

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	TANE DPL AR 11 07 RR
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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	N/A
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3.	Company Name		Company NAIC Number	
	A.	The American Insurance Company	B.	0761-21857

4.	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
	A.	Medical Malpractice	B.	Dental Professional Liability

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D)	(E)	(F)	(G)	(H)
			Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
Dental - Occurrence	27.9%	14.4%					
Dental - Claims-made	82.5%	14.4%					
TOTAL OVERALL EFFECT	74.8%	14.4%					

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
	2001	38			1.781	0.000	0.0%	101.7%
	2002	39			6.304	0.000	0.0%	93.1%
	2003	68	15.0%	5/15/2003	23.464	0.000	0.0%	109.0%
	2004	40			28.685	70.856	247.0%	70.3%
	2005	46	26.1%	10/19/2006	29.328	0.000	0.0%	95.0%

7.	Expense Constants	Selected Provisions
	A. Total Production Expense	26.3%
	B. General Expense	7.1%
	C. Taxes, License & Fees	2.3%
	D. Underwriting Profit & Contingencies	9.2%
	E. Other (explain): ULAE	2.1%
	F. TOTAL	47.0%

8. Apply Lost Cost Factors to Future filings? (Y or N) N/A

9. Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 50%

10. Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): N/A