

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

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

NAIC Number:	21857
Company Name:	The American Insurance Company
Contact Person:	Diane Sowell
Telephone No.:	312-456-5146
Email Address:	dsowell@ffic.com
Effective Date:	11/15/2007

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

Dental

Base Rate	Dentist	Orthodontist	Oral Surgeons
At 100,000/300,000	\$ 1188.64	\$ 1188.64	\$ 6080.00
Discounts and Surcharges			
Claims Free	10 %	10 %	10 %
5 years Experience	0-25 %	0-25 %	0-25 %
Surgery	20 %	%	%
Other:	%	%	%