

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

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APR 15 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

1. This filing transmittal is part of Company Tracking # P & S 05.15.2008

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

		Company Name STATE VOLUNTEER MUTUAL INSURANCE COMPANY		Company NAIC Number 33049
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		Product Coding Matrix Line of Business (i.e., Type of Insurance) Med Mal - Claims Made		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) N/A
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5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Physician & Surgeon Med Mal	0 to +10.1	+2.5	N/A	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT		+2.5					

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
2003	2,830	+23.2	05/15/03	26,519	19,998	75.4	72.8
2004	3,024	+11.0	05/15/04	34,388	34,523	100.4	82.1
2005	3,088	+5.5	05/15/05	37,572	29,054	77.3	88.4
2006	3,172	0	N/A	39,774	34,211	86.0	77.7
2007	3,087	+3.5	05/15/07	39,276	32,767	83.4	75.3

7.

Expense Constants	Selected Provisions
A. Total Production Expense	2,208
B. General Expense	2,534
C. Taxes, License & Fees	983
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

8. N Apply Lost Cost Factors to Future filings? (Y or N)
9. +2.5 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____