

SERFF Tracking Number: SFMA-126088497 State: Arkansas
Filing Company: State Farm Fire and Casualty Company State Tracking Number: EFT \$100
Company Tracking Number: SP-24940
TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2030 Dentist
Product Name: SP-24940
Project Name/Number: SP-24940/SP-24940

Filing at a Glance

Company: State Farm Fire and Casualty Company

Product Name: SP-24940

SERFF Tr Num: SFMA-126088497 State: Arkansas

TOI: 11.2 Med Mal-Claims Made Only

SERFF Status: Closed-Filed

State Tr Num: EFT \$100

Sub-TOI: 11.2030 Dentist

Co Tr Num: SP-24940

State Status: Fees verified and received

Filing Type: Rate/Rule

Reviewer(s): Edith Roberts, Brittany Yielding

Authors: Laurel Poshard, Robin Dunagan

Disposition Date: 09/14/2009

Date Submitted: 03/26/2009

Disposition Status: Filed

Effective Date Requested (New): 06/15/2009

Effective Date (New):

Effective Date Requested (Renewal): 06/15/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: SP-24940

Status of Filing in Domicile: Not Filed

Project Number: SP-24940

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 09/14/2009

State Status Changed: 04/08/2009

Deemer Date:

Created By: Robin Dunagan

Submitted By: Robin Dunagan

Corresponding Filing Tracking Number:

Filing Description:

We respectfully request your approval of the rating plan for a new coverage to be offered in the state of Arkansas. The attached rating plan will be used for Dentists Professional Liability Insurance. This is a new program for State Farm that has no prior loss history or relevant statistical data. Our rating structure and rates were developed based on underwriting judgment. As the program matures and data becomes available, rate development will be reviewed.

We request your approval of this filing to be effective June 15, 2009.

Sincerely,

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Thomas W. Monson, CPCU
 Forms Director and Assistant Secretary-Treasurer
 (309)-766-2270
 tom.monson.apky@statefarm.com

Laurel Poshard
 Analyst
 (309) 766-5869
 laurel.poshard.bk8e@statefarm.com

Company and Contact

Filing Contact Information

Laurel Poshard,
 One State Farm Plaza 309-766-5869 [Phone]
 D-4
 Bloomington, IL 61710

Filing Company Information

State Farm Fire and Casualty Company CoCode: 25143 State of Domicile: Illinois
 1 State Farm Plaza Group Code: 176 Company Type:
 Bloomington, IL 61710 Group Name: State ID Number:
 (309) 735-0649 ext. [Phone] FEIN Number: 37-0533080

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$100 per filing for independent rate filings X 1 filing = \$100.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$100.00	03/26/2009	26721145

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	09/14/2009	09/14/2009

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	06/26/2009	06/26/2009			
Pending Industry Response	Edith Roberts	04/16/2009	04/16/2009	Robin Dunagan	07/17/2009	07/17/2009
Pending Industry Response	Edith Roberts	04/08/2009	04/08/2009	Robin Dunagan	04/16/2009	04/16/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status	Note To Reviewer	Robin Dunagan	08/18/2009	08/18/2009

SERFF Tracking Number: SFMA-126088497 *State:* Arkansas
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Disposition

Disposition Date: 09/14/2009

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SFMA-126088497 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
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 (<i>revised</i>)	MMPCS and PC RLC	Filed	Yes
Supporting Document	MMPCS and PC RLC	Filed	Yes
Rate	Manual Pages	Filed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/26/2009

Submitted Date 06/26/2009

Respond By Date

Dear Laurel Poshard,

This will acknowledge receipt of the captioned filing.

Let me know if you need help in completing the RF-1 (Form PC-RLC) as instructed below...that is all I need to finalize your filing. Thanks, Edith

Instructions for Med mal survey and RF-1 request:

We must 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.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

SERFF Tracking Number: SFMA-126088497 State: Arkansas
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Project Name/Number: SP-24940/SP-24940

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/16/2009

Submitted Date 04/16/2009

Respond By Date

Dear Laurel Poshard,

This will acknowledge receipt of the captioned filing.

Please complete the RF-1 form, advising that this is not a loss cost filing. Then complete the remaining sections as indicated. I realize it is very confusing, I wish it was better indicated on the form.

Sorry!

Thanks,

Edith

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State

Response Letter Date 07/17/2009

Submitted Date 07/17/2009

Dear Edith Roberts,

Comments:

Dear Edith Roberts,

Response 1

Comments: As requested, attached is the completed RF-1 (Form PC-RLC).

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: MMPCS and PC RLC

SERFF Tracking Number: SFMA-126088497 *State:* Arkansas
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Project Name/Number: SP-24940/SP-24940

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Laurel Poshard

Sincerely,
Laurel Poshard, Robin Dunagan

SERFF Tracking Number: SFMA-126088497 State: Arkansas
Filing Company: State Farm Fire and Casualty Company State Tracking Number: EFT \$100
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TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2030 Dentist
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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/08/2009

Submitted Date 04/08/2009

Respond By Date

Dear Laurel Poshard,

This will acknowledge receipt of the captioned filing.

For any med mal filing, the medical malpractice survey form # MMPCS must be completed in the Excel format. If the example information requested in the form is not applicable, please indicate. The form may be accessed here: <http://www.insurance.arkansas.gov/PandC/RR23Forms/MM%20Survey%20FORM%20MMPCS.xls>

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.

These forms are required so that we may enter the information on the web for comparison between med mal coverage options.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State

Response Letter Date 04/16/2009

Submitted Date 04/16/2009

Dear Edith Roberts,

SERFF Tracking Number: SFMA-126088497 State: Arkansas
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Product Name: SP-24940
Project Name/Number: SP-24940/SP-24940

Comments:

Dear Edith Roberts,

Response 1

Comments: As requested attached are the completed forms.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: MMPCS and PC RLC

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Laurel Poshard

Sincerely,
Laurel Poshard, Robin Dunagan

SERFF Tracking Number: SFMA-126088497 State: Arkansas
Filing Company: State Farm Fire and Casualty Company State Tracking Number: EFT \$100
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Project Name/Number: SP-24940/SP-24940

Note To Reviewer

Created By:

Robin Dunagan on 08/18/2009 07:44 AM

Last Edited By:

Edith Roberts

Submitted On:

09/14/2009 11:03 AM

Subject:

Status

Comments:

Please advise the status of this filing. As requested, a completed RF-1 was submitted on July 17, 2009.

Sincerely,

Laurel Poshard

Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:

Filed 09/14/2009	Manual Pages	See Attached	New	Rate Pages.pdf
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**State Farm Fire & Casualty Company
Dentists Professional Liability Insurance
Rating Plan**

A. GENERAL GUIDELINES

1. Application of Rating Plan

This plan provides the rules, rates, and classifications for Dentist Professional Liability coverage for individual dentists and dental groups. Any exception to these rules shall be contained on the State Rate Page.

2. Policy Term

The rating plan contemplates policies to be written for a period of one year. At the Insureds request policies can be written for a Policy Period of no less that six months or no more than eighteen months. The annual premium will be adjusted on a pro rata basis to reflect the difference between the annual and actual Policy Period.

3. Policy Writing Minimum Premium

The minimum annual premium shall be \$ 250 unless otherwise specified.

4. Coverages

Coverage available under the Dentists Professional Liability Insurance Policy includes Dentists Professional Liability and the additional Supplementary Payments coverages listed below and within the specific policy forms and endorsements. The Limits of Liability for the Supplementary Payments coverages may not be increased under this program.

	Coverage	Limit
1	Professional Liability	Claims-Made Basis. Based on Insureds Choice of Limit - See Rating Plan - Item C.6.
	Supplementary Payments	Limit
2	Defendant's Reimbursement	\$ 500 Each Day \$ 5,000 Each Claim
3	Licensure Defense Assistance	\$ 5,000 Each Civil Proceeding \$ 10,000 Total Policy Period Limit
4	Medical Waste Reimbursement	\$ 50,000 Each Civil Proceeding \$ 50,000 Total Policy Period Limit
5	First Aid Supplement	\$ 5,000 Each Person \$ 15,000 Total Policy Period Limit
6	Damage To Property Of Others Payment	\$ 500 Each Incident \$ 1,500 Total Policy Period Limit

**State Farm Fire & Casualty Company
Dentists Professional Liability Insurance
Rating Plan**

A. GENERAL GUIDELINES (Continued)

5. Premium Computation

- a. Compute the premium at policy inception using the rules, rates and rating plans in effect at that time. At renewal, compute the premium using the rules, rates and rating plans then in effect.
- b. Prorate the premium when a policy is issued for other than a whole year.
- c. Policies are calculated as specified for the respective coverage(s). Premium rounding will be done at the final premium.

The premium shall be computed by applying the rate per dentist, as shown on the State Rate Page. The rate shall be applied in accordance with each dentist's classification. The premium for all dentists under a group will be the sum of each dentist's premium and any premiums applicable to practice coverages.

6. Whole Dollar Rule

In the event the application of any rating procedure applicable in accordance with the rating plan where the result is not a whole dollar, each rate shall be adjusted as follows:

- a. Any amount involving \$.50 or over shall be rounded to the next highest whole dollar amount.
- b. Any amount involving \$.49 or less shall be rounded down to the next lowest whole dollar amount.

7. Factors or Multipliers

Unless stated otherwise, factors or multipliers are applied consecutively and not cumulatively.

8. Additional Premium Charges

- a. Prorate all changes requiring additional premium.
- b. Apply the rates and rules that were in effect on the effective date of the current policy period. After computing the additional premium, charge the amount applicable from the effective date of the change.

9. Return Premium

- a. Compute the return premium at the rates used to calculate the policy premium at the inception of this policy period.
- b. Compute the return premium when any coverage or exposure is deleted or an amount of insurance is reduced.

**State Farm Fire & Casualty Company
Dentists Professional Liability Insurance
Rating Plan**

A. GENERAL GUIDELINES (Continued)

10. Policy Cancellations

Compute the return premium pro rata using the rules, rates and rating plans in effect at the inception of this policy period when:

- a. The policy is cancelled at the Named Insured's or Company's request;
- b. A policy is cancelled and rewritten in the same Company or Group;

11. Location of Practice

The rates displayed on the State Rate Page contemplate the exposure as being derived from professional practice within the State. Insureds whose practice exposure is greater than 25% outside the state shall be referred to Company for underwriting approval and rating.

**State Farm Fire & Casualty Company
Dentists Professional Liability Insurance
Rating Plan**

B. PREMIUM CALCULATION

1. Dentist Classifications

The base premium rate for the policy shall be the sum of the applicable premium charges for each Named Insured dentist as developed based upon each dentist's classification. The following table shall be used to determine each dentist's classification:

Dentist Classification Table

Class	Description	Specialty Code	ISO Class Code
I.	<p>Dentists, excluding oral surgeons, who perform dentistry on patients who have been treated with Local Anesthesia, Nitrous Oxide Sedation, or Oral Medication.</p> <p>Conscious Sedation, Deep Sedation or General Anesthesia must be administered by a licensed provider of anesthetic services other than the insured in a hospital, state licensed and regulated surgical center or the insured's office.</p> <p>Dentists who fall within this class will be assigned a code based on their specialty:</p> <p>General Dentist Endodontist Orthodontist Periodontist Prosthodontist Pediatric Dentist Public Health Dentist Pathology Multi- Specialty Full Time Professor or Graduate Student</p>	<p>1000 1001 1002 1003 1004 1005 1006 1007 1008 1009</p>	80210
II.	<p>All dentists, excluding oral surgeons, that would fall into Class I except that they perform Conscious Sedation or Deep Sedation outside of a hospital or a state licensed and regulated surgical center.</p> <p>Dentists who fall within this class will be assigned a code based on their specialty:</p> <p>General Dentist Endodontist Orthodontist Periodontist Prosthodontist Pediatric Dentist Public Health Dentist Pathology Multi- Specialty Full Time Professor or Graduate Student</p>	<p>1000 1001 1002 1003 1004 1005 1006 1007 1008 1009</p>	80211

Dental Anesthesiologists and Oral Surgeons are ineligible classes for coverage under this program.

**State Farm Fire & Casualty Company
Dentists Professional Liability Insurance
Rating Plan**

B. PREMIUM CALCULATION (Continued)

2. Claims Made Coverage Rules

a. Retroactive Date

The Retroactive Date is a specific date on the Declarations Page of the policy. Once a Retroactive Date is established for an Insured by the Company, it may not be changed by the Company during a period of continuous coverage.

b. The policy may be extended to provide prior acts coverage as follows:

i. The Retroactive Date may not precede the effective date of the first of one or more dentists claims made professional liability policies issued to the insured which together and uninterrupted provided continuous coverage until the effective date of this policy.

ii. The appropriate step into which the Insured is placed for rating purposes shall be determined by the following rule:

Years Of Claims Made Exposure	1	2	3	4	5	Mature
Number of Days	0-182	183-547	548-912	913-1277	1278-1642	1643+
Step Factor	.29	.54	.73	.81	.90	1.00

The annual claims-made rate for each Class I or Class II dentist shall be determined as follows:

c. The annual mature claims-made rates for each class of dentists are stated on the State Rate Page.

i. If the dentist is just entering practice, previously uninsured, or previously covered under an occurrence policy, enter the step 1 rate factor from the Table shown above (first year level).

ii. If the dentist is currently insured under a claims-made policy for one or more years immediately preceding the effective date of this coverage, the following procedure will apply;

- (1) Determine the number of years under which the dentist was covered under claims-made policy(ies) in accordance with 2. above;
- (2) The number of years shall be the insureds claims made prior acts exposure. Fractional years of more than 182 days exposure shall be rounded to the next higher year; less than 183 days shall be rounded to the next lower year;
- (3) The number of years developed above shall be the years of prior years of claims made exposure. The appropriate step factor is determined by taking the years of prior exposure and adding one to determine the years of total exposure.

**State Farm Fire & Casualty Company
Dentists Professional Liability Insurance
Rating Plan**

B. PREMIUM CALCULATION (continued)

3. Additional Classifications

a. Corporation/Partnership/Association

Liability coverage is provided for corporations, partnerships or associations arising from the professional services of member dentists insured by the policy. Such coverage is provided on a shared Limit of Liability basis for no additional charge. A separate Limit of Liability is available for an additional premium charge of 10% of the total developed professional liability premium for all dentists insured by the policy. The separate Limit of Liability shall equal the Dental Professional Liability Limit of Liability.

b. Limited Clinical Practice

Dentists that limit their clinical practice represent a more limited exposure and are eligible for coverage at a reduced rate as follows based upon their classification:

- i. Part-Time Dentists – Those dentists that work 20 hours or less per week will be charged 50% of the full annual rate.
- ii. Full-time Professor or Graduate Students – Those practitioners who are full time teachers or students at a state accredited university or dental college whose practice of dentistry is limited to that required as part of the teaching and clinical programs of the dental school. Full-time Professors or graduate students will be charged 50% of the full rate.

c. Locum Tenens

Coverage for a dentist substituting for an insured dentist on a temporary basis may be added to cover only professional services rendered on behalf of the insured dentist for a specified time period of up to 180 days for no additional premium charge. The substitute dentist will share the insured dentist's Limit of Liability.

The substitute dentist must complete an application and submit it to the Company prior to the requested effective date for approval.

**State Farm Fire & Casualty Company
Dentists Professional Liability Insurance
Rating Plan**

B. PREMIUM CALCULATION (continued)

3. Additional Classifications (continued)

d. New Dentists

A dentist that is new to the private practice of dentistry shall receive a premium credit for the first three years of private practice. A newly graduated dentist is defined as;

- i. A dentist who has completed training from a domestic accredited university or dental college within the 12 previous months;
- ii. A military dentist who within six months of honorable discharge; or
- iii. A foreign graduate who has completed a four-year program from an accredited U.S. dental school within the 12 previous months;

and is joining a dental practice or starting a private practice and has not previously had dentists professional liability insurance.

Year of Practice	Credit
First Year	60%
Second Year	40%
Third Year	20%

e. Disability/Leave of Absence

An insured dentist who becomes disabled or is on a leave of absence during the policy period may be eligible for restricted coverage at a reduced rate of 25% of the applicable rate for the period of the disability or leave of absence. The insured must be on a leave of absence or disability for a minimum of 45 days to a maximum of 180 days in order to be considered for this rate reduction. The reduction will apply retroactively to the first day of the disability or leave of absence.

f. Additional Insureds

Persons or organizations for which the Insureds perform dental services under contract are eligible to be Additional Insureds. For an additional premium of 10% of the total policy premium, Additional Insureds may be added to the policy, but solely with respect to liability arising out of professional services performed by Insureds. The Additional Insureds will share the Limit of Liability of the insured.

**State Farm Fire & Casualty Company
Dentists Professional Liability Insurance
Rating Plan**

C. ADDITIONAL COVERAGE/RATING RULES

1. Individual Risk Characteristic Rating

Based upon the individual risk characteristics of each dentist, an additional debit or credit may be applied to the insured's rate and premium. The following individual risk characteristics will be added together to determine the overall debit or credit modification applicable.

	<u>Credit</u>	<u>Debit</u>
Procedure Mix – Procedures or practice specialties that are not contemplated in the basic rate or outside of the dentist's specialty.	0 – 25 %	0 – 25%
Unusual Risk Characteristics – Any unique characteristics of the dentist's practice that reduce or increase the exposure.	0 – 25 %	0 – 25 %
Dental Board Actions Modification – Applies to dentists that are subject to a Dental Board of Examiners action, peer review or accreditation action reflecting potentially increased exposure.	N/A	0 – 25 %

2. Experience Rating

An experience credit or debit will be applied to each dentist's premium based upon his/her claims experience for the five preceding years. The criteria used to determine the applicability of a debit or credit shall be based on a review of the insureds claims history including;

- a. Frequency of claims
- b. Total incurred losses
- c. Total paid losses
- d. The cause of losses
- e. Corrective action taken to prevent subsequent losses.

3. Risk Management / Loss Prevention

Any dentist that participates in a Company approved risk management or loss prevention program within the last three years will receive a 7.5% risk management credit.

4. Group Discounts

A single group practice policy issued to two or more dentists is eligible for a premium discount based upon the total number of dentists within the group. This discount is based on the size of the group to reflect the lower acquisition costs, reduced administrative expenses (including billing and collection) and the potential savings due to lower losses. The following discounts are applicable:

Group Size	Premium Credit
2 – 5 Dentists	5%
6 – 10 Dentists	10%
11+ Dentists	15%

**State Farm Fire & Casualty Company
Dentists Professional Liability Insurance
Rating Plan**

C. ADDITIONAL COVERAGE/RATING RULES (continued)

5. Association Membership Credit

Membership in qualified professional associations shall make a dentist eligible for a premium modification. A premium credit of 5% shall be given to those Insureds who are a member of a qualified association as determined by the company's underwriting guidelines.

6. Decreased/Increased Limits Factors

The mature Claims Made rate shown on the State Rate Page contemplates a base Limit of Liability of \$1,000,000 each Claim and \$ 3,000,000 Total for the Policy Period. Other available limits of liability and their associated modification factors are as follows:

Limit of Liability Factors

Each Claim Limit of Liability	Total Limit of Liability	Limit Factor
\$100,000	\$300,000	0.782
\$200,000	\$600,000	0.890
\$500,000	\$1,500,000	0.946
\$1,000,000	\$3,000,000	1.000
\$2,000,000	\$3,000,000	1.085
\$2,000,000	\$4,000,000	1.098
\$3,000,000	\$3,000,000	1.160
\$4,000,000	\$4,000,000	1.240
\$5,000,000	\$5,000,000	1.320

7. Deductibles

The mature Claims Made rate shown on the State Rate Page contemplates a \$0 Deductible each Claim. Other available deductibles and associated credits are as follows:

Each Claim Deductible	Credit
\$1,000	5%
\$2,500	10%
\$5,000	19%
\$10,000	30%

For higher deductibles refer to company.

**State Farm Fire & Casualty
Dentists Professional Liability Insurance
Rating Plan – State Page**

State of Arkansas

I. Territory Definitions

Territory I	Entire State
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II. Dentist Rates

Mature Claims Made rate at \$ 1,000,000 each Claim Limit of Liability / \$ 3,000,000 Aggregate Limit of Liability for an annual Policy Period.

Dentists Classification	Territory I
I	\$1,357
II	\$2,714

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	09/14/2009
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	NAIC loss cost data entry document	Filed	09/14/2009
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Form PRONOT	Filed	09/14/2009
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Form PROMAL	Filed	09/14/2009
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	MMPCS and PC RLC	Filed	09/14/2009
Comments:			
Attachments:			
	MM Survey FORM MMPCS.xls		
	FORM RF-1 Rate Filing Abstract _2_.pdf		

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

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

NAIC Number:	25143
Company Name:	State Farm Fire and Casualty Company
Contact Person:	Laurel Poshard
Telephone No.:	309-766-5869
Email Address:	laurel.poshard.bk8e@statefarm.com
Effective Date:	6/15/2009

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

Physicians

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:	%	%	%

Dental

Base Rate	Dentist	Orthodontist	Oral Surgeons
At 100,000/300,000	\$ 1,061	\$	\$
Discounts and Surcharges			
Claims Free	10 %	%	%
5 years Experience	0 %	%	%
Surgery	0 %	%	%
Other: Risk Mgmt. Credit	7.5 %	%	%

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	SP-24940
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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 Filing Number	This is not a Loss Cost Filing
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Company Name		Company NAIC Number	
3.	A. State Farm Fire and Casualty Company	B.	25143

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. Professional Liability	B.	Dentists

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
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

7.

Expense Constants	Selected Provisions
A. Total Production Expense	10.0%
B. General Expense	22.5%
C. Taxes, License & Fees	3.0%
D. Underwriting Profit & Contingencies	7.0%
E. Other (explain)	
F. TOTAL	42.5%

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

<i>SERFF Tracking Number:</i>	<i>SFMA-126088497</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Fire and Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>SP-24940</i>		
<i>TOI:</i>	<i>11.2 Med Mal-Claims Made Only</i>	<i>Sub-TOI:</i>	<i>11.2030 Dentist</i>
<i>Product Name:</i>	<i>SP-24940</i>		
<i>Project Name/Number:</i>	<i>SP-24940/SP-24940</i>		

Superseded Schedule Items

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.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/16/2009	Supporting	MMPCS and PC RLC Document	07/17/2009	MM Survey FORM MMPCS.xls FORM RF-1 Rate Filing Abstract _2_.pdf (Superseded)

