

<i>SERFF Tracking Number:</i>	<i>MDPC-125931571</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Medical Protective Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>08-DDS-01</i>		
<i>TOI:</i>	<i>11.0 Medical Malpractice - Claims</i>	<i>Sub-TOI:</i>	<i>11.0030 Dentists</i>
	<i>Made/Occurrence</i>		
<i>Product Name:</i>	<i>Dentists Program</i>		
<i>Project Name/Number:</i>	<i>09 Dentists Rate Filing/08-DDS-01</i>		

Filing at a Glance

Company: The Medical Protective Company

Product Name: Dentists Program

TOI: 11.0 Medical Malpractice - Claims

Made/Occurrence

Sub-TOI: 11.0030 Dentists

Filing Type: Rate/Rule

Effective Date Requested (New): 04/01/2009

Effective Date Requested (Renewal): 04/01/2009

State Filing Description:

SERFF Tr Num: MDPC-125931571 State: Arkansas

SERFF Status: Closed

Co Tr Num: 08-DDS-01

Co Status:

Author: Melissa Coker

Date Submitted: 12/04/2008

State Tr Num: EFT \$100

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Edith Roberts

Disposition Date: 03/23/2009

Disposition Status: Filed

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name: 09 Dentists Rate Filing

Project Number: 08-DDS-01

Reference Organization: n/a

Reference Title: n/a

Filing Status Changed: 03/23/2009

State Status Changed: 01/09/2009

Corresponding Filing Tracking Number:

Filing Description:

The Medical Protective Company hereby submits for your review and consideration the above-captioned revised rate, class plan and rule filing applicable to our Dentists and Comprehensive Liability Coverage for Health Care Providers programs.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: n/a

Advisory Org. Circular: n/a

Deemer Date:

SERFF Tracking Number: MDPC-125931571 State: Arkansas
 Filing Company: The Medical Protective Company State Tracking Number: EFT \$100
 Company Tracking Number: 08-DDS-01
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0030 Dentists
 Made/Occurrence
 Product Name: Dentists Program
 Project Name/Number: 09 Dentists Rate Filing/08-DDS-01

Company and Contact

Filing Contact Information

Melissa Coker, Paralegal melissa.coker@medpro.com
 5814 Reed Road (260) 486-0838 [Phone]
 Fort Wayne, IN 46835 (260) 486-0733[FAX]

Filing Company Information

The Medical Protective Company CoCode: 11843 State of Domicile: Indiana
 5814 Reed Road Group Code: Company Type:
 Fort Wayne, IN 46835 Group Name: State ID Number:
 (260) 486-0838 ext. [Phone] FEIN Number: 35-0506406

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$100.00 for rate/rule filings
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Medical Protective Company	\$100.00	12/04/2008	24323277

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	03/23/2009	03/23/2009

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	03/23/2009	03/23/2009			
Pending Industry Response	Edith Roberts	01/09/2009	01/09/2009	Melissa Coker	02/10/2009	02/10/2009

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Disposition

Disposition Date: 03/23/2009
 Effective Date (New):
 Effective Date (Renewal):
 Status: Filed
 Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
The Medical Protective Company	0.000%	0.000%	\$0	5	\$118,767	25.500%	-80.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Form MMPCS	Filed	Yes
Supporting Document	Form PROMAL	Filed	Yes
Supporting Document	Form PRONOT	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Forms (all P&C lines)	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	actuarial memo	Filed	Yes
Supporting Document	actuarial exhibits	Filed	Yes
Supporting Document	NAIC Loss Cost Data Entry Document	Filed	Yes
Supporting Document	Excel Spreadsheet for rate change	Filed	Yes
Rate	AR DDS OCC Rates	Filed	Yes
Rate	AR DDS SCM Rates	Filed	Yes
Rate	AR DDS SCM Class Plans	Filed	Yes
Rate	AR DDS OCC Class Plans	Filed	Yes
Rate	AR DDS SCM Claims Made Factors	Filed	Yes
Rate	AR DD OCC Minimum Premium Requirement Rule	Filed	Yes
Rate	AR DD OCC Minimum Premium Requirement Rule	Filed	Yes
Rate	AR DDS OCC New to Practice Credit Rule	Filed	Yes
Rate	AR DDS OCC New to Practice Credit Rule	Filed	Yes
Rate	Comprehensive Program, State Rate Pages, Section IV - Dentists	Filed	Yes

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TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0030 Dentists
Made/Occurrence
Product Name: Dentists Program
Project Name/Number: 09 Dentists Rate Filing/08-DDS-01

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/23/2009
Submitted Date 03/23/2009

Respond By Date

Dear Melissa Coker,

This will acknowledge receipt of the captioned filing.

Dear Melissa:

I can't get the survey form to open. It gives me a message that there is no matching installation source and they are not "synchronized". Can you try to resend this? Maybe even through an email if that might work.

Thanks and sorry!!

Edith

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

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Made/Occurrence
Product Name: Dentists Program
Project Name/Number: 09 Dentists Rate Filing/08-DDS-01

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/09/2009
Submitted Date 01/09/2009
Respond By Date
Dear Melissa Coker,

This will acknowledge receipt of the captioned filing.

When filing a med mal rate change, you must complete and submit electronically, the excel spreadsheet which may be found at: <http://www.insurance.arkansas.gov/PandC/RR23Forms/MM%20Survey%20FORM%20MMPCS.xls>
We must receive this before the filing is considered complete.

You have submitted Form PC RRFS which is the Uniform transmittal form but we must also ask that you complete Form PC-RLC that is required under Rule & Regulation 23. 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.

Also, you must provide an impact statement in accordance with Bulletin 2-2003 and Act 649, the Civil Justice Reform Act of 2003.

Please feel free to contact me if you have questions.

Sincerely,
Edith Roberts

Response Letter

Response Letter Status Submitted to State

SERFF Tracking Number: MDPC-125931571 State: Arkansas
Filing Company: The Medical Protective Company State Tracking Number: EFT \$100
Company Tracking Number: 08-DDS-01
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0030 Dentists
Made/Occurrence
Product Name: Dentists Program
Project Name/Number: 09 Dentists Rate Filing/08-DDS-01

Dear Edith Roberts,

Comments:

Please find our response attached

Response 1

Comments: Please find both items attached below:

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: NAIC Loss Cost Data Entry Document

Comment: attached

Satisfied -Name: Excel Spreadsheet for rate change

Comment: attached

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let me know if you should need anything additional.

Thank you,

Melissa

Sincerely,

Melissa Coker

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 Company Tracking Number: 08-DDS-01
 TOI: 11.0 Medical Malpractice - Claims Made/Occurrence Sub-TOI: 11.0030 Dentists
 Product Name: Dentists Program
 Project Name/Number: 09 Dentists Rate Filing/08-DDS-01

Rate Information

Rate data applies to filing.

Filing Method: prior approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: -2.000%
Effective Date of Last Rate Revision: 01/01/2007
Filing Method of Last Filing: prior approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
The Medical Protective Company	0.000%	0.000%	\$0	5	\$118,767	25.500%	-80.000%

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 Product Name: Dentists Program
 Project Name/Number: 09 Dentists Rate Filing/08-DDS-01

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Filing Attachments
Filed	AR DDS OCC Rates	RTS-OCC; AR-09-1	Replacement	06-AR-84	ar dds occ rates.pdf
Filed	AR DDS SCM Rates	RTS-CM(0-4); AR-09-1	Replacement	06-AR-84	ar dds scm rates.pdf
Filed	AR DDS SCM Class Plans	DRC-CW; 04/01/09 edt	Replacement	06-AR-84	ar dds scm class plans.pdf
Filed	AR DDS OCC Class Plans	DRC-CW; 04/01/09 edt	Replacement	06-AR-84	ar dds occ class plans.pdf
Filed	AR DDS SCM Claims Made Factors	CMF-AR; AR-09-1 edt	Replacement	06-AR-84	ar dds scm cm factors.pdf
Filed	AR DD OCC Minimum Premium Requirement Rule	MPR-CW; 01/01/09 edt	Replacement	Filing submitted 10/11/02 for a 7/11/03 eff date	ar dds occ min prem req.pdf
Filed	AR DD OCC Minimum Premium Requirement Rule	MPR-CW; 01/01/09 edt	Replacement	Filing submitted 10/11/02 for a 7/11/03 eff date	ar dds scm min prem req rule.pdf
Filed	AR DDS OCC New to Practice Credit Rule	NPC-CW; 01/01/09 edt	Replacement	06-AR-84	ar dds occ ntp.pdf

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Product Name: Dentists Program
Project Name/Number: 09 Dentists Rate Filing/08-DDS-01

Filed AR DDS OCC New to NPC-CW; Replacement 06-AR-84 ar dds scm ntp.pdf
Practice Credit Rule 01/01/09 edt

Filed Comprehensive SR-AR-IV-(1-8); Replacement 06-AR-84 section iv.pdf
Program, State Rate 04/01/09 edt
Pages, Section IV -
Dentists

**The
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ARKANSAS
DENTISTS
OCCURRENCE RATES

Class	100/300	200/600	500/1000	1000/3000	2000/4000	3000/5000	4000/6000	5000/7000
1A	1,161	1,324	1,416	1,509	1,625	1,742	1,858	1,974
1B	1,451	1,654	1,770	1,886	2,031	2,177	2,322	2,467
1C	2,322	2,647	2,833	3,019	3,251	3,483	3,715	3,947
2A	3,483	3,971	4,249	4,528	4,876	5,225	5,573	5,921
2B	6,386	7,280	7,791	8,302	9,579	10,537	11,176	11,814
3	7,547	8,604	9,207	9,811	11,321	12,453	13,207	13,962

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ARKANSAS

DENTISTS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/3000	2000/4000	3000/5000	4000/6000	5000/7000
1A	248	283	303	322	347	372	397	422
1B	310	353	378	403	434	465	496	527
1C	496	565	605	645	694	744	794	843
2A	744	848	908	967	1,042	1,116	1,190	1,265
2B	1,364	1,555	1,664	1,773	2,046	2,251	2,387	2,523
3	1,612	1,838	1,967	2,096	2,418	2,660	2,821	2,982

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ARKANSAS

DENTISTS

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/3000	2000/4000	3000/5000	4000/6000	5000/7000
1A	496	565	605	645	694	744	794	843
1B	620	707	756	806	868	930	992	1,054
1C	992	1,131	1,210	1,290	1,389	1,488	1,587	1,686
2A	1,488	1,696	1,815	1,934	2,083	2,232	2,381	2,530
2B	2,727	3,109	3,327	3,545	4,091	4,500	4,772	5,045
3	3,223	3,674	3,932	4,190	4,835	5,318	5,640	5,963

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DENTISTS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/3000	2000/4000	3000/5000	4000/6000	5000/7000
1A	733	836	894	953	1,026	1,100	1,173	1,246
1B	917	1,045	1,119	1,192	1,284	1,376	1,467	1,559
1C	1,467	1,672	1,790	1,907	2,054	2,201	2,347	2,494
2A	2,200	2,508	2,684	2,860	3,080	3,300	3,520	3,740
2B	4,034	4,599	4,921	5,244	6,051	6,656	7,060	7,463
3	4,768	5,436	5,817	6,198	7,152	7,867	8,344	8,821

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ARKANSAS

DENTISTS

STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/3000	2000/4000	3000/5000	4000/6000	5000/7000
1A	888	1,012	1,083	1,154	1,243	1,332	1,421	1,510
1B	1,110	1,265	1,354	1,443	1,554	1,665	1,776	1,887
1C	1,777	2,026	2,168	2,310	2,488	2,666	2,843	3,021
2A	2,665	3,038	3,251	3,465	3,731	3,998	4,264	4,531
2B	4,887	5,571	5,962	6,353	7,331	8,064	8,552	9,041
3	5,775	6,584	7,046	7,508	8,663	9,529	10,106	10,684

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DENTISTS

STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	500/1000	1000/3000	2000/4000	3000/5000	4000/6000	5000/7000
1A	1,033	1,178	1,260	1,343	1,446	1,550	1,653	1,756
1B	1,291	1,472	1,575	1,678	1,807	1,937	2,066	2,195
1C	2,066	2,355	2,521	2,686	2,892	3,099	3,306	3,512
2A	3,099	3,533	3,781	4,029	4,339	4,649	4,958	5,268
2B	5,682	6,477	6,932	7,387	8,523	9,375	9,944	10,512
3	6,715	7,655	8,192	8,730	10,073	11,080	11,751	12,423

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ARKANSAS

DENTISTS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS I A

ANY GENERAL DENTIST OR SPECIALISTS IN ORTHODONTIC, PEDIATRIC DENTISTRY, PERIODONTICS, PROSTHODONTICS AND ENDODONTICTS NOT PERFORMING MINOR OR MAJOR SURGICAL PROCEDURES.

CLASS I B

ANY DENTIST PERFORMING MINOR SURGICAL PROCEDURES OR A SPECIALIST TRAINED IN ORAL PATHOLOGY.

CLASS I C

ANY DENTIST PERFORMING MAJOR DENTAL SURGICAL PROCEDURES NOT INCLUDED IN CLASS III.

CLASS II A

SPECIALISTS IN DENTAL ANESTHESIOLOGY.

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DENTISTS

STANDARD CLAIMS MADE PROGRAM

RATE CLASSES

CLASS II B

SPECIALIST IN ORAL AND MAXILLOFACIAL SURGERY.

CLASS III

ANY DENTAL SPECIALIST PERFORMING PROCEDURES NOT OTHERWISE CLASSIFIED.

SPECIALISTS IN PAIN MANAGEMENT.

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ARKANSAS

DENTISTS

OCCURRENCE PROGRAM

RATE CLASSES

CLASS I A

ANY GENERAL DENTIST OR SPECIALISTS IN ORTHODONTIC, PEDIATRIC DENTISTRY, PERIODONTICS, PROSTHODONTICS AND ENDODONTICTS NOT PERFORMING MINOR OR MAJOR SURGICAL PROCEDURES.

CLASS I B

ANY DENTIST PERFORMING MINOR SURGICAL PROCEDURES OR A SPECIALIST TRAINED IN ORAL PATHOLOGY.

CLASS I C

ANY DENTIST PERFORMING MAJOR DENTAL SURGICAL PROCEDURES NOT INCLUDED IN CLASS III.

CLASS II A

SPECIALISTS IN DENTAL ANESTHESIOLOGY

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OCCURRENCE PROGRAM

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CLASS II B

SPECIALIST IN ORAL AND MAXILLOFACIAL SURGERY.

CLASS III

ANY DENTAL SPECIALIST PERFORMING PROCEDURES NOT OTHERWISE CLASSIFIED.

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DENTISTS

STANDARD CLAIMS MADE PROGRAM

CLAIMS MADE FACTORS

YEARS SINCE RETROACTIVE DATE	FACTOR
0	0.240
1	0.480
2	0.710
3	0.860
4 OR MORE	1.000
MATURE CLAIMS MADE TO OCCURRENCE FACTOR	0.890

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DENTISTS

OCCURRENCE PROGRAM

MINIMUM PREMIUM REQUIREMENT RULE

ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELED AS OF THE INCEPTION DATE.

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DENTISTS

STANDARD CLAIMS MADE PROGRAM

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ALL POLICIES ARE SUBJECT TO A MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE POLICY IS CANCELED AS OF THE INCEPTION DATE.

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ARKANSAS

DENTISTS

OCCURRENCE PROGRAM

NEW TO PRACTICE CREDIT

A "NEW" DENTIST SHALL BE A DENTIST 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 DENTAL SPECIALITY;
- C) FULFILLMENT OF A MILITARY OBLIGATION;
- D) DENTAL SCHOOL OR SPECIALTY TRAINING PROGRAM.

TO QUALIFY FOR THE 1ST YEAR CREDIT, THE APPLICANT WILL BE REQUIRED TO APPLY FOR A REDUCED RATE WITHIN SIX MONTHS AFTER THE COMPLETION OF ANY OF THE ABOVE PROGRAMS.

CREDITS IN THE AMOUNT OF 75% OF FILED MANUAL RATES SHALL APPLY TO NEW INSUREDS FOR THEIR FIRST YEAR, CREDITS IN THE AMOUNT OF 50% OF FILED MANUAL RATES SHALL APPLY TO NEW INSUREDS FOR THEIR SECOND YEAR, AND CREDITS IN THE AMOUNT OF 25% OF FILED MANUAL RATES SHALL APPLY TO NEW INSUREDS FOR THEIR THIRD YEAR OF PRACTICE FOLLOWING COMPLETION OF THEIR DENTAL TRAINING PROGRAM.

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DENTISTS

STANDARD CLAIMS MADE PROGRAM

NEW TO PRACTICE CREDIT

A "NEW" DENTIST SHALL BE A DENTIST 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 DENTAL SPECIALITY;
- C) FULFILLMENT OF A MILITARY OBLIGATION;
- D) DENTAL SCHOOL OR SPECIALTY TRAINING PROGRAM.

TO QUALIFY FOR THE 1ST YEAR CREDIT, THE APPLICANT WILL BE REQUIRED TO APPLY FOR A REDUCED RATE WITHIN SIX MONTHS AFTER THE COMPLETION OF ANY OF THE ABOVE PROGRAMS.

CREDITS IN THE AMOUNT OF 75% OF FILED MANUAL RATES SHALL APPLY TO NEW INSUREDS FOR THEIR FIRST YEAR, CREDITS IN THE AMOUNT OF 50% OF FILED MANUAL RATES SHALL APPLY TO NEW INSUREDS FOR THEIR SECOND YEAR, AND CREDITS IN THE AMOUNT OF 25% OF FILED MANUAL RATES SHALL APPLY TO NEW INSUREDS FOR THEIR THIRD YEAR OF PRACTICE FOLLOWING COMPLETION OF THEIR DENTAL TRAINING PROGRAM.

DENTISTS

A. Classifications

1. Applicable to the Occurrence and Standard Claims-Made Programs.
2. The following classification plan shall be used to determine the appropriate rating class for each individual insured.

CLASS I A

Any General Dentist or Specialists in orthodontic, pediatric dentistry, periodontics, prosthodontics and endodontics not performing minor or major surgical procedures.

CLASS I B

Any Dentist performing minor surgical procedures or a specialist trained in oral pathology.

CLASS I C

Any dentist performing major Dental surgical procedures not included in class III.

CLASS II A

Specialists in Dental Anesthesiology.

CLASS II B

Specialist in Oral and Maxillofacial Surgery.

CLASS III

Any Dental Specialist performing procedures not otherwise classified.

Specialists in Pain Management.

B. Manual Rates

1. Territory Definitions

Area 1	Entire State
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2. Occurrence Program

Class	100/300	200/600	500/1000	1000/3000	2000/4000	3000/5000	4000/6000	5000/7000
1A	1,161	1,324	1,416	1,509	1,625	1,742	1,858	1,974
1B	1,451	1,654	1,770	1,886	2,031	2,177	2,322	2,467
1C	2,322	2,647	2,833	3,019	3,251	3,483	3,715	3,947
2A	3,483	3,971	4,249	4,528	4,876	5,225	5,573	5,921
2B	6,386	7,280	7,791	8,302	9,579	10,537	11,176	11,814
3	7,547	8,604	9,207	9,811	11,321	12,453	13,207	13,962

3. Standard Claims Made Program

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/3000	2000/4000	3000/5000	4000/6000	5000/7000
1A	248	283	303	322	347	372	397	422
1B	310	353	378	403	434	465	496	527
1C	496	565	605	645	694	744	794	843
2A	744	848	908	967	1,042	1,116	1,190	1,265
2B	1,364	1,555	1,664	1,773	2,046	2,251	2,387	2,523
3	1,612	1,838	1,967	2,096	2,418	2,660	2,821	2,982

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/3000	2000/4000	3000/5000	4000/6000	5000/7000
1A	496	565	605	645	694	744	794	843
1B	620	707	756	806	868	930	992	1,054
1C	992	1,131	1,210	1,290	1,389	1,488	1,587	1,686
2A	1,488	1,696	1,815	1,934	2,083	2,232	2,381	2,530
2B	2,727	3,109	3,327	3,545	4,091	4,500	4,772	5,045
3	3,223	3,674	3,932	4,190	4,835	5,318	5,640	5,963

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/3000	2000/4000	3000/5000	4000/6000	5000/7000
1A	733	836	894	953	1,026	1,100	1,173	1,246
1B	917	1,045	1,119	1,192	1,284	1,376	1,467	1,559
1C	1,467	1,672	1,790	1,907	2,054	2,201	2,347	2,494
2A	2,200	2,508	2,684	2,860	3,080	3,300	3,520	3,740
2B	4,034	4,599	4,921	5,244	6,051	6,656	7,060	7,463
3	4,768	5,436	5,817	6,198	7,152	7,867	8,344	8,821

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	500/1000	1000/3000	2000/4000	3000/5000	4000/6000	5000/7000
1A	888	1,012	1,083	1,154	1,243	1,332	1,421	1,510
1B	1,110	1,265	1,354	1,443	1,554	1,665	1,776	1,887
1C	1,777	2,026	2,168	2,310	2,488	2,666	2,843	3,021
2A	2,665	3,038	3,251	3,465	3,731	3,998	4,264	4,531
2B	4,887	5,571	5,962	6,353	7,331	8,064	8,552	9,041
3	5,775	6,584	7,046	7,508	8,663	9,529	10,106	10,684

MATURE

Class	100/300	200/600	500/1000	1000/3000	2000/4000	3000/5000	4000/6000	5000/7000
1A	1,033	1,178	1,260	1,343	1,446	1,550	1,653	1,756
1B	1,291	1,472	1,575	1,678	1,807	1,937	2,066	2,195
1C	2,066	2,355	2,521	2,686	2,892	3,099	3,306	3,512
2A	3,099	3,533	3,781	4,029	4,339	4,649	4,958	5,268
2B	5,682	6,477	6,932	7,387	8,523	9,375	9,944	10,512
3	6,715	7,655	8,192	8,730	10,073	11,080	11,751	12,423

4. Increased Limit Factors

LIMIT	CLASSES 1A-2A	CLASSES 2B-3
100/300	1.000	1.000
200/600	1.140	1.140
500/1000	1.220	1.220
1000/3000	1.300	1.300
2000/4000	1.400	1.500
3000/5000	1.500	1.650
4000/6000	1.600	1.750
5000/7000	1.700	1.850

5. Extended Reporting Period Coverage Factors

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
1	0.900
2	1.500
3	1.750
4 OR MORE	1.900

6. Shared Limits Modification

Modification
Up to 25%

6. Claims Made Factors

YEARS SINCE RETROACTIVE DATE	FACTOR
0	0.240
1	0.480
2	0.710
3	0.860
4 OR MORE	1.000
MATURE CLAIMS MADE TO OCCURRENCE FACTOR	0.890

SERFF Tracking Number: MDPC-125931571 State: Arkansas
 Filing Company: The Medical Protective Company State Tracking Number: EFT \$100
 Company Tracking Number: 08-DDS-01
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0030 Dentists
 Made/Occurrence
 Product Name: Dentists Program
 Project Name/Number: 09 Dentists Rate Filing/08-DDS-01

Supporting Document Schedules

Satisfied -Name:	Form MMPCS	Review Status:	Filed	03/23/2009
Comments:	n/a			
Satisfied -Name:	Form PROMAL	Review Status:	Filed	03/23/2009
Comments:	n/a			
Satisfied -Name:	Form PRONOT	Review Status:	Filed	03/23/2009
Comments:	n/a			
Satisfied -Name:	NAIC loss cost data entry document	Review Status:	Filed	03/23/2009
Comments:	n/a			
Satisfied -Name:	NAIC Loss Cost Filing Forms (all P&C lines)	Review Status:	Filed	03/23/2009
Comments:	n/a			
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	03/23/2009
Comments:	attached			

SERFF Tracking Number: MDPC-125931571 State: Arkansas
Filing Company: The Medical Protective Company State Tracking Number: EFT \$100
Company Tracking Number: 08-DDS-01
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0030 Dentists
Made/Occurrence
Product Name: Dentists Program
Project Name/Number: 09 Dentists Rate Filing/08-DDS-01

Attachment:
transmittal.pdf

SERFF Tracking Number: MDPC-125931571 State: Arkansas
Filing Company: The Medical Protective Company State Tracking Number: EFT \$100
Company Tracking Number: 08-DDS-01
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0030 Dentists
Made/Occurrence
Product Name: Dentists Program
Project Name/Number: 09 Dentists Rate Filing/08-DDS-01

Satisfied -Name: actuarial memo **Review Status:** Filed 03/23/2009
Comments: attached
Attachment: memo.pdf

Satisfied -Name: actuarial exhibits **Review Status:** Filed 03/23/2009
Comments: attached
Attachment: ar dds exhibit.pdf

Satisfied -Name: NAIC Loss Cost Data Entry Document **Review Status:** Filed 03/23/2009
Comments: attached
Attachment: PC RLC.pdf

Satisfied -Name: Excel Spreadsheet for rate change **Review Status:** Filed 03/23/2009
Comments: attached
Attachment: AR Form.xls

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	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name	Group NAIC #

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

5. Company Tracking Number	08-DDS-01
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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
Melissa Coker Millican	Paralegal	260-486-0838	260-486-0733	melissa.millican@medpro.com

7. Signature of authorized filer *Melissa Millican*

8. Please print name of authorized filer Melissa Millican

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)	11.0030 Dentist
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Dentists and Comprehensive Program
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: 04/01/2009 Renewal: 04/01/2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	n/a
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 #	08-DDS-01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The Medical Protective Company hereby submits for your review and consideration the above-captioned revised rate, class plan and rule filing applicable to our Dentists and Comprehensive Liability Coverage for Health Care Providers programs.

[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 #:
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 #	08-DDS-01
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n/a
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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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)
The Medical Protective Company	0	0	0	5	118,767	25.5%	-80.0%

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	-2.0%
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7.	Effective Date of last rate revision	01/01/2007
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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g.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	AR DDS OCC & SCM Rates ; AR DDS SCM Claims Made Factors; AR DDS OCC & SCM Class Plans	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	06-AR-84
02	AR DDS OCC & SCM Minimum Premium Requirement Rule & AR DDS OCC & SCM New to Practice Rule	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MPR rule - 07/11/03 eff date NTP rule - 06-AR-84
03	Comprehensive Program, Section IV - Dentists	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	06-AR-84

THE MEDICAL PROTECTIVE COMPANY

ARKANSAS

DENTISTS PROGRAM

ACTUARIAL MEMORANDUM

The Medical Protective Company (MedPro) respectfully submits the attached exhibits supporting rating factor revisions to the Dentists Program in the state of Arkansas. The proposed revisions will result in an overall premium impact of 0.0% in Arkansas. This will be accomplished through base rate change of +0.4%, classification changes of +0.5%, claims made age step factor changes of -0.2% and new-to-practice credit changes of -0.7%. The combined premium effect of these changes is 0.0% $\{0.0 = [(1.0+0.004) \times (1.0 + 0.005) \times (1.0 - 0.002) \times (1.0 - 0.007)] - 1.0\}$. The proposed effective date for the revisions is April 1, 2009 for new and renewal business.

EXHIBIT A: MODIFICATION SUMMARY

This exhibit provides a summary of proposed modifications in Arkansas. These revisions are based upon a countrywide study of the Dental classification plan and claims made age step factors. The results of these studies are being filed countrywide. A comparison between current & proposed factors is provided in this exhibit along with the current premium affected.

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.

RULE REVISIONS

The following summarizes the rule revisions included with this submission.

Minimum Premium Rating Rule – the Company wishes to revise the Minimum Premium Rating Rule to reflect a minimum premium requirement of \$50 on its Occurrence and Claims Made programs. There is no substantive rate impact associated with this change.

New to Practice Rating Rule

The Company wishes to revise the New to Practice Rating Rule credit structure for its Occurrence and Standard Claims Made Programs. The following outlines the proposed credit structure:

Year	Current	Proposed Credit
1 st Year	60%	75%
2 nd Year	40%	50%
3 rd Year	20%	25%

There is not a substantive rate impact associated with this revision.

REVISED COMPREHENSIVE LIABILITY COVERAGE FOR HEALTH CARE PROVIDERS

Also attached are revised manual pages for Section IV 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 Dentists program, and therefore are being included in this submission for manual purposes only.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT A

ARKANSAS

DENTISTS

MODIFICATION SUMMARY

Proposed Rates Effective: 4/1/09

Table 1: Classification and Class Factors

<u>Specialty</u>	<u>Current Class</u>	<u>Current Relativity</u>	<u>Proposed Class</u>	<u>Proposed Relativity</u>	<u>% of Premium (CW)</u>
Implants	1A	1.00	1B	1.25	3.2%
Fully Impacted 3rd Molars	2B	5.50	1C	2.00	0.5%
				Impact	0.5%

Table 2: Claims Made Age Step Factors

<u>Claims Made Age</u>	<u>Current Factor</u>	<u>Proposed Factor</u>	<u>% Change</u>	<u>% of Premium (CW)</u>
CMA 0	0.28	0.24	-14.3%	0.8%
CMA 1	0.51	0.48	-5.9%	1.6%
			Impact	-0.2%

Table 3: New To Practice Credit Factors

<u>Year</u>	<u>Current Factor</u>	<u>Proposed Factor</u>	<u>% Change</u>	<u>% of Premium (CW)</u>
1st Year	60%	75%	-37.5%	1.1%
2nd Year	40%	50%	-16.7%	1.2%
3rd Year	20%	25%	-6.3%	0.7%
			Impact	-0.7%

Combined Impact of Above Changes -0.4%

Off-Setting Base Rate Change 0.4%

Overall Rate Change 0.0%

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # 08-440

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number **NOT A LOST COST FILING**

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

		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.	11.0 - Medical Malpractice	B.		Dentists Professional Liability

5.

(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
Dentists Professional Liability	-	0%					
TOTAL OVERALL EFFECT		0%					

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
2003	871	9.5%	7/11/03	1,692	2,683	159%	99%
2004	878	-	-	1,626	-313	-19%	81%
2005	889	30.0%	2/1/05	1,558	265	17%	92%
2006	743	-	-	1,594	672	42%	70%
2007	162	-2.0%	5/1/07	977	44	4%	74%

7.

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

8. N/A Apply Lost Cost Factors to Future filings? (Y or N)
 9. 25.5% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
 10. -80.4% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

**Malpractice Premium Comparison Survey Form
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 Milican
Telephone No.:	800-4MEDPRO
Email Address:	Melissa.Milican@medpro.com
Effective Date:	4/1/2009

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

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

	<u>Dental</u>		
Base Rate	Dentist	Orthodontist	Oral Surgeons
At 100,000/300,000	\$ 1,161	\$ 1,161	\$ 6,386
Discounts and Surcharges			
Claims Free	5% - 3 Yrs; 10% - 5 Yrs; 15% - 8 Yrs	5% - 3 Yrs; 10% - 5 Yrs; 15% - 8 Yrs	5% - 3 Yrs; 10% - 5 Yrs; 15% - 8 Yrs
5 years Experience	%	%	%
Surgery	%	%	%
Other:			
New to Practice	75% - 50% - 25%	75% - 50% - 25%	75% - 50% - 25%
Risk Management	5%	5%	5%