NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	07-AR-94
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A

		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.	**11.0000 Combination Occurrence & Claims-Made**

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
Physicians & Surgeons							
Professional Liability	**-39.5%**	**-39.5%**					
TOTAL OVERALL EFFECT	**-39.5%**	**-39.5%**					

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
2002	**92**	**50.0%**	**01/01/02**	**780**	**1,302**	**1.670**	**0.829**
2003	**74**	**21.0%**	**02/01/03**	**870**	**271**	**0.312**	**0.771**
2004	**49**	**10.0%**	**02/01/04**	**773**	**254**	**0.329**	**0.550**
2005	**41**	**22.6%**	**02/01/05**	**617**	**-558**	**-0.904**	**0.612**
2006	**33**	**0.0%**	**12/01/06**	**593**	**587**	**0.990**	**0.384**

7.

Expense Constants	Selected Provisions
A. Total Production Expense	**7.1%**
B. General Expense	**13.1%**
C. Taxes, License & Fees	**3.4%**
D. Underwriting Profit & Contingencies	**5.0%**
E. Other (explain)	**0.0%**
F. TOTAL	**28.6%**

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. **-55.7%** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____