

**Malpractice Premium Comparison Survey Form REVISED
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 Coker
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Effective Date:	2/1/2008

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	\$ 6,207	\$ 6,207	\$ 6,207
Discounts and Surcharges			
Emergency Room	0 %	0 %	0 %
Surgery	0 %	0 %	0 %
Delivery	0 %	0 %	0 %
Claims Free	0 %	0 %	0 %
Over 5 years Experience	0 %	0 %	0 %
Other:	Risk Management, New-to-Practice, Schedule Rating, Debit Plan -50 to 50 %	-50 to 50 %	-50 to 50 %

Dental

Base Rate	Dentist	Orthodontist	Oral Surgeons
At 100,000/300,000	\$ 1,156	\$ 1,156	\$ 6,359
Discounts and Surcharges			
Claims Free	5/10/15 %	5/10/15 %	5/10/15 %
5 years Experience	0 %	0 %	0 %
Surgery	0 %	0 %	0 %
Other:	New to Practice 60/40/20 %	60/40/20 %	60/40/20 %
	Risk Management 5 %	5 %	5 %