

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

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

NAIC Number:	19380
Company Name:	American Home Assurance Company
Contact Person:	Myron Harry
Telephone No.:	212-458-7057
Email Address:	myron.harry@aig.com
Effective Date:	11/1/2007

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			0%
Surgery			0%
Delivery			0%
Claims Free			0%
Over 5 years Experience			0%
Other:			

Dental

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