the lesser premium income to APIC due to schedule plan differences. Exhibit 3 summarizes the details of this calculation;

- 3) We have assumed that APIC's unallocated loss adjustment expense (ULAE) provision is included in its underwriting expense ratio shown below;
- 4) APIC's proposed claims-made rate structure includes an explicit provision to fund the anticipated waiver of the reporting endorsement in the event of death, disability or retirement (DDR). Specifically, APIC's proposed claims-made rates include a provision equivalent to 2.4% of loss and ALAE to fund this exposure;
- 5) APIC's proposed claims-made rates include a provision to fund the cost of obtaining reinsurance. Specifically, APIC's proposed claims-made rates include a provision equivalent to 3.9% of loss and ALAE to fund this cost;
- 6) Our proposed base rates utilize a target combined ratio of 109.2%, broken down as follows:

PROVISION	RATIO
Loss & ALAE Ratio	80.2%
Underwriting Expenses (Incl. ULAE)	29.0%
Target Combined Ratio	109.2%

Based on a review of competitor's deductible credits in Arkansas and various other states, APIC proposes to offer the following loss and ALAE deductible credits to be applied to APIC's rates at \$1 million / \$3 million limits.

PER CLAIM DEDUCTIBLE	CREDIT FOR LOSS & ALAE
\$25,000	12.0%
\$50,000	19.5%
\$100,000	27.5%

Based on these assumptions, Exhibit 4 derives our indication of APIC's manual base rate.

Act 649, The Civil Justice Reform Act of 2003

According to Bulletin No. 2-2003, issued by the Arkansas Insurance Department:

Every licensed insurer submitting a rate filing for any professional liability shall do the following:

1. Provide an analysis, based on actuarial principles and standards of practice, of the impact of the Act;
2. Implement any reduction to its rates consistent with that analysis; and
3. Explain the Act's impact on underwriting, such as whether any existing restrictions will be liberalized.

The Act affects punitive damages, joint and severe liability, and implements other aspects of civil justice reform.

Since the FPIC filing we relied upon for the base rates was effective prior to the Act and Bulletin, we believe it is not included in the analysis. However, we also reviewed a State Volunteer Mutual Insurance Company (SVMIC) rate filing effective May 15, 2007. Included in the filing is the following statement:

"Based on the current circumstances and current available data, the impact of this Act is not quantifiable at this time. However, SVMIC has judgmentally considered the potential impact of the Act in interpreting recent changes in frequency and severity, and in projecting the cost for the future year. SVMIC will continue to monitor the impact as new information becomes available."

We compared FPIC and SVMIC's loss costs, and SVMIC's was marginally higher than FPIC's. Therefore, we believe that we have followed the instructions of Bulletin No. 2-2003 in this filing.



Respectfully submitted,



Peter G. Wick, FCAS, MAAA
Principal and Consulting Actuary



Carl X. Ashenbrenner, FCAS, MAAA.
Principal and Consulting Actuary

PGW/CXA/vld

May 2, 2008

J:\CLIENT\PIE\2008\May.08\Filing Memo-AR PPL-4-1-08.DOC

AMERICAN PHYSICIANS INSURANCE COMPANY
Arkansas Physicians and Surgeons Professional Liability
Derivation of FPIC Mature Claims-Made Loss & ALAE Pure Premium

(1) First Professionals Insurance Company (FPIC) Filed \$1,000,000 / \$3,000,000 Limits, Mature Claims-Made, Family Practice - No Surgery Manual Rate (Effective March 1, 2003)	6,936
(2) FPIC Indicated Rate Change	24.6%
(3) FPIC Filed Rate Change	20.0%
(4) FPIC Indicated \$1,000,000 / \$3,000,000 Limits, Mature Claims-Made, Family Practice - No Surgery Manual Rate (Effective March 1, 2003); (1) * [1 + (2)] / [1 + (3)]	7,202
(5) FPIC Overall Average Credit	10.0%
(6) FPIC Proposed \$1,000,000 / \$3,000,000 Limits, Mature Claims-Made, Family Practice - No Surgery Collected Rate (Effective March 1, 2003); (4) x [1 - (5)]	6,482
(7) FPIC Target Loss and LAE Ratio (Including DDR)	78.6%
(8) FPIC ULAE Load at \$1,000,000 / \$3,000,000 Limits	0.0%
(9) FPIC DDR Load at \$1,000,000 / \$3,000,000 Limits	5.0%
(10) FPIC Target Loss and ALAE Ratio (Excluding DDR); (7) / [1 + (8)] / [1 + (9)]	74.9%
(11) FPIC Proposed Undiscounted Loss and ALAE, \$1,000,000 / \$3,000,000 Limits, Mature Claims-Made, Family Practice - No Surgery Pure Premium, Excluding DDR (Effective March 1, 2003); (6) x (10)	4,852
(12) Trend Factor from FPIC's Assumed Effective Date of March 1, 2007 to April 1, 2008 Effective Date at 5.0% Annual Trend	1.054
(13) Trended to April 1, 2008 FPIC, Proposed Undiscounted Loss & ALAE, \$1,000,000 / \$3,000,000 Limits, Mature Claims-Made Family Practice - No Surgery Pure Premium, Excluding DDR; (11) x (12)	5,114

¹ According to the October 2007 Medical Liability Monitor, FPIC's rates effective March 1, 2003 were still in effect in 2007

AMERICAN PHYSICIANS INSURANCE COMPANY
Arkansas Physicians and Surgeons Professional Liability
Selection of APIC Mature Claims-Made Loss & LAE Pure Premium

(1) Trended to April 1, 2008 FPIC, Proposed Undiscounted Loss & ALAE, \$1,000,000 / \$3,000,000 Limits, Mature Claims-Made Family Practice - No Surgery Pure Premium, Excluding DDR	5,114
(2) FPIC Pure Premium Adjustment to reflect difference in Schedule Plan	1,100
(3) Indicated (from FPIC) APIC Undiscounted Loss & ALAE, \$1,000,000 / \$3,000,000 Limits, Mature Claims-Made, Family Practice - No Surgery Pure Premium (Excluding DDR); (1) x (2)	5,626
(4) APIC DDR Load	2.4%
(5) APIC Reinsurance Load	3.9%
(6) APIC Undiscounted Loss & ALAE, \$1,000,000 / \$3,000,000 Limits, Mature Claims-Made, Family Practice - No Surgery Pure Premium (Including DDR); (3) x [1+(4)] x [1+(5)]	5,981

**AMERICAN PHYSICIANS INSURANCE COMPANY
Arkansas Physicians and Surgeons Professional Liability
Derivation of Schedule Plan Offset**

APIC Proposed Schedule	AMA Distribution of Physician Population	APIC Proposed Relativity	Average FPIC Relativity
1	59.0%	1.000	0.974
1A	1.7%	1.100	2.350
2	11.4%	1.793	1.940
3	0.5%	2.137	2.700
5	8.9%	2.653	2.981
5A	1.3%	3.184	3.000
6	1.3%	2.250	2.731
9	4.4%	3.283	4.550
10	0.8%	5.978	6.600
17	1.7%	1.390	1.800
36	0.1%	1.087	1.800
37	5.5%	1.413	1.435
41	3.3%	3.537	4.250
42	0.2%	2.597	3.000
Total	100.0%	1.545	1.699

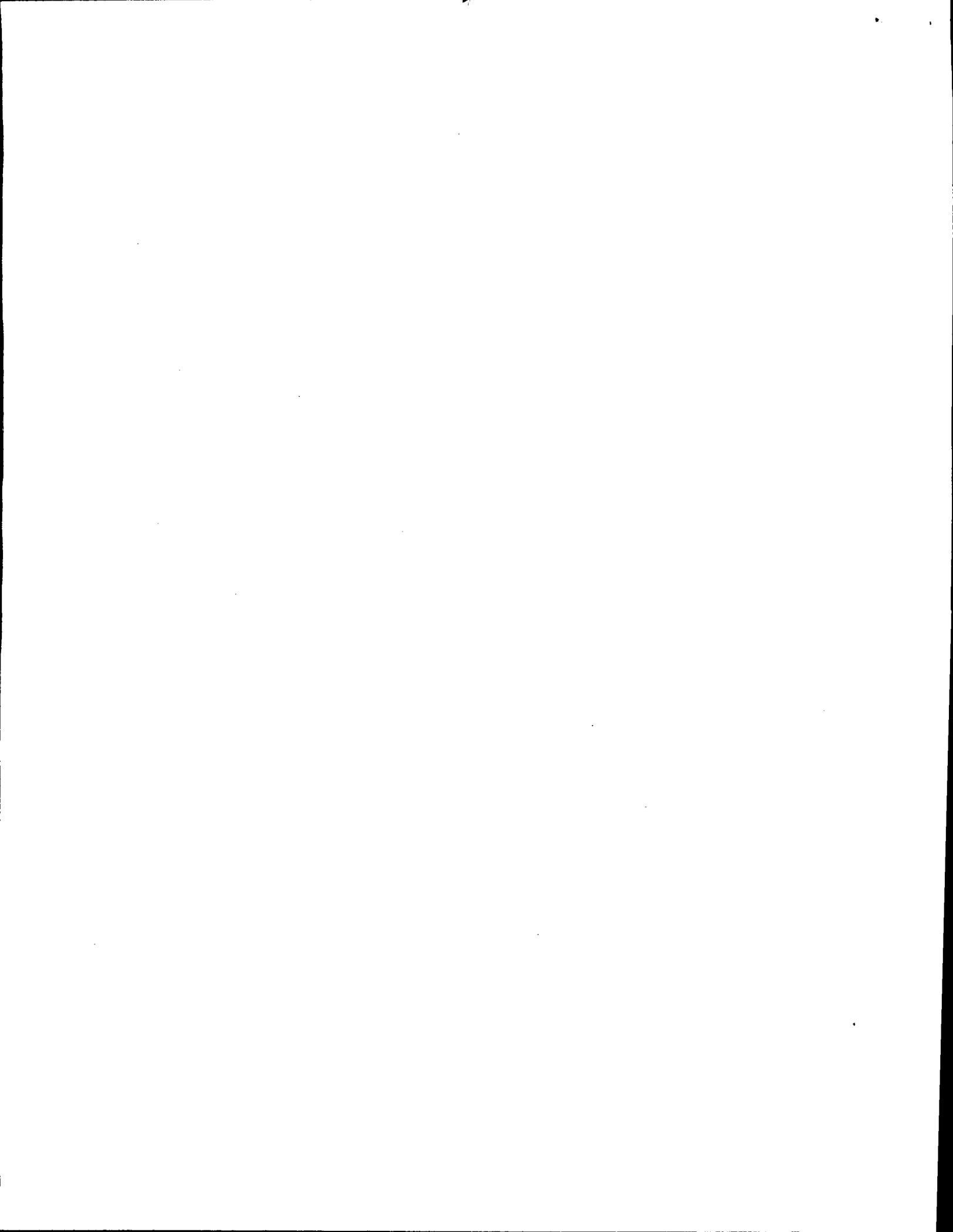
Class Plan Offset (For FPIC Proposed Relativities) = 1.699 / 1.545 = 1.100.

14:16:15 05-05-08

American Physicians Insurance Company
Austin, Texas
Proposed Limit Relativities - State of Arkansas

LIMITS....	LIMITS \$1,000 EACH/AGG/DED/TYP.	LIMIT FACTOR
Ar06	100/300	1.0000
Ar08	200/600	1.4490
Ar20	500/1000	2.0475
Ar40	1000/1000	2.3900
Ar50	1000/3000	2.5500
Ar2N	2000/4000	3.0090
ArCM	3000/5000	3.3150

7 records listed



AMERICAN PHYSICIANS INSURANCE COMPANY
Austin, Texas

Proposed Claims-Made Rates

Basic Limits \$1,000,000 / \$3,000,000
RPC Calculated at 150%

State of Arkansas
New Business Effective: July 05, 2008
Renewals Effective....: July 05, 2008

Rating Territory 0

SCHEDULE 1	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	4,386	6,031	8,224	9,320	10,965
RPC	6,579	9,046	12,336	13,980	16,448
SCHEDULE 1A	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	4,825	6,634	9,046	10,252	12,062
RPC	7,237	9,953	13,571	15,380	18,092
SCHEDULE 2	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	7,864	10,813	14,745	16,711	19,661
RPC	11,796	16,222	22,120	25,069	29,491
SCHEDULE 3	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	9,373	12,888	17,574	19,917	23,432
RPC	14,061	19,332	26,362	29,877	35,148

14:29:35 May 05 2008

AMERICAN PHYSICIANS INSURANCE COMPANY
Austin, Texas

Proposed Claims-Made Rates

Basic Limits \$1,000,000 / \$3,000,000
RPC Calculated at 150%

State of Arkansas
New Business Effective: July 05, 2008
Renewals Effective....: July 05, 2008

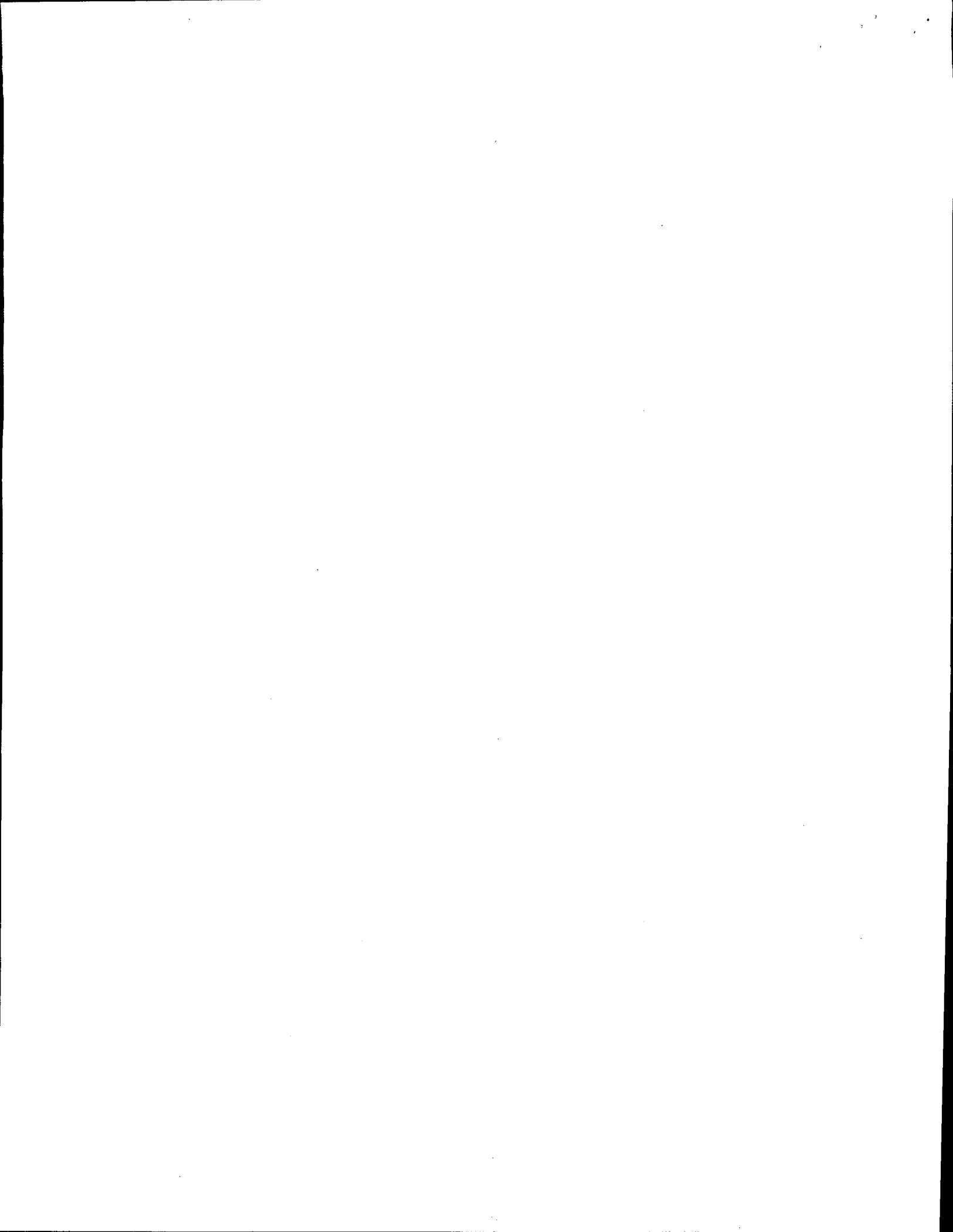
Rating Territory 0

SCHEDULE 5	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	11,636	16,000	21,818	24,727	29,090
RPC	17,453	23,998	32,727	37,091	43,636

SCHEDULE 5A	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	13,965	19,202	26,184	29,675	34,912
RPC	20,946	28,802	39,275	44,512	52,368

SCHEDULE 6	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	9,869	13,569	18,503	20,971	24,671
RPC	14,803	20,353	27,754	31,457	37,007

SCHEDULE 9	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	14,399	19,799	26,999	30,599	35,998
RPC	21,600	29,697	40,499	45,896	53,998



AMERICAN PHYSICIANS INSURANCE COMPANY
Austin, Texas

Proposed Claims-Made Rates

Basic Limits \$1,000,000 / \$3,000,000
RPC Calculated at 150%

State of Arkansas
New Business Effective: July 05, 2008
Renewals Effective....: July 05, 2008

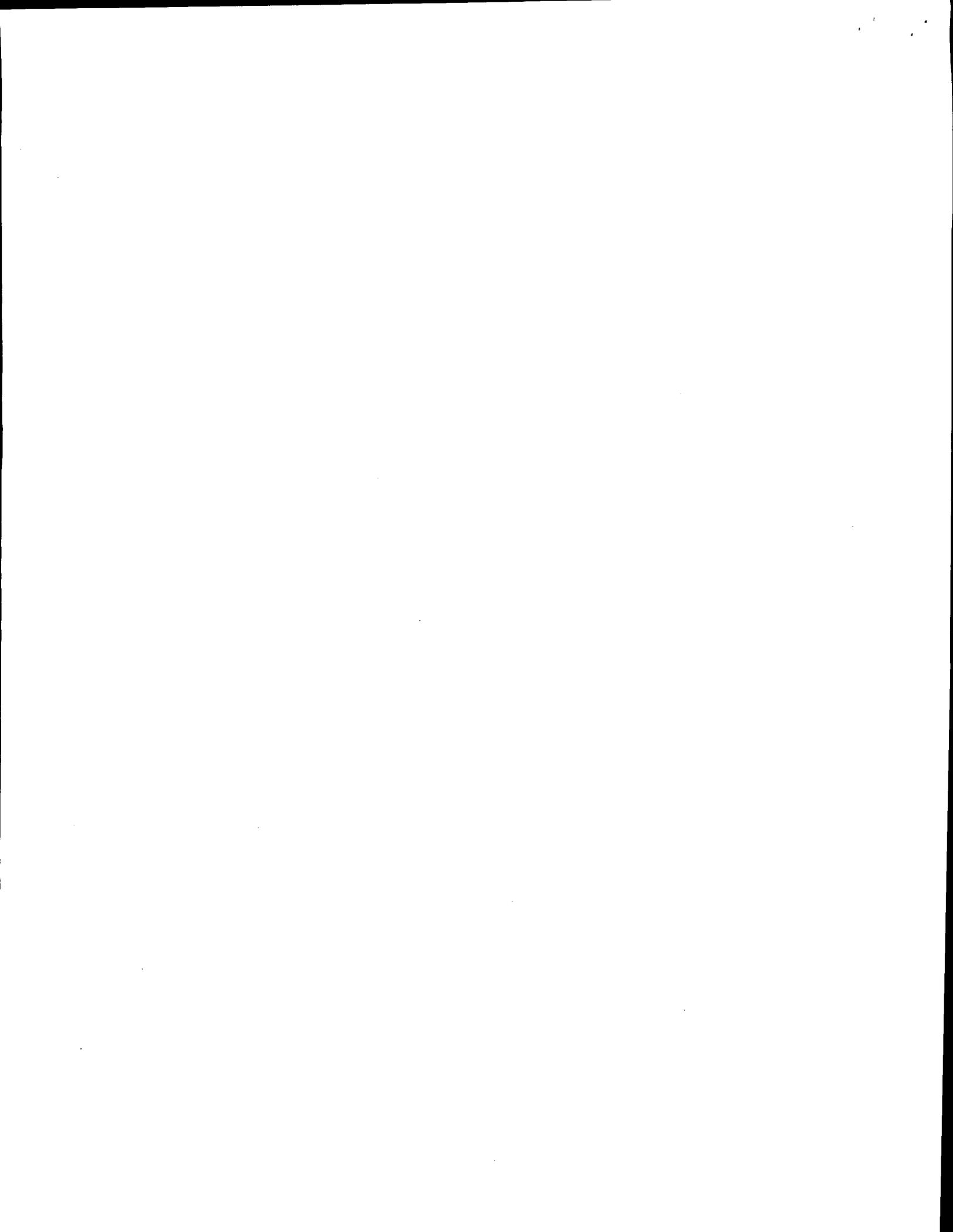
Rating Territory 0

SCHEDULE 10	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	26,219	36,051	49,161	55,716	65,548
RPC	39,329	54,078	73,742	83,572	98,322

SCHEDULE 11	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	572	787	1,073	1,216	1,431
RPC	857	1,182	1,610	1,825	2,146

SCHEDULE 12	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	1,216	1,672	2,280	2,584	3,040
RPC	1,825	2,509	3,420	3,875	4,559

SCHEDULE 13	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	3,384	4,653	6,346	7,192	8,461
RPC	5,076	6,981	9,520	10,787	12,691



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Austin, Texas

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State of Arkansas
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Renewals Effective....: July 05, 2008

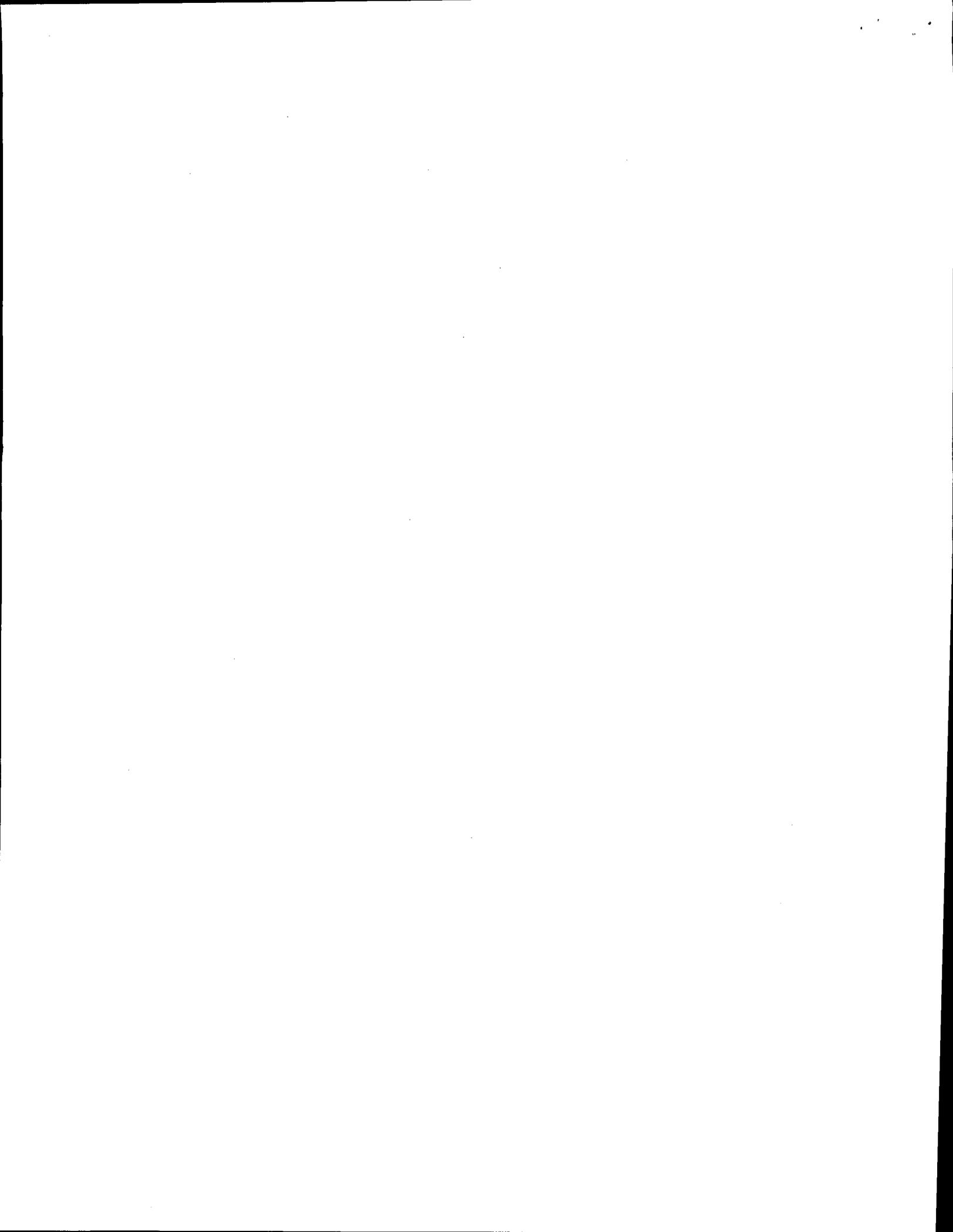
Rating Territory 0

SCHEDULE 15	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	1,367	1,879	2,563	2,904	3,417
RPC	2,050	2,819	3,844	4,357	5,126

SCHEDULE 16	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	1,191	1,638	2,234	2,532	2,978
RPC	1,786	2,456	3,351	3,798	4,468

SCHEDULE 17	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	6,097	8,383	11,431	12,955	15,241
RPC	9,146	12,573	17,147	19,431	22,862

SCHEDULE 21	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	954	1,311	1,788	2,027	2,384
RPC	1,431	1,966	2,681	3,041	3,576



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Rating Territory 0

SCHEDULE 36	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	4,767	6,555	8,939	10,131	11,919
RPC	7,153	9,834	13,410	15,197	17,878

SCHEDULE 37	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	6,198	8,522	11,620	13,170	15,494
RPC	9,295	12,783	17,431	19,756	23,241

SCHEDULE 41	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	15,513	21,331	29,087	32,966	38,783
RPC	23,271	31,996	43,632	49,450	58,174

SCHEDULE 42	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	11,390	15,662	21,357	24,204	28,476
RPC	17,086	23,493	32,034	36,307	42,714



AMERICAN PHYSICIANS INSURANCE COMPANY
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Renewals Effective....: July 05, 2008

Rating Territory 0

SCHEDULE 45	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	4,767	6,555	8,939	10,131	11,919
RPC	7,153	9,834	13,410	15,197	17,878
SCHEDULE 46	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	596	819	1,117	1,266	1,489
RPC	895	1,228	1,675	1,897	2,234
SCHEDULE 47	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	2,026	2,785	3,798	4,305	5,064
RPC	3,037	4,177	5,699	6,457	7,596
SCHEDULE 48	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PREMIUM	2,026	2,785	3,798	4,305	5,064
RPC	3,037	4,177	5,699	6,457	7,596

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