

SERFF Tracking Number: AGNY-125745893 State: Arkansas
Filing Company: Granite State Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: AIC-08-EO-14
TOI: 11.2 Medical Malpractice - Occurrence Only Sub-TOI: 11.2019 Optometry
Product Name: Optometrists Professional and General Liability Insurance Program
Project Name/Number: Optometrists Professional and General Liability Insurance Program/AIC-08-EO-14

Filing at a Glance

Company: Granite State Insurance Company
Product Name: Optometrists Professional and General Liability Insurance Program
TOI: 11.2 Medical Malpractice - Occurrence Only
Sub-TOI: 11.2019 Optometry
Filing Type: Rule
Effective Date Requested (New): 08/22/2008
Effective Date Requested (Renewal): 08/22/2008
State Filing Description:

SERFF Tr Num: AGNY-125745893 State: Arkansas
SERFF Status: Closed State Tr Num: EFT \$25
Co Tr Num: AIC-08-EO-14 State Status: Fees verified and received
Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Jameka Harris Disposition Date: 09/30/2008
Date Submitted: 07/24/2008 Disposition Status: Filed
Effective Date (New):
Effective Date (Renewal):

General Information

Project Name: Optometrists Professional and General Liability Insurance Program
Project Number: AIC-08-EO-14
Reference Organization: N/A
Reference Title: N/A
Filing Status Changed: 09/30/2008
State Status Changed: 08/06/2008
Corresponding Filing Tracking Number:
Filing Description:

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

Granite State Insurance Company (the "Company") submits for your approval the attached forms and rate plan addendum for use with their Optometrists Professional and General Liability Insurance Program. It was the Company's initial intent to provide Optometrists coverage utilizing the forms filed with its General Healthcare Providers Program (GHPP). The Company now proposes to utilize the forms included in this submission rather than the forms filed with its GHPP for the Optometrists Professional and General Liability Insurance Program. To date, the Company has not

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written any coverage for Optometrists under the GHPP.

The filing will be rated using the rating methodology in the Optometrists Rate Page Addendum currently on file (Our File No. AIC-07-EO-24) and the Optometrists General Liability Rate Plan Addendum included in this submission.

Please refer to the attached forms listing (filed separately), explanatory memorandum and manual page for information about all of the forms and rules included in this submission.

Your favorable consideration and approval are respectfully requested.

Company and Contact

Filing Contact Information

Jameka Harris, Filings Analyst
 175 Water Street, 17th Floor
 New York, NY 10038
 jameka.harris@aig.com
 (212) 458-7056 [Phone]
 (212) 458-7077[FAX]

Filing Company Information

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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Granite State Insurance Company	\$25.00	07/24/2008	21588875

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	09/30/2008	09/30/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Edith Roberts	09/02/2008	09/02/2008	Jameka Harris	09/02/2008	09/02/2008
Pending Industry Response	Edith Roberts	08/06/2008	08/06/2008	Jameka Harris	08/19/2008	08/19/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Follow up	Note To Reviewer	Jameka Harris	07/31/2008	07/31/2008

SERFF Tracking Number: *AGNY-125745893* *State:* *Arkansas*
Filing Company: *Granite State Insurance Company* *State Tracking Number:* *EFT \$25*
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Project Name/Number: *Optometrists Professional and General Liability Insurance Program/AIC-08-EO-14*

Disposition

Disposition Date: 09/30/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125745893 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Form PRONOT	Filed	Yes
Supporting Document	Form PROMAL	Filed	Yes
Supporting Document	Filing Memorandum	Filed	Yes
Supporting Document (revised)	MMPCS	Filed	Yes
Supporting Document	MMPCS	Filed	Yes
Supporting Document (revised)	RF-1	Filed	Yes
Supporting Document	RF-1	Filed	Yes
Rate	GL Addendum	Filed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/02/2008
Submitted Date 09/02/2008
Respond By Date

Dear Jameka Harris,

This will acknowledge receipt of the captioned filing.

With reference to the survey form, please enter n/a if none of the field apply. The RF-1 form must be completed.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/02/2008
Submitted Date 09/02/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: Please find attached the survey form. With regards to the RF-1 form, we've completed with as much information as possible as this is a new coverage.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: MMPCS

Comment:

Satisfied -Name: RF-1

Comment:

SERFF Tracking Number: *AGNY-125745893* *State:* *Arkansas*
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Jameka Harris

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Project Name/Number: Optometrists Professional and General Liability Insurance Program/AIC-08-EO-14

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/06/2008
Submitted Date 08/06/2008
Respond By Date

Dear Jameka Harris,

This will acknowledge receipt of the captioned filing.

For all med mal rate/rule filings you must complete the med mal survey form MMPCS which can be found at this website: <http://www.insurance.arkansas.gov/PandC/RR23Forms/MM%20Survey%20FORM%20MMPCS.xls>

You must submit it electronically in Excel form.

Also, you must complete the RF-1 form, the same as form PC-RLC. This form may be accessed here:

<http://www.insurance.arkansas.gov/PandC/RR23Forms/FORM%20RF-1%20Rate%20Filing%20Abstract.doc>

Please chose "RF-1" which will direct you to Form PC RLC. Please disregard the title "NAIC Loss Cost Data Entry Document". Under #2, please inform this IS NOT a "Loss Cost" filing.

Please feel free to contact me if you have questions.

Sincerely,
Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/19/2008
Submitted Date 08/19/2008

Dear Edith Roberts,

Comments:

Response 1

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Project Name/Number: Optometrists Professional and General Liability Insurance Program/AIC-08-EO-14
Comments: Please find attached the med mal survey form MMPCS and RF-1 form as required.

We hope this additional information will enable you to continue with a favorable review of our filing.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: MMPCS

Comment:

Satisfied -Name: RF-1

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Jameka Harris

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Note To Reviewer

Created By:

Jameka Harris on 07/31/2008 01:20 PM

Subject:

Follow up

Comments:

This is a follow-up to our filing submission. The filing is being amended to add that the Optometrists Professional and General Liability Insurance Program is being offered on behalf of the American Medical Professional Alliance Risk Purchasing Group.

Kind Regards,

Jameka Y. Harris

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	GL Addendum		New	GL- Addendum-(6-08).pdf

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

The following is added to the Optometrists Rate Plan Addendum:

RATES

4 GENERAL LIABILITY COVERAGE

A 10% additional charge of the final Professional Liability premium will be added when purchasing General Liability cover

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 09/30/2008

Comments:

Attachment:

PCTD Transmittal Rule Filing.doc.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 09/30/2008

Bypass Reason: N/A

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 09/30/2008

Bypass Reason: N/A

Comments:

Bypassed -Name: Form PRONOT **Review Status:** Filed 09/30/2008

Bypass Reason: N/A

Comments:

Bypassed -Name: Form PROMAL **Review Status:** Filed 09/30/2008

Bypass Reason: N/A

Comments:

Satisfied -Name: Filing Memorandum **Review Status:** Filed 09/30/2008

Comments:

Attachment:

SERFF Tracking Number: *AGNY-125745893* *State:* *Arkansas*
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OPT Filing Memorandum-(Rev. 7-08) (6).pdf

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Project Name/Number: Optometrists Professional and General Liability Insurance Program/AIC-08-EO-14

Satisfied -Name: MMPCS **Review Status:** Filed 09/30/2008
Comments:
Attachment:
MM Survey FORM MMPCS.xls

Satisfied -Name: RF-1 **Review Status:** Filed 09/30/2008
Comments:
Attachment:
RF-1 .pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

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

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

5. Company Tracking Number	AIC-08-EO-14
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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
	Jameka Y. Harris 175 Water Street, 17 th Fl. New York, NY 10038	Filings Analyst	(212) 458 7056	(212) 458 7077	Jameka.harris@aig.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Jameka Y. Harris		

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

9. Type of Insurance (TOI)	11.0 – Medical Malpractice
10. Sub-Type of Insurance (Sub-TOI)	11.0019 - Optometrist
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: August 22, 2008 Renewal: August 22, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	July 24, 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 #	AIC-08-EO-14
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Granite State Insurance Company (the “Company”) submits for your approval the attached forms and rate plan addendum for use with their Optometrists Professional and General Liability Insurance Program. It was the Company’s initial intent to provide Optometrists coverage utilizing the forms filed with its General Healthcare Providers Program (GHPP). The Company now proposes to utilize the forms included in this submission rather than the forms filed with its GHPP for the Optometrists Professional and General Liability Insurance Program. To date, the Company has not written any coverage for Optometrists under the GHPP.

The filing will be rated using the rating methodology in the Optometrists Rate Page Addendum currently on file (Our File No. AIC-07-EO-24) and the Optometrists General Liability Rate Plan Addendum included in this submission.

Please refer to the attached forms listing (filed separately), explanatory memorandum and manual page for information about all of the forms and rules included in this submission.

Your favorable consideration and approval are respectfully requested.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

Check #:
Amount:

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

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

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 #	AIC-08-EO-14
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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.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Granite State Insurance Company	N/A						

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

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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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		
7.	Effective Date of last rate revision		
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)		
9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	1	<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	

Granite State Insurance Company
Optometrists Explanatory Memorandum

Granite State Insurance Company (the “Company”) recently filed its Optometrists Rate Plan Addendum and Application (Our File No. AIC-07-EO-24) indicating that the Company would be providing Optometrists coverage utilizing the forms filed with its General Healthcare Providers Program (GHPP). To date, the Company has not written any coverage for Optometrists under the GHPP. Going forward, the Company proposes to utilize the forms included in this submission for the Optometrists Professional and General Liability Insurance Program.

The General Healthcare Provider forms will remain in affect as filed and approved for all other healthcare providers included in that Program.

The Optometrists Rate Page Addendum currently on file will be used in conjunction with these new forms. A charge of 10% of the Professional Liability premium will be added for General Liability coverage for an Optometrist as noted in the Optometrists General Liability Rate Plan Addendum included in this submission.

This charge is based on underwriting judgment that the General Liability exposure for an Optometrist is limited to a minimal premises exposure. This is in line with how other similar products are charged.

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

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

NAIC Number:	23809
Company Name:	Granite State Insurance Company
Contact Person:	Jameka Y. Harris
Telephone No.:	(212) 458-7056
Email Address:	jameka.harris@aig.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 cdr disk

Physicians

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

Dental

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

1.	This filing transmittal is part of Company Tracking #	AIC-08-EO-14
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item	
----	---	--

		Company Name	Company NAIC Number	
3.	A.	Granite State Insurance Company	B.	23809

		Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A.	Medical Malpractice	B.	

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
General Healthcare Provider- Optometrists	New Coverage						
TOTAL OVERALL EFFECT	New Coverage	0.00%					

6.		5 Year History	Rate Change History				
Year	Policy Count	% of Change	Effective Date	State Earned Premium	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	New Coverage		01/01/08				
2003							
2004							
2005							
2006							

7.	
Expense Constants	Selected Provision s
A. Total Production Expense	32.5%
B. General Expense	1.8%
C. Taxes, License & Fees	4.4%
D. Underwriting Profit & Contingencies	5.0%
E. Other (explain)	
F. TOTAL	43.6%

8. _____ Apply Loss Cost Factors to Future filings? (Y or N)
9. _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): **New Coverage**
10. _____ Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): **New Coverage**

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	MMPCS	08/19/2008	MM Survey FORM MMPCS.xls
No original date	Supporting Document	RF-1	08/19/2008	AR.pdf

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Project Name/Number: *Optometrists Professional and General Liability Insurance Program/AIC-08-EO-14*

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

1.	This filing transmittal is part of Company Tracking #	AIC-08-EO-14
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item	
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Company Name		Company NAIC Number	
3.	A. Granite State Insurance Company	B.	23809

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. Medical Malpractice	B.	

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(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
General Healthcare Provider- Optometrists	New Coverage						
TOTAL OVERALL EFFECT	New Coverage	0.00%					

6. 5 Year History		Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	New Coverage		01/01/08				
2003							
2004							
2005							
2006							

7.	
Expense Constants	Selected Provision s
A. Total Production Expense	32.5%
B. General Expense	1.8%
C. Taxes, License & Fees	4.4%
D. Underwriting Profit & Contingencies	5.0%
E. Other (explain)	
F. TOTAL	43.6%

8. _____ Apply Loss Cost Factors to Future filings? (Y or N)
9. _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): New Coverage
10. _____ Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): New Coverage