

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

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

NAIC Number:	23809
Company Name:	Granite State Insurance Company
Contact Person:	Myron Harry
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Email Address:	myron.harry@aig.com
Effective Date:	December 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

Optometrist - New Coverage

Base Rate	Hospital	Clinic	Private
At 500,000/1,000,000	\$	\$	\$
Discounts and Surcharges			
Emergency Room	N/A	N/A	N/A
Surgery	N/A	N/A	N/A
Delivery	N/A	N/A	N/A
Claims Free	N/A	N/A	N/A
Over 5 years Experience	N/A	N/A	N/A
Other:	New Coverage N/A	N/A	N/A

Dental

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