

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

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

NAIC Number:	33049
Company Name:	State Volunteer Mutual Insurance Company
Contact Person:	James E. Smith
Telephone No.:	(800) 342-2239
Email Address:	jims@svmic.com
Effective Date:	15-May-07

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

	Hospital	Clinic	Private
Base Rate At 500,000/1,500,000	\$ 5,597	\$ 5,597	\$ 5,597
Discounts and Surcharges			
Emergency Room	%	%	%
Surgery	%	%	%
Delivery	%	%	%
Claims Free	%	%	%
Over 5 years Experience	%	%	%
Other: Risk Mgt., Annual Pay	5% to 15% %	5% to 15% %	5% to 15% %

Dental

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