

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

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

NAIC Number:	43656
Company Name:	Louisiana Medical Mutual Insurance Company
Contact Person:	Dalton E. Ridling
Telephone No.:	504-841-5231
Email Address:	sridling@lammico.com
Effective Date:	1/1/2007

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

Physicians

Base Rate	Hospital	Clinic	Private
At 500,000/1,000,000	\$ 5,899	\$ 5,899	\$ 5,899
Discounts and Surcharges			
Emergency Room	%	%	%
Surgery	%	%	%
Delivery	%	%	%
Claims Free	%	%	%
Over 5 years Experience	%	%	%
Other: Risk Mgt, New Phys, Schedule Credit/Debit, Good Experience, Part-time Practice	-50% to 400% %	-50% to 400% %	-50% to 400% %

Dental

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