

SERFF Tracking Number: MAGM-127000407 State: Arkansas  
Filing Company: MAG Mutual Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: 140801-1104  
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0023 Physicians & Surgeons  
Made/Occurrence  
Product Name: AR P&S Rate/Rule 03-2011  
Project Name/Number: AR P&S Rate/Rule 03-2011/140801-1104

## Filing at a Glance

Company: MAG Mutual Insurance Company

Product Name: AR P&S Rate/Rule 03-2011

TOI: 11.0 Medical Malpractice - Claims

Made/Occurrence

Sub-TOI: 11.0023 Physicians & Surgeons

Filing Type: Rate/Rule

SERFF Tr Num: MAGM-127000407 State: Arkansas

SERFF Status: Closed-Filed

State Tr Num: EFT \$50

Co Tr Num: 140801-1104

State Status: Fees verified and received

Reviewer(s): Edith Roberts, Nancy Horton

Authors: Carolyn Branch, Shelia Jones

Disposition Date: 03/30/2011

Date Submitted: 02/03/2011

Disposition Status: Filed

Effective Date Requested (New): 03/01/2011

Effective Date (New):

Effective Date Requested (Renewal): 03/01/2011

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: AR P&S Rate/Rule 03-2011

Project Number: 140801-1104

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 03/30/2011

State Status Changed: 02/08/2011

Created By: Carolyn Branch

Corresponding Filing Tracking Number: 140802-1110

Filing Description:

AR P&S Rate/Rule 03-2011

Status of Filing in Domicile: Authorized

Domicile Status Comments: N/A

Reference Number:

Advisory Org. Circular:

Deemer Date:

Submitted By: Carolyn Branch

## Company and Contact

### Filing Contact Information

Carolyn Branch, Analyst

P.O. Box 52979

cbranch@magmutual.com

404-842-5600 [Phone]

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Atlanta, GA 30355-0979

**Filing Company Information**

MAG Mutual Insurance Company	CoCode: 42617	State of Domicile: Georgia
PO Box 52979	Group Code: -99	Company Type:
Atlanta, GA 30355	Group Name:	State ID Number:
(404) 842-5673 ext. [Phone]	FEIN Number: 00-00000	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MAG Mutual Insurance Company	\$50.00	02/03/2011	44371069

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	03/30/2011	03/30/2011

### 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	02/21/2011	02/21/2011	Carolyn Branch	03/01/2011	03/01/2011
Pending Industry Response	Edith Roberts	02/08/2011	02/08/2011	Carolyn Branch	02/09/2011	02/09/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Cover Letter & Filing Memorandum	Carolyn Branch	03/07/2011	03/07/2011

SERFF Tracking Number: MAGM-127000407 State: Arkansas  
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## Disposition

Disposition Date: 03/30/2011  
 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:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
MAG Mutual Insurance Company	0.000%	0.000%	\$0	0	\$739,331	0.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document (revised)</b>	Form MMPCS	Filed	Yes
<b>Supporting Document</b>	Form MMPCS	Withdrawn	Yes
<b>Supporting Document</b>	Form MMPCS	Withdrawn	Yes
<b>Supporting Document</b>	Form PROMAL	Filed	Yes
<b>Supporting Document</b>	Form PRONOT	Filed	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Filed	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Forms (all P&C lines)	Filed	Yes
<b>Supporting Document</b>	Text Comparison Rule	Filed	Yes
<b>Supporting Document (revised)</b>	Cover Letter & Filing Memorandum	Filed	Yes
<b>Supporting Document</b>	Cover Letter & Filing Memorandum	Withdrawn	Yes
<b>Rate</b>	Shared Blanket Excess Endorsement (BEE)	Filed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 02/21/2011  
Submitted Date 02/21/2011  
Respond By Date

Dear Carolyn Branch,

This will acknowledge receipt of the captioned filing.

The discounts showing on the MMPCS survey are far, far above what would be allowed. Please explain. The maximum debit/credit allowable under a scheduled rating plan is +/- 50.

Thanks.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 03/01/2011  
Submitted Date 03/01/2011

Dear Edith Roberts,

### Comments:

Thank you for your review of our filing.

### Response 1

Comments: The MMPCS has been revised and submitted for review.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Form MMPCS

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please advise if any additional information is needed.

Sincerely,

Carolyn Branch, Shelia Jones

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 02/08/2011  
Submitted Date 02/08/2011  
Respond By Date

Dear Carolyn Branch,

This will acknowledge receipt of the captioned filing.

My Director needs the MMPCS form to be completed in the Excel format. Could you do that and resend?

Thanks so much,

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 02/09/2011  
Submitted Date 02/09/2011

Dear Edith Roberts,

### Comments:

Thank you for your review of our filing.

### Response 1

Comments: The MMPCS form has been re-sent in an Excel format.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Form MMPCS

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please advise if any additional information is needed.

Sincerely,

Carolyn Branch, Shelia Jones

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**Amendment Letter**

Submitted Date: 03/07/2011

**Comments:**

Ms. Roberts,

The revised cover letter was not included with the re-submission of the MMPCS on March 1st. It is now attached for review.

Thanks-Carolyn.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Cover Letter & Filing Memorandum**

Comment:

cover letter 03-01-2011 AR.pdf

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**Rate Information**

Rate data applies to filing.

**Filing Method:** File & Use  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 0.000%  
**Effective Date of Last Rate Revision:** 05/01/2009  
**Filing Method of Last Filing:** File & Use

**Company Rate Information**

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
MAG Mutual Insurance Company	N/A	0.000%	0.000%	\$0	0	\$739,331	0.000%	0.000%

SERFF Tracking Number: MAGM-127000407 State: Arkansas  
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## Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
Filed 03/30/2011	Shared Blanket Excess Endorsement (BEE)	Page 48	Replacement	BEE Rule 2011.03 - AR.pdf

**SHARED BLANKET EXCESS ENDORSEMENT (BEE)**

The policyholder may elect to purchase limits in excess of individual limits on a SHARED BLANKET EXCESS (BEE) basis, subject to underwriting approval. The Company currently provides individual limits of up to \$3 million each loss / \$5 million Aggregate. BEE limits will be available up to \$5 million each loss / \$5 million aggregate in excess of individual limits.

The BEE is priced by rating all insured physicians and separate limit employees on an individual excess basis utilizing manual rate tables, increased limit factors below and applying defined discounts and surcharges. The limits provided on a shared blanket excess basis are then discounted using the following BEE table.

**BEE Discount Table**

<u>#MDs/Sep Limit EEs</u>	
1 – 10	0.0%
11 – 50	4.5%
51 – 100	8.0%
101 – 200	10.5%
201 +	12.0%

**Individual Excess Increased Limit Factors**

<u>Limits</u>		
\$1M xs \$1M	See manual rate tables	
\$1M xs \$2M	See manual rate tables	
	<u>ILFs applicable to \$1M/\$3M manual rate</u>	
	<u>Rate Class 0.5 – 3</u>	<u>Rate Class 3A - 8</u>
\$1M xs \$3M	0.07	0.08
\$1M xs \$4M	0.05	0.06
\$1M xs \$5M	0.05	0.05
\$1M xs \$6M	0.04	0.04
\$1M xs \$7M	0.04	0.04

**Other Rules and Procedures**

- A. Each insured must carry individual underlying limits of at least \$1,000,000 Each loss/\$3,000,000 Aggregate in order for the BEE to be available.
- B. This endorsement will not provide any additional coverage if the individual's underlying aggregate limit has been exhausted with prior claims.
- C. The Reporting Endorsement at the shared BEE limits of coverage is not offered to individuals who terminate. The Reporting Endorsement will only be offered at the BEE limits when the entire endorsement or the entire policy is being terminated. Terminating individuals will be offered the Reporting Endorsement at the underlying individual limits.
- D. The Reporting Endorsement is priced by multiplying the average annual BEE premium for the last two policy terms by a factor of 2.0.
- E. Availability of prior acts coverage is subject to Underwriting approval.

SERFF Tracking Number: MAGM-127000407 State: Arkansas  
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Form MMPCS <b>Comments:</b> <b>Attachment:</b> AR MM Survey FORM MMPCS AR 3-2011 v1.xlsx	Filed	03/30/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Form PROMAL <b>Comments:</b> The overall rate level impact is revenue neutral.	Filed	03/30/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Form PRONOT <b>Comments:</b> The overall rate level impact is revenue neutral.	Filed	03/30/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> NAIC loss cost data entry document <b>Comments:</b> <b>Attachment:</b> AR 2011 NAIC LC Data Entry Doc for BEE.pdf	Filed	03/30/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> NAIC Loss Cost Filing Forms (all P&C lines) <b>Comments:</b>	Filed	03/30/2011

SERFF Tracking Number: MAGM-127000407 State: Arkansas  
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No Loss Cost change is being made.

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Text Comparison Rule	Filed	03/30/2011
<b>Comments:</b>			
<b>Attachment:</b>			
	Text Comparison Rule - AR.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Cover Letter & Filing Memorandum	Filed	03/30/2011
<b>Comments:</b>			
<b>Attachment:</b>			
	cover letter 03-01-2011 AR.pdf		



### NAIC LOSS COST DATA ENTRY DOCUMENT

<b>1.</b>	This filing transmittal is part of Company Tracking #	140801-1104
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<b>2.</b>	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	
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Company Name		Company NAIC Number		
<b>3.</b>	<b>A.</b>	<b>MAG MUTUAL INSURANCE COMPANY</b>	<b>B.</b>	<b>42617</b>

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)		
<b>4.</b>	<b>A.</b>	<b>11.0 Medical Malpractice - Claims Made / Occurrence</b>	<b>B.</b>	<b>11.0023 Physicians &amp; Surgeons</b>

<b>5.</b>			<b>FOR LOSS COSTS ONLY</b>				
(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
<b>Phys &amp; Surgeons</b>	<b>0</b>	<b>0</b>					
<b>TOTAL OVERALL EFFECT</b>	<b>0</b>	<b>0</b>					

<b>6.</b>		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
<b>2009</b>	<b>Initial Filing</b>	<b>Initial</b>	<b>5/1/2009</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>76.5%</b>

<b>7.</b>	
Expense Constants	Selected Provisions
A. Total Production Expense	<b>7.7%</b>
B. General Expense	<b>3.5%</b>
C. Taxes, License & Fees	<b>2.5%</b>
D. Underwriting Profit & Contingencies	
E. Other (Surplus Growth Load)	<b>3.0%</b>
<b>F. TOTAL</b>	<b>16.7%</b>

- 8.**   N   Apply Lost Cost Factors to Future filings? (Y or N)
- 9.**   0   Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): \_\_\_\_\_
- 10.**   0   Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): \_\_\_\_\_

# Text Comparison

## Documents Compared

BEE Rule 2009.05 - AR.pdf

BEE Rule 2011.03 - AR.pdf

## Summary

262 word(s) added

266 word(s) deleted

115 word(s) matched

6 block(s) matched

To see where the changes are, please scroll down.

**MAG Mutual Insurance Company**  
**Physicians and Surgeons Professional Liability**  
**Arkansas: ~~May 1, 2009~~**

**~~BLANKET EXCESS ENDORSEMENT (BEE)~~**

~~The Company has determined that there is a need for a professional liability product to respond in excess of individual limits, however, the cost of purchasing individual separate limits of excess is often prohibitive. The Company has designed a SHARED limit concept called BLANKET EXCESS ENDORSEMENT (BEE). The BEE is priced by rating all insured physicians, employees and organization on an individual excess basis. The premium layers to be provided on a shared blanket excess basis are then discounted using the following BEE table.~~

<del>#MDs</del>	<del>Discount</del>
<del>1-4</del>	<del>None</del>
<del>5-9</del>	<del>10%</del>
<del>10-19</del>	<del>15%</del>
<del>20+</del>	<del>20%</del>

~~Aggregate reinstatements are subject to AA= rating and can only be decided upon when considering all circumstances pertinent to a particular group and its exposure characteristics and loss history.~~

~~Other rules and procedures:~~

- ~~A. The minimum premium is the highest full premium for one physician rated individually.~~
- ~~B. Each insured must carry individual underlying limits of at least \$1,000,000 Each loss/\$3,000,000 Aggregate.~~
- ~~C. The organization must purchase a separate limit of coverage of at least \$1,000,000/\$3,000,000.~~
- ~~D. All insureds must carry the same underlying limits as all other insureds on the policy.~~
- ~~E. The customer may chose an option to put an individual aggregate limit on this coverage to avoid exhaustion of limits by one physician, but the Company will not require it.~~
- ~~F. This endorsement will not provide any additional coverage if the individual's underlying aggregate limit has previously been exhausted.~~
- ~~G. Applicable shared and separate employee excess premiums and excess organization premiums should be included in the BEE premium and are also eligible for the BEE discount.~~
- ~~H. The Reporting Endorsement at the shared BEE limits of coverage is not offered to individuals who terminate. The Reporting Endorsement will only be offered at the BEE limits when the entire endorsement or the entire policy is being terminated. Terminating individuals will be offered the Reporting Endorsement at the underlying individual limits.~~
- ~~I. This coverage may be rated initially at "no prior acts," i.e., CMY-1, or it may be rated at the same maturity as the primary limits, i.e., full retroactive coverage.~~

**MAG Mutual Insurance Company**  
**Physicians and Surgeons Professional Liability**  
**Arkansas: March 1, 2011**

**SHARED BLANKET EXCESS ENDORSEMENT (BEE)**

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The BEE is priced by rating all insured physicians and separate limit employees on an individual excess basis utilizing manual rate tables, increased limit factors below and applying defined discounts and surcharges. The limits provided on a shared blanket excess basis are then discounted using the following BEE table.

**BEE Discount Table**

<u>#MDs/Sep Limit EEs</u>	
<u>1 – 10</u>	<u>0.0%</u>
<u>11 – 50</u>	<u>4.5%</u>
<u>51 – 100</u>	<u>8.0%</u>
<u>101 – 200</u>	<u>10.5%</u>
<u>201 +</u>	<u>12.0%</u>

**Individual Excess Increased Limit Factors**

<u>Limits</u>		
<u>\$1M xs \$1M</u>	<u>See manual rate tables</u>	
<u>\$1M xs \$2M</u>	<u>See manual rate tables</u>	
	<u>ILFs applicable to \$1M/\$3M manual rate</u>	
	<u>Rate Class 0.5 – 3</u>	<u>Rate Class 3A – 8</u>
<u>\$1M xs \$3M</u>	<u>0.07</u>	<u>0.08</u>
<u>\$1M xs \$4M</u>	<u>0.05</u>	<u>0.06</u>
<u>\$1M xs \$5M</u>	<u>0.05</u>	<u>0.05</u>
<u>\$1M xs \$6M</u>	<u>0.04</u>	<u>0.04</u>
<u>\$1M xs \$7M</u>	<u>0.04</u>	<u>0.04</u>

**Other Rules and Procedures**

- A. Each insured must carry individual underlying limits of at least \$1,000,000 Each loss/\$3,000,000 Aggregate in order for the BEE to be available.
- B. This endorsement will not provide any additional coverage if the individual's underlying aggregate limit has been exhausted with prior claims.
- C. The Reporting Endorsement at the shared BEE limits of coverage is not offered to individuals who terminate. The Reporting Endorsement will only be offered at the BEE limits when the entire endorsement or the entire policy is being terminated. Terminating individuals will be offered the Reporting Endorsement at the underlying individual limits.
- D. The Reporting Endorsement is priced by multiplying the average annual BEE premium for the last two policy terms by a factor of 2.0.
- E. Availability of prior acts coverage is subject to Underwriting approval.

March 1, 2011

Edith Roberts  
Property and Casualty Division  
Arkansas Department of Insurance

Via SERFF

**RE: Physicians and Surgeons Professional Liability**  
**Rate Filing: Proposed Effective Date March 1, 2011**  
**Company Filing Number: 140801-1104**  
**SERFF Tracking #: MAGM-127000407**

Dear Ms. Roberts:

Thank you for your review of our filing.

Based upon your interrogatory, we apparently completed the MMPCS incorrectly. The percentages shown on our original submission of the form were the specialty rates relative to the base class.

We have revised the form to reflect the discount ranges in our filing.

We hope the revised MMPCS adequately addresses your concerns. Please contact us if any additional information is needed.

Prepared by:



Edward Lybrook  
Senior Vice President,  
Regulatory Compliance & Product Development

Submitted by:



Carolyn Branch  
Senior Regulatory Analyst

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## 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)
02/09/2011		Supporting Form MMPCS Document	03/01/2011	AR MM Survey FORM MMPCS AR 2011 BEE.xls (Superseded)
01/25/2011		Supporting Form MMPCS Document	02/09/2011	AR MM Survey FORM MMPCS AR 2011 BEE.pdf (Superseded)
02/03/2011		Supporting Cover Letter & Filing Memorandum Document	03/07/2011	Filing Memorandum 1-26-2011.pdf (Superseded) cover letter 1-26-2011 AR.pdf (Superseded)

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

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

NAIC Number:	42617
Company Name:	MAG Mutual Insurance Company
Contact Person:	Edward Lybrook
Telephone No.:	(404) 842-5673
Email Address:	elybrook@magmutual.com
Effective Date:	3/1/2011

**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](mailto: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	\$ 5614	\$ 5614	\$ 5614
<b>Discounts and Surcharges</b>			
Emergency Room	170 %	170 %	170 %
Surgery	260 %	260 %	260 %
Delivery	428 %	428 %	428 %
Claims Free	up to 18% %	up to 18% %	up to 18% %
Over 5 years Experience	%	%	%
Other: Group, RM, New Doc	7 %	7 %	7 %

Dental

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

**MAG Mutual Insurance Company**  
**Physicians and Surgeons Professional Liability**  
**Filing Memorandum**  
**Requested Effective: March 1, 2011**

The purpose of this filing is to revise the methodology for shared blanket excess limits available as part of our Physicians and Surgeons Professional Liability program.

We are revising the Shared Blanket Excess pricing and structure to reflect current reinsurance treaties. This program allows policyholders to purchase excess limits on a shared blanket basis. The limits currently availability are up to \$3M each loss / \$5M aggregate and are not changed in any way with this filing. With this filing, shared blanket excess limits will be available up to the \$8M limit layer.

This filing does not have any rate or premium impact to current policyholders. No insured will receive an increase resulting from this filing. We do not currently have any policyholder purchasing shared blanket excess limits.

January 27, 2011

William Lacy, JD  
Property and Casualty Division Director  
Arkansas Department of Insurance

Via SERFF

**RE: Physicians and Surgeons Professional Liability**  
**Rate Filing: Proposed Effective Date March 1, 2011**  
**Company Filing Number: 140801-1104**

Dear Mr. Lacy:

This letter and the enclosed material are being submitted as an independent filing on behalf of MAG Mutual Insurance Company.

The purpose of this filing is to revise the methodology for shared blanket excess limits available as part of our Physicians and Surgeons Professional Liability program.

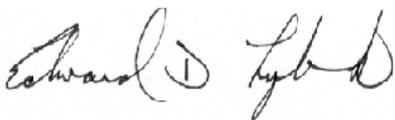
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This filing does not have any rate or premium impact to current policyholders. No insured will receive an increase resulting from this filing. We do not currently have any policyholder purchasing shared blanket excess limits.

The attached filing memorandum explains in detail the purpose and content of this filing.

If you have any questions regarding this filing, please call me at (404) 842-5673 or contact me via e-mail at [elybrook@magmutual.com](mailto:elybrook@magmutual.com).

Prepared by:



Edward Lybrook  
Senior Vice President,  
Regulatory Compliance & Product Development

Submitted by:



Carolyn Branch  
Senior Regulatory Analyst