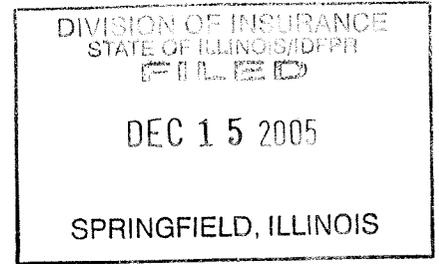


The American Ins. Co.

FIREMAN'S FUND INSURANCE COMPANIES
DENTAL PROFESSIONALS PROGRAM BUSINESS LIABILITY PLAN
STATE EXCEPTION PAGES - ILLINOIS (12)



I. Rating Territories:

Territory I: Cook County
Territory II: Remainder of State

II. Dental Practitioner Rates:

1. Premium Rate Tables:

MATURE CLAIMS MADE RATES
(\$1,000,000/\$3,000,000 Limits)

Dental Classification	Territory I	Territory II
I	\$ 1,704	\$ 1,065
II	\$ 3,408	\$ 2,149
III	\$ 10,222	\$ 6,389
IV	\$ 11,926	\$ 7,453

OCCURRENCE RATES
(\$1,000,000/\$3,000,000. Limits)

Dental Classification	Territory I	Territory II
I	\$ 1,823	\$ 1,140
II	\$ 3,645	\$ 2,278
III	\$ 10,937	\$ 6,836
IV	\$12,761	\$ 7,975

2. Claims-Made Step Factors

These factors apply to the mature claims-made rate:

Years of Claims-Made Coverage		Dentists	Oral Surgeons
Claims-Made Year	# of Days	Step Factors	Step Factors
Year 1	0-182	.29	.29
Year 2	183-547	.54	.54
Year 3	548-912	.73	.73
Year 4	913-1277	.81	.81
Year 5	1278-1642	.90	.90
Mature Claim-Made	1643 +	1.00	1.00

Superseded
7-15-07

**FIREMAN'S FUND INSURANCE COMPANIES
DENTAL PROFESSIONALS PROGRAM BUSINESS LIABILITY PLAN
STATE EXCEPTION PAGES - ILLINOIS (12)**

DIVISION OF INSURANCE
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3. Increase / Decrease Limits

The following increase limit factors shall apply to occurrence and claims made coverages as follows:

Option	Limit of Liability (Professional)	Increase/Decrease Factors Dentists	Increase/Decrease Factors Oral Surgeons
A	100,000/300,000	0.782	0.500
B	200,000/600,000	0.890	0.625
C	500,000/1,500,000	0.946	0.813
D	1,000,000/3,000,000	1.000	1.000
E	2,000,000/6,000,000	1.150	1.206
F	3,000,000/6,000,000	1.250	1.309
G	4,000,000/6,000,000	1.300	1.377
H	5,000,000/6,000,000	1.350	1.428

4. Extended Reporting/Prior Acts Period Coverage Factors

The factors in the table below shall be applied to the mature claims-made rate in effect at the inception of the most recent claims-made policy period. The extension period shall be unlimited unless otherwise noted.

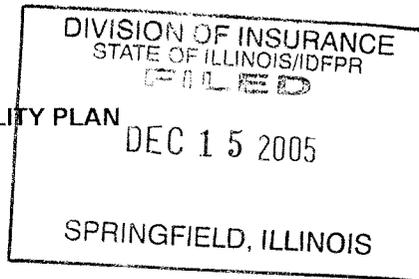
CLAIMS-MADE EXTENDED REPORTING PERIOD FACTORS

Years of Prior Claims-Made Coverage	First Year	Second Year	Third Year	Prepaid Factors
1	.31	.23	.30	0.79
2	.51	.35	.46	1.23
3	.61	.49	.46	1.45
4+	.73	.49	.46	1.57

OCCURRENCE PRIOR ACTS FACTORS

Years of Prior Claims-Made Coverage	First Year	Second Year	Third Year	Prepaid Factors
1	.28	.25	.22	0.71
2	.45	.41	.32	1.11
3	.55	.44	.40	1.31
4+	.62	.45	.42	1.41

**FIREMAN'S FUND INSURANCE COMPANIES
DENTAL PROFESSIONALS PROGRAM BUSINESS LIABILITY PLAN
STATE EXCEPTION PAGES - ILLINOIS (12)**



5. Coverage 5. Employment Practices Liability – Increased Limits

The applicable flat rate in the following table shall be applied to each named insured policy:				
Number of Employees	Limits of liability			
	\$ 100,000	\$ 250,000	\$ 500,000	\$ 750,000
1-3	268	360	451	494
4	358	480	601	659
5	447	600	752	823
6	537	720	902	988
7	626	839	1,052	1,153
8	716	959	1,203	1,317
9	805	1,079	1,353	1,482
>9	Refer to Company			

Deductible - \$2,500 Mandatory

6. Amended Professional Liability Rules

A. Section B. **Dental Classifications**, the following revisions are made:

(1) **Rule 4. Additional Classifications**, the following rule is added:

e. A 20% charge may be applied to Dentists other than oral surgeons who perform minor surgical procedures.

(2) **Rule 3., 3. a. Part-Time Practitioner** is deleted and replaced by the following:

Dentists who practice 20 hours or less a week will be eligible for part-time status at 40% premium credit.

B. Section C., **Additional Coverage / Rating Rules**, the following revisions are made:

(1) Rule 1., **Individual Risk Premium Modification Plan**, is amended as follows:

The maximum modification for professional liability premiums for dental practitioners shall not exceed 40%.

(2) Rule 2., **Experience Rating Plan**, is deleted and replaced by the following:

An experience rating plan debit or credit shall be applied based upon an insured dentists claims experience in the preceding five (5) year period. The criteria used to determine the application of this experience rating debit or credit shall include the following in determining the debit:

- a. The number of claims – frequency or pattern, isolated claim
- b. The total incurred losses – indemnity and expense reserves
- c. Total paid losses – indemnity paid and expenses paid
- d. The cause of these losses – professional conduct
- e. Corrective actions taken for subsequent loss prevention – Continuing education and risk Management, disciplinary body activity
- f. Areas of specialization – nature of practice, training

DEC 15 2005

**FIREMAN'S FUND INSURANCE COMPANIES
DENTAL PROFESSIONALS PROGRAM BUSINESS LIABILITY PLAN
STATE EXCEPTION PAGES - ILLINOIS (12)**

SPRINGFIELD, ILLINOIS

Total Indemnity And/or Total Reserves	\$0 - \$10,000	\$10,001- \$20,000	\$20,001- \$40,000	\$40,001	\$60,001- \$75,000	\$75,001 & Over
	Debit	Debit	Debit	Debit	Debit	Debit
1 Claim	0 - 10%	10% - 20%	20%	20% - 25%	25% - 50% Refer	50% - 75% Refer to Co.
2 Claims	15% - 30%		30% - 40%	40%	50% - 75% Refer to Co*	Refer to Co*
3 Claims Refer**						

*Consider for non-renewal or apply highest debit allowed
** Should consider for non-renewal

Rating of claims and use of experience rating plan shall not be excessive, inadequate or unfairly discriminatory.

(3) **Rule 3. Loss Prevention/Risk Management Credit** is deleted and replaced by the following:

Dentists who participate in a Company sponsored or approved loss prevention program/risk management program will be eligible for a 5% Risk Management Discount for a period of 3 years.

(4) **Claim-Free Discount**

A claim-free discount of 10% shall be applied. To be eligible the following criteria must be met:

No claim of \$500 or more incurred indemnity and ALAE in the last 5 years.

Note: a combination of a maximum of 2 claims is allowable for this discount.

(5) **Association/Society Member Credit**

A credit of 5% will be applied to each dentist who is a member of the Dental Association/Society.

(6) **Academy of General Dentistry Membership** – Members in good standing who have completed the following requirements are eligible for membership credit:

<u>Application Requirements</u>	<u>Credit</u>
Membership Maintenance – Members must earn 75 hours of continuing dental education during their 3-year review period. Recent graduates have 5-years.	10%
Fellowship Award Requirements – Fellowship requires 5 continuous years (50 consecutive months of membership in AGD, plus 500 hours of approved continuing education credit (at least 350 of which is earned in course attendance).	15%

DEC 15 2005

SPRINGFIELD, ILLINOIS

FIREMAN'S FUND INSURANCE COMPANIES
DENTAL PROFESSIONALS PROGRAM BUSINESS LIABILITY PLAN
STATE EXCEPTION PAGES - ILLINOIS (12)

Application Requirements: Cont.

Credit

Accepted activities for Fellowship credits are:

- Scientific Programs
- Postgraduate Education
- Federal Dental Service Specialty Rotation Programs
- Self-Instruction Programs
- Self-Improvement AGD approved courses

Mastership Award Requirements – Mastership requires Fellowship status in the AGD, plus completion of 600 credit hours of approved continuing education in each of 16 separate disciplines: 20%

- Myofascial Pain Dysfunction/Occlusion
- Operative Dentistry
- Periodontics
- Fixed Prosthodontics
- Removable Prosthodontics
- Endodontics
- Oral & Maxillofacial Surgery
- Orthodontics
- Pediatric Dentistry
- Basic Sciences
- Oral Medicine/Oral Diagnosis
- Practice Management
- Electives
- Implants
- Special Patient Care
- Esthetics



**FIREMAN'S FUND
INSURANCE COMPANIES**

**Dental Professionals Program
BUSINESS LIABILITY PLAN**

**PROFESSIONAL AND BUSINESS
LIABILITY COVERAGES**

RULES & RATES MANUAL



FIREMAN'S FUND INSURANCE COMPANIES
Dental Professionals Program Business Liability Plan
RULES & RATES MANUAL

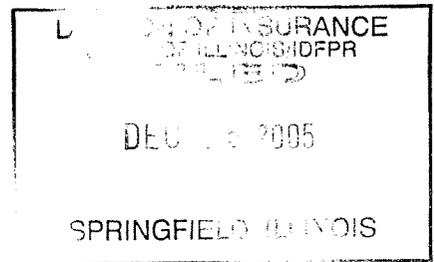


TABLE OF CONTENTS

A. GENERAL GUIDELINES

1. Application of General Rules
2. Coverages Available
3. Limits of Liability
4. Policy Term
5. Policy Cancellations
6. Premium Computation
7. Mid-term Premium Changes
8. Location of Practice
9. Restrictions of Coverage or Increased Rate
10. Claims Made Coverage General Rules
 - a. Retroactive Date
 - b. Prior Acts Coverage
 - c. Extended Reporting Coverage
 - d. Change of Exposure

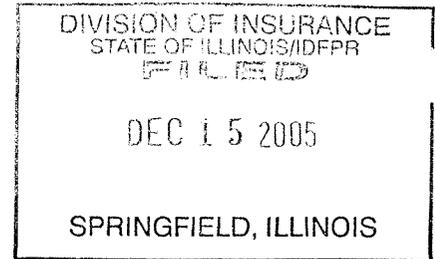
B. DENTAL CLASSIFICATIONS

1. Dental Practitioners
2. Organization Coverage
3. Limited Clinical Practice
4. Additional Classifications
5. Additional Insureds
6. Independent Contractor

C. ADDITIONAL COVERAGE / RATING RULES

1. Individual Premium Modification Plan
2. Experience Rating Plan
3. Loss Prevention Credit
4. Deductibles
Coverage Options:
5. ERISA Fiduciary Liability Coverage
6. Billing Errors & Omissions Coverage
7. Deletion of Business Liability Coverages
8. Packaging of Coverages
9. Group Discounts

FIREMAN'S FUND INSURANCE COMPANIES
Dental Professionals Program Business Liability Plan
RULES & RATES MANUAL



A. GENERAL GUIDELINES

1. Application of General Rules

This manual provides the rules, rates and classifications for writing Professional Liability and Business Liability coverages for dental practitioners as follows:

- a. Individual Dental Practitioners
- b. Dental Practitioner Groups

Any exception to these rules shall be contained in the respective State Exceptions page.

a. Individual Dental Practitioners

For the purposes of these rules, Individual Dental Practitioners shall be defined as a dentist practicing as a solo practitioner, partner(s) of an insured partnership, officers of a professional corporation or association, or employed practitioners who are otherwise ineligible under the rules applicable to Dental Practitioner Groups.

b. Dental Practitioner Groups

For the purposes of these rules, Dental Practitioner Groups shall be defined as a group of dental practitioners who are members of an association, organization, legal entity group dental practice or similar dental practitioner group for which an insurance program has been developed.

2. Coverages Available

The coverage available under the Dental Professionals Program Business Liability Plan shall include Dental Professional Liability and additional Business Liability coverages as outlined below and within the specific policy forms and endorsements. Dental Professional Liability is available on an Occurrence or Claims Made Basis

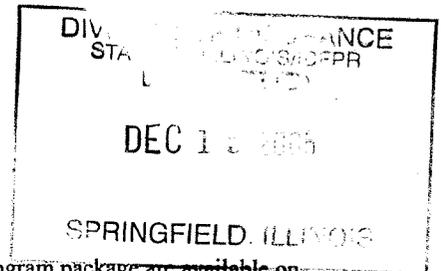
Option I: "Dental Professional Liability" (Mandatory Minimum Coverage)

Option II: "Dental Professionals Program"

Coverage I Dental Professional Liability plus additional Business Liability coverages as outlined below and within the specific policy forms and endorsements.

<u>Coverage</u>	<u>Coverage Type</u>
II. Dentist's General Liability Including: <ul style="list-style-type: none">a. Premises, Products/Completed Operationsb. Medical Payments - \$10,000	Occurrence
III. Nonowned & Hired Auto Liability	Occurrence
IV. Employee Benefits Administration Liability	Occurrence
V. Employment Practices Liability - \$5,000	Claims Made
VI. Medical Waste Legal Reimbursement - \$50,000	Claims Made

FIREMAN'S FUND INSURANCE COMPANIES
Dental Professionals Program Business Liability Plan
RULES & RATES MANUAL



The additional Coverages II - VI available under the Dental Professionals Program package are available on an all or none basis (Coverage I Dentists Professional Liability may be written on a monoline basis, see "Dental Professionals Program" shown above).

Option III: "Dentist's Liability Package"

3. Limits of Liability

The following limits of liability shall be available for Coverage I Dental Professional Liability, Coverage II Dentists General Liability, Coverage III Nonowned & Hired Automobile Liability, Coverage IV Employee Benefits Administration Liability, Coverage V Employment Practices Liability, and Coverage VI Medical Waste Legal Expense.

	Coverage I Professional Option	Coverage II, III & IV GL, Hired & NO, Employee Benefit	Coverage V Employment Practices	Coverage VI Medical Waste Legal
A	\$100,000/300,000	\$100,000/300,000	\$5,000/5,000	\$50,000/\$50,000
B	\$200,000/600,000	\$200,000/600,000	\$5,000/5,000	\$50,000/\$50,000
C	\$500,000/1,500,000	\$500,000/1,500,000	\$5,000/5,000	\$50,000/\$50,000
D	\$1,000,000/3,000,000	\$1,000,000/3,000,000	\$5,000/5,000	\$50,000/\$50,000
E	\$2,000,000/6,000,000	\$2,000,000/4,000,000	\$5,000/5,000	\$50,000/\$50,000
F	\$3,000,000/6,000,000	\$2,000,000/4,000,000	\$5,000/5,000	\$50,000/\$50,000
G	\$4,000,000/6,000,000	\$2,000,000/4,000,000	\$5,000/5,000	\$50,000/\$50,000
H	\$5,000,000/6,000,000	\$2,000,000/4,000,000	\$5,000/5,000	\$50,000/\$50,000

The limits of Liability for Coverage II Dentists General Liability, Coverage III Nonowned & Hired Auto Liability and Coverage IV Employee Benefits Administration Liability must be equal to the limits of liability listed in the table above for the option selected by the insured.

The Limits of Liability for Coverage VI, Medical Waste Legal Reimbursement may not be increased under this program.

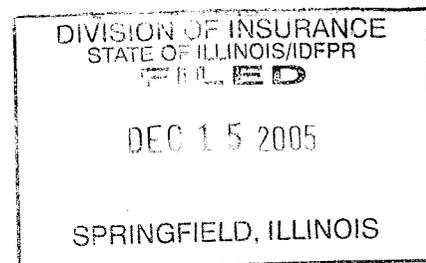
The Limits of Liability for Coverage V Employment Practices Liability may be increased to \$25,000 each claim/\$25,000 aggregate for an additional premium charge of \$130.00. Additional increased limits are available and are contained on the State Rate Pages.

Premium rates are published at the \$1,000,000 / \$3,000,000 (Professional Liability) limits rate. Any exceptions to this rule shall be contained within the State Rate Pages.

4. Policy Term

Policies may be written for a term of one year and shall be subject to annual rate and underwriting review.

FIREMAN'S FUND INSURANCE COMPANIES
Dental Professionals Program Business Liability Plan
RULES & RATES MANUAL



5. Policy Cancellations

- a. Compute the return premium on a pro rata basis using the rules, rates and rating plans in effect at policy inception when:
 1. a policy is canceled at the company's request;
 2. the insured no longer has a financial or insurable interest in the business operation that is the subject of insurance; or
 3. a policy is canceled and rewritten in the same company or company group.
- b. If coverage is canceled at the insured's request, the company may compute the return premium at 90% of the pro rata unearned premium.

6. Premium Computation

Premium computation shall be governed by the following rules:

- a. Premium shall be computed at policy inception by using the rules, rates and rating plans in effect at policy inception. At subsequent renewals, compute the premium using the rules, rates and rating plans in effect at that time.
- b. All rates shown in the State Rate Pages are for an annual period except those applicable to any Extended Reporting Period. Premium shall be prorated when a policy is issued for less than one year.
- c. Premium and rates are to be rounded to the nearest whole dollar. Any amount of \$.50 or over shall be rounded to the next highest whole dollar. Any amount of \$.49 or under shall be rounded to the next lowest whole dollar.
- d. Where applicable, factors or multipliers are to be applied consecutively and not added together. Rates, factors and multipliers are to be rounded after the final calculation of premium to three decimal places. Five tenths or more of a millionth shall be considered to be one thousandth (e.g., .4315 = .432).

7. Mid-term Premium Changes

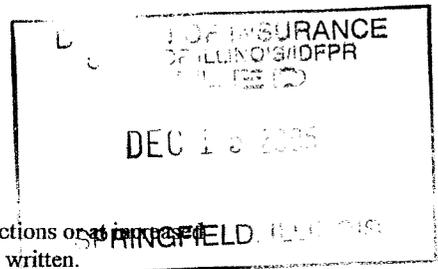
- a. Waive additional or return premium charges of \$15 or less. Grant any return premium due if requested by the insured.
- b. Prorate all changes using the rates and rules in effect at policy inception.
- c. Mandatory Dental Professional Liability coverage may not be deleted unless the entire policy is canceled.

8. Location of Practice/Exposure

The rates indicated on the State Rate Pages are predicated on the exposure being derived from professional practice within the state. Insureds whose practice exposure is greater than 25% outside the state shall be referred to the Company for underwriting approval and rating.

9. Restrictions of Coverage or Increased Rate

FIREMAN'S FUND INSURANCE COMPANIES
Dental Professionals Program Business Liability Plan
RULES & RATES MANUAL



Subject to individual state regulations, policies may be issued with special restrictions or special premium rates if the insured agrees in writing and the policy would not otherwise be written.

Any (a) rated risk written under this program shall maintain a complete file, including all details of the factors used in determining the rate modification and make such file available to state regulators upon request. Rates shall not be inadequate, excessive or unfairly discriminatory and will follow individual state regulations.

10. Claims-Made Coverage General Rules

a. Retroactive Date

The Retroactive Date is a specific date on the Declarations Page of the policy. Once a Retroactive Date is established for an insured by the Company, it may not be changed by the Company during a period of continuous coverage.

b. Prior Acts Coverage

The policy may be extended to provide prior acts coverage as follows:

1. The prior acts period may not exceed the term immediately preceding coverage under this policy during which similar coverage was continuously insured under a previous claims-made policy.
2. The limits of liability may not exceed those of the claims-made policy.
3. The appropriate step into which the insured is placed for rating purposes when claims-made coverage has been provided for less than annual periods shall be determined by the six month rounding rule as follows:

Yr. in CM:	1	2	3	4	5	Mature
# of Days:	0-182	183-547	548-912	913-1277	1278-1642	1643+

4. Prior acts coverage when converting from Claims Made to Occurrence Coverage shall be governed by the following rules:

- a. The limits of liability may not exceed those of the occurrence policy to which the Prior Acts endorsement shall be attached.
- b. The premium for this Prior Acts Endorsement shall be a one time charge payable in advance or over the first three occurrence policy years in annual installments, but shall be calculated in advance as follows:
 1. Determine the applicable Occurrence rate for the dental practitioner
 2. Determine the number of years of claims made coverage for which prior acts is required.
 3. Apply the applicable installment or prepaid factor from the table shown in the State Rate Pages to the current rate under the Occurrence policy.
 4. Prior Acts premium for insureds whose maturity level is not equal to annual period shall be pro-rated.

- c. If the occurrence policy is terminated prior to full payment of the Prior Acts Coverage charge, the

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

DEC 15 2005

SPRINGFIELD, ILLINOIS

FIREMAN'S FUND INSURANCE COMPANIES
Dental Professionals Program Business Liability Plan
RULES & RATES MANUAL

insured may request to purchase an unlimited reporting period for this Prior Acts Coverage. The premium for this extended reporting period shall be a single charge as follows:

1. The portion of the return premium for the remaining policy period, if any, applicable to the Prior Acts Coverage; and
2. The total remaining annual charges, if any, for Prior Acts Coverage remaining to be paid.

c. Unlimited Extended Reporting Coverage

The availability of Extended Reporting Period "ERP" Coverage shall be governed by the following rules:

1. Extended Reporting Period coverage shall be available to all named insureds shown on the Declarations Page of the policy as outlined in the policy form on all claims-made coverages.
2. Available Extended Reporting Period coverage options and appropriate premium charges shall be as shown in the State Rate Page.
3. The limits of liability may not exceed those provided under the expiring policy.
4. The prior acts date of coverage with this Company shall determine the years of prior exposure for Extended Reporting Period coverage.
5. In the event this policy is canceled, any return premium due the insured shall be credited toward the premium for Extended Reporting Period coverage, if elected. If any premium remains due for the primary claims made policy, any moneys received from the insured shall first be applied to the premium owed on the policy and then to the Extended Reporting Period coverage.
6. Extended Reporting Period coverage premium is fully earned when paid.
7. The Extended Reporting Period Endorsement will not:
 - a. increase the limits of liability;
 - b. reinstate the aggregate limit of liability under the expiring policy; or
 - c. extend the policy period.
8. Extended Reporting Period coverage premium shall be calculated according to the following rules:
 - a. Premium may be paid in advance or in three annual installments.
 - b. If paid in annual installments, a Reporting Period of one year from the termination date of the policy period will be issued upon receipt of the first installment premium. A Reporting Period of one year from the termination date of the first Reporting Period will be issued upon receipt of the second installment premium. A Reporting Period of unlimited duration from the expiration date of policy termination will be issued upon receipt of the third installment premium.

If paid in advance, a Reporting Period of unlimited duration from the effective date of policy termination shall be issued.
 - c. Extended Reporting Premium, is calculated as a percentage of the mature claims-made premium rate in effect at the inception of the policy based upon the applicable Dental practitioners classification, level of claims-made coverage maturity and appropriate installment or prepaid ERP factors as shown in the State Rates Pages. ERP premium for insureds whose maturity level is not equal to annual period shall be pro-rated for the last annual period.

FIREMAN'S FUND INSURANCE COMPANIES
Dental Professionals Program Business Liability Plan
RULES & RATES MANUAL

DIVISION OF INSURANCE
STATE OF ILLINOIS/DFPR
FILED

DEC 15 2005

SPRINGFIELD, ILLINOIS

Extended Reporting Endorsement Calculation Steps:

- Step 1:** Multiply the at limits mature rates by yearly ERP Factors* (factor for last completed full claims-made year).
Step 2: Multiply mature rates by yearly ERP Factor (factor for current partial year as if a full year).
Step 3: Obtain the difference between Steps 1 and 2 above (represents portion of full ERP cost attributable to last full year).
Step 4: Apply earned pro-rata factor to Step 3 results (partial maturity year coverage premium).
Step 5: Add results from Steps 1 and 4 to determine extended reporting period coverage premium.

Example Prepaid Calculation:

At Limits Mature Rate = \$2,000
Dentists leaving 3 months in 2nd year of claims-made coverage
Earned Pro-rata factor = .25
Prepaid Factors are used in this calculation

Step 1: \$2,000 x .90 = \$1,800 (Full Year)
Step 2: \$2,000 x 1.42 = \$2,840 (Partial Year)
Step 3: \$2,840 - 1,800 = \$1,040 (Difference)
Step 4: \$1,040 x .25 = \$ 260 (Pro-rata Partial Year)
Step 5: \$1,800 + \$260 = \$2,060 (E.R.P. Cost, Step 1 + Step 4)

9. **Death & Disability Benefits:**

If a named insured dental practitioner dies or become disabled while this policy is in effect, we will issue the Extended Reporting Period without requiring the payment of any additional premium. Disability shall mean the total and permanent disability from the practice of clinical dentistry for a period of six consecutive months without expectation of recovery.

In order to obtain a waiver of the premium for the Extended Reporting Period, the disability or death must result from sickness or accidental bodily injury and be confirmed in writing by an independent attending physician.

10. **Retirement Benefits:**

Named insured dental practitioners that fully retire from the practice of dentistry, will be eligible for the waiver or reduction of the Extended Reporting Period premium that may apply. These retirement benefits are not applicable unless they have met our policy premium payment obligations and completely retire from the practice of dentistry. This benefit is not applicable to Organization Coverage.

Retirement benefits are fully earned as follows:

If the policy is terminated due to retirement of the insured at age 50 or more and insured under an FFIC Company for at least 5 years, a credit of one fifth of the otherwise applicable Extended Reporting Period Endorsement premium will be applied for each full annual period the insured has consecutively been insured with the Company.

In order to receive the retirement benefit for the Extended Reporting Period, in whole or in part, proof of the insured's retirement must be sent to us within 60 days following retirement. If the insured owes us any premium, they must pay us before we will issue the Extended Reporting Period.

d. Change of Exposure

DEC 15 2005

SPRINGFIELD, ILLINOIS

FIREMAN'S FUND INSURANCE COMPANIES
Dental Professionals Program Business Liability Plan
RULES & RATES MANUAL

Dental practitioners may change their dental classification or otherwise change the exposure of their practice which may require an additional premium charge to reflect the incurred but not reported claim exposure under a claims-made coverage form of their prior classification or higher exposure.

This charge reflecting the difference between the previous and new such exposure or classification shall be calculated and collected at the time of the change unless:

1. The insured is otherwise eligible for Extended Reporting Period Coverage at no charge under the terms of the policy;
2. The previous and new classification reflects the same premium rate.
3. The following procedure should be used to calculate the exposure surcharge applicable under this rule:
 - a. calculate the at limits Extended Reporting Period Coverage premium applicable under the previous classification/exposure.
 - b. calculate the at limits Extended Reporting Period Coverage premium under the new reduced classification/exposure.
 - c. If the at limits premium for the Extended Reporting Period Coverage for the new classification/exposure is less than the premium for the ERP of the previous classification/exposure, the dollar amount of the difference should be charged.
 - d. If the at limits premium for the Extended Reporting Period Coverage for the new classification/exposure is more than the premium for the ERP for the previous classification/exposure, there shall be no premium charge.

A Change of Exposure/Classification endorsement will be added to the policy.

B. DENTAL CLASSIFICATIONS

1. Dental Practitioner Classifications

The following definitions shall be used to assist in determining the appropriate classification for an individual dental practitioner based upon the nature of their dental practice. The company reserves the right to determine an individual dentist's classification based upon the dental and anesthetic procedures performed. Any exceptions to these classifications, if any, shall be contained in the respective State Exceptions page.

a. Classification Definitions:

1. Conscious Sedation:

Conscious Sedation means a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal commands. This is produced by pharmacological or non-pharmacological methods, or a combination thereof. For purposes of this insurance, the use of nitrous oxide solely as an analgesic shall not be considered conscious sedation.

2. Deep Sedation:

Deep Sedation means a controlled state of depressed consciousness or unconsciousness,

DEC 15 2005

SPRINGFIELD, ILLINOIS

**FIREMAN'S FUND INSURANCE COMPANIES
Dental Professionals Program Business Liability Plan
RULES & RATES MANUAL**

accompanied by partial or complete loss of protective reflexes, including the inability to independently maintain an airway and respond purposely to physical stimulation or verbal commands. This is produced by a pharmacological or non-pharmacological method, or a combination thereof.

3. General Anesthesia:

General Anesthesia means a controlled state of depressed consciousness or unconsciousness, accompanied by partial or complete loss of protective reflexes, including the inability to independently maintain an airway and respond purposely to physical stimulation or verbal command. This is produced by a pharmacological or non-pharmacological method, or combination thereof.

b. Classification Plan:

Dental Practitioner classifications shall be determined based upon their level of practice exposure as reflected in the area of practice, administration and types of anesthetic agents used and environment in which they are administered. Use the following table of Dental Practitioner classifications to determine the appropriate premium class.

If more than one classification applies, the highest rated classification shall be used for premium rating.

<u>Class</u>	<u>Description</u>	<u>ISO Code</u>
I.	Dentists other than oral surgeons who perform dentistry on patients who have been treated with: Local anesthesia and Nitrous oxide sedation. Conscious sedation, deep sedation or general anesthesia must be administered by a licensed dental anesthesiologist within the office, in a hospital or state licensed surgical center;	80211
II.	Dentists other than oral surgeons who perform dentistry on patients who have been treated with: Local anesthesia, Nitrous oxide sedation or Conscious sedation. Deep sedation or general anesthesia must be administered by a licensed dental anesthesiologist within the office, in a hospital or state licensed surgical center;	80211
III.	Oral surgeons who perform oral surgery on patients who have been treated with: Local anesthesia and Nitrous oxide sedation, Conscious sedation, Deep sedation or General anesthesia.	80210
IV.	Dental Anesthesiologists whose practice includes deep sedation and/or general anesthesia.	80151

DEC 15 2005

FIREMAN'S FUND INSURANCE COMPANIES
Dental Professionals Program Business Liability Plan
RULES & RATES MANUAL

SPRINGFIELD, ILLINOIS

The following additional classifications shall be used for internal Company purposes and shall not impact a dental practitioners premium charge unless otherwise noted within the State Exception Pages:

Practice Specialization Classes:

- 00 General Practitioner
- 10 Oral Surgeons
- 15 Endodontist
- 20 Orthodontist
- 30 Periodontist
- 50 Prosthodontist
- 65 Clinic/Group
- 70 Full time Professor, Graduate Student or Government Employee
- 80 Public Health Dentistry
- 90 Oral Pathologist

Anesthetic Classes

- 01 Local anesthesia and/or oral medication only
- 02 01 + Nitrous Oxide
- 03 02 + Conscious Sedation
- 04 03 + Deep Sedation or General Anesthesia
- 05 Dental Anesthesiology

2. Organization Coverage

It shall be permissible to provide Organization Coverage for Dental Practitioner Group partnerships, corporations or professional associations for liability arising from the practice of dentistry by member dental providers and allied practitioners.

Classification Code: 80999

The rate for organization coverage on a separate limit of liability basis shall be included in the total developed premium for the underlying dental practitioner exposures of the dental organization. There is no additional charge for this organization coverage.

3. Limited Clinical Practice

Dental practitioners may pose a more limited exposure due to various factors which limit their clinical practice of dentistry. It shall be permissible to cover these dental practitioners at a reduced rate as indicated subject to the following classifications of Limited Clinical Practice:

- 1. Part-Time Dentist: 20 hrs./wk. or less charge 50% of the Dental Rate
- 2. Full-Time Professor or Graduate Student 16 hrs./wk. or less charge 50% of the Dental Rate
- 3. Disability/Leave of Absence charge 0% of the Dental Rate

a. Part-Time Practitioner

Dentists who practice 20 hours or less a week will be eligible for part-time status at 50% premium credit.

b. Teaching Dentists

Dentists may be classified as a Teaching Dentist if they are teaching dentists or graduate students in a state accredited university or dental college who do not engage in any dental practice more than 16 hours per week.

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SPRINGFIELD, ILLINOIS

**FIREMAN'S FUND INSURANCE COMPANIES
Dental Professionals Program Business Liability Plan
RULES & RATES MANUAL**

c. Temporary Disability / Leave of Absence

A dentist who becomes Temporarily Disabled or is on a Leave of Absence for a period of 45 days up to 12 months may be eligible for a suspension of practice endorsement if the disability or leave of absence is for the following:

1. Military leave;
2. Pregnancy and/or parental care of a new born or newly adopted child;
3. Short-term disability;
4. To care for a seriously ill dependent minor child, spouse, parent or parent-in-law;
5. Continuing dental education in an accredited dental school; or
6. Sabbatical Leave

This would apply retroactively to the first day of Disability or Leave of Absence.

Coverage will not apply to Dental Professional Services provided during the Leave of Absence period but will continue to cover claims, which are reported during the Leave of Absence period which occurred subsequent to the Retroactive Date and prior to the Leave of Absence period.

4. Additional Classifications

a. Newly Graduated Dentist

It shall be permissible to offer dentists who are new to the private practice of dentistry a reduced premium charge as indicated below. A newly graduated dentist shall be defined as a dentist who has completed training in dentistry from a domestic accredited university or dental college within the previous twelve months or the experienced military dentist who within 6 months of honorable discharge or a foreign graduate with a 4 year program from an accredited U.S. dental school, and will be joining a dental group or opening a private practice, and for whom this is the first professional liability insurance coverage provided other than that for Dental Examinations.

- | | |
|----------------------------|-------------------------------|
| 1. First Year of Practice | Charge 40% of the Dental Rate |
| 2. Second Year of Practice | Charge 60% of the Dental Rate |
| 3. Third Year of Practice | Charge 80% of the Dental Rate |

This credit does not apply if a part-time credit is given.

b. Replacement Dentists - Locum Tenens

Coverage for dentists substituting for an insured dentist on a temporary basis may be added to cover the substitute dentists only while acting on behalf of the insured dentist for a defined period. The replacement dentist will share the insured's limits of liability for no additional premium charge. Coverage is available for a maximum of 90 days per policy year.

The replacement dentist shall complete an application and submit it in advance of the effective date of coverage for prior approval by the company.

c. Examination Coverage:

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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FIREMAN'S FUND INSURANCE COMPANIES
Dental Professionals Program Business Liability Plan
RULES & RATES MANUAL

C. ADDITIONAL COVERAGE / RATING RULES

1. Individual Risk Modification Plan

To recognize these individual and unique characteristics within each dental practitioner account, it shall be permissible to apply an Individual Risk Premium Modification IRPM Debit and/or Credit to the rates and premiums otherwise developed, depending on the underwriter's overall evaluation of the account's risk.

The following outlines the specific criteria upon which IRPM Debits and/or Credits may be applied to an individual account. The maximum IRPM Debit or Credit that may be applied on any one account is subject to state regulations governing IRPM Plans and any variances are contained in the State Rate pages.

The following IRPM Plan credits and/or debits are to be added together on an individual basis to determine one overall IRPM Plan credit or debit modification applicable to the entire account. The maximum modification for professional liability premiums for dental practitioners shall not exceed 25%.

<u>Risk Characteristics</u>	<u>% Credit</u>	<u>% Debit</u>
a. <u>Procedure Mix:</u> Procedure or practice specialties not contemplated in basic rates. Examples include general dentists with large proportions of implants or TMJ treatment.	0 - 15%	0 - 15%
b. <u>DBE Actions:</u> Any Dental Board of Examiners action or peer review or accreditation action reflecting potentially increased exposure.	N / A	0 - 25%
c. <u>Unusual Risk Characteristics:</u> Any unique characteristics of the dental practice which reflects reduced or increased exposure.	0 - 25%	0 - 25%

2. Experience Rating Plan

An experience rating plan debit or credit shall be applied based upon an insured dentists claims experience in the preceding five (5) year period. The criteria used to determine the application of this experience rating debit or credit shall include the following:

- a. The number of claims
- b. The total incurred losses
- c. Total paid losses
- d. The cause of these losses
- e. Corrective actions taken for subsequent loss prevention
- f. Areas of specialization

3. Loss Prevention/Risk Management Credit

Dentists who participate in a Company sponsored or approved loss prevention program risk management program will be eligible for a 7.5% Risk Management Discount for a period of 3 years.

Second Reprint

4. Deductibles

It shall be permissible to offer deductibles applicable to the Dental Professional Liability coverage which shall

DEC 15 2005

SPRINGFIELD, ILLINOIS

FIREMAN'S FUND INSURANCE COMPANIES
Dental Professionals Program Business Liability Plan
RULES & RATES MANUAL

apply on a per claim basis, on indemnity payments only and shall not be subject to an annual aggregate. This credit applies to the basic limits premium (\$1,000,000/\$3,000,000). The deductible options shall be as follows:

<u>Options</u>	<u>Deductible Amount</u>	<u>Credit Factor</u>
Option 1	\$1,000	.05
Option 2	\$2,500	.10
Option 3	\$5,000	.19
Option 4	\$10,000	.30

Coverage Options:

5. ERISA Fiduciary Liability Coverage

ERISA Fiduciary Liability Coverage is available as follows:

\$100,000 Limit \$130 Annual Premium

6. Billing Errors & Omissions Coverage

Coverage is available as follows:

\$25,000 Limit \$100 Annual Premium

7. Deletion of Business Liability Coverages - (General Liability)

Policies may be written to provide coverage for Dental Professional Liability only by eliminating the supplementary Business Liability coverages (Option #1 "Dental Professionals Program"). A 10% premium credit shall be applied to the rates in the premium rate tables.

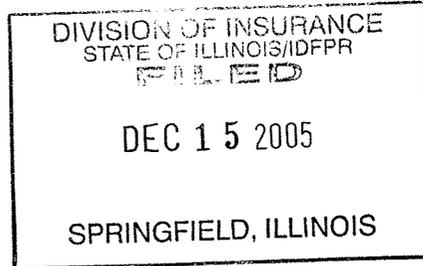
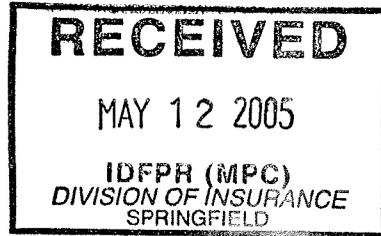
8. Packaging of Coverages:

If the insured purchases a Fireman's Fund American Business Coverage (ABC) in conjunction with the Dental Professional and Business Liability coverage (Dental Professionals Program), a package credit of 10% shall be applied to all Dental Professional and Business Liability premiums. Coverage II, Dentists General Liability section of the Dental Professionals Program shall be deleted, as Comprehensive General Liability is included in the American Business Coverage package.

9. Group Discounts

A single group practice policy issued to two or more dentists is eligible for a premium discount based upon the total number of dentists and oral surgeons within the group. This discount is based on the size of the group to reflect the lower acquisition costs, reduces administrative expenses (including billing and collection) and the potential savings due to lower losses. (Group Practice appears to reduce losses due to internal risk management and other control and quality factors inherent in the group.) The following discounts are applicable:

<u>Group Size</u>	<u>Premium Credit</u>
2 - 5 Dentists	5%
6 - 10 Dentists	10%
11+ Dentists	15%



May 11, 2005

Honorable Deirdre K. Manna
Acting Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

Attention: Mr. John Gatlin
Supervisor, Property and Casualty Compliance Unit

Re: Dentists Professional Liability Program – Rate and Rule Change
Fireman's Fund Insurance Company NAIC Number 0761-21873, FEIN 94-1610280
The American Insurance Company NAIC Number 0761-21857, FEIN 22-0731810
National Surety Corporation NAIC Number 0761-21881, FEIN 36-2704643
Associated Indemnity Corporation NAIC Number 0761-21865, FEIN 22-1708002
Fireman's Fund Insurance Company of Wisconsin NAIC Number 0761-37273, FEIN 39-1338397
Company Filing Number: DPL-01-05-RIL
Effective Date: August 1, 2005

Dear Mr. Gatlin:

The above referenced Fireman's Fund Insurance Companies submit for your review and approval revised claims-made and occurrence rates to the Dentists Professional Liability Program.

This revision results in an overall rate increase of 10.0% and should replace the rates and rules previously filed and approved under Company Filing Number DPL-00-3-RIL.

In support of the revision you will find enclosed an actuarial memorandum, the required state specific forms, and the revised rate page.

We request this filing be approved for all policies effective on or after August 1, 2005.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Companies. All correspondence related to this filing should be directed to Perr&Knight. The Companies have prepared the rates and rules contained in this filing along with the explanatory memorandum. If there are any requests for additional information related to items prepared by the Companies, we will forward the request immediately to the Companies' contact. The Companies' response will be submitted to your attention as soon as we receive it.

We have enclosed an additional copy of this cover letter and a self addressed postage paid envelope for the Department's acknowledgement.

+13.3%



May 11, 2005
Mr. John Gatlin
Page 2 of 2

RE: Fireman's Fund Insurance Companies
DPL-01-05-RIL

Please do not hesitate to contact us if you have any questions.

Sincerely,

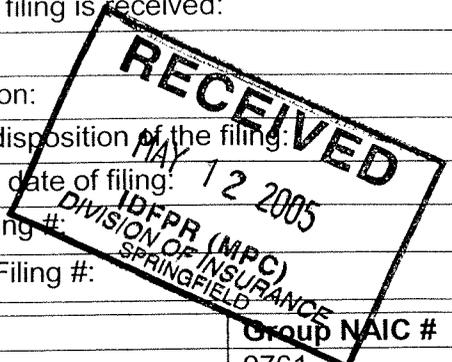


Thomas Yoo
Regulatory Compliance Coordinator
Perr&Knight
phone: 888.201.5123 x151
fax: 310.230.1061
e-mail: doi@perrknight.com

Enclosures

Property & Casualty Transmittal Document (Revised 1/1/05)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: f. State Filing #: g. SERFF Filing #:
---	---



3. Group Name Fireman's Fund Insurance Companies	Group NAIC # 0761
--	-----------------------------

4. Company Name(s)	Domicile	NAIC #	FEIN #
Fireman's Fund Insurance Company	CA	21873	94-1610280
The American Insurance Company	NE	21857	22-0731810
National Surety Corporation	IL	21881	36-2704643
Associated Indemnity Corporation	CA	21865	22-17-08002
Fireman's Fund Insurance Company of Wisconsin	WI	37273	39-1338397

5. Company Tracking Number	DPL-01-05-RIL
-----------------------------------	---------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Thomas Yoo 881 Alma Real Drive, Suite 205 Pacific Palisades, CA 90272	Regulatory Compliance Coordinator	888.201.5123 x 151	310.230.8529	doi@perrknight.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Thomas Yoo		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	11.0 Med Mal-Claims Made and Occurrence
10. Sub-Type of Insurance (Sub-TOI)	11.0006 Dentists-General Practice
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Dentists Professional Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: August 1, 2005 Renewal: August 1, 2005
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	May 11, 2005
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # DPL-01-05-RIL

21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

The above referenced Fireman's Fund Insurance Companies submit for your review and approval revised claims-made and occurrence rates to the Dentists Professional Liability Program.

This revision results in an overall rate increase of 10.0% and should replace the rates and rules previously filed and approved under Company Filing Number DPL-00-3-RIL.

In support of the revision you will find enclosed an actuarial memorandum, the required state specific forms, and the revised rate page.

We request this filing be approved for all policies effective on or after August 1, 2005

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: *****NO FILING FEE REQUIRED*****

Amount:

Calculation:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #	DPL-01-05-RIL	
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A	
<input checked="" type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)			
3.	Overall percentage rate impact for this filing	10.0 %	
4.	Effect of Rate Filing – Written premium change for this program	89,607	
5.	Effect of Rate Filing – Number of policyholders	Data Not Available	
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Use and File	
7.	Rate Change by Company		
	Company Name	Percentage Change	Effect of Rate Filing
			# of policyholders for this program Written premium change for this program
	Fireman's Fund Insurance Company	10.0 %	Data Not Available 89,607
	The American Insurance Company	10.0 %	Data Not Available 89,607
	National Surety Corporation	10.0 %	Data Not Available 89,607
	Associated Indemnity Corporation	10.0 %	Data Not Available 89,607
	Fireman's Fund Insurance Company of Wisconsin	10.0 %	Data Not Available 89,607
8.	Overall percentage of last rate revision	Data Not Available	
9.	Effective Date of last rate revision	Data Not Available	
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Use and File	

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Dentist Professional Program Business Liability Plan State Exception Pages - Illinois	Page 1 and Page 3	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	N/A
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

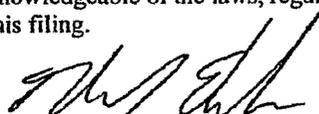
1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,

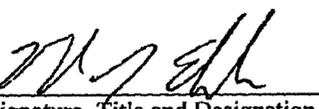
**ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES**

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Mark J. Kaufman, a duly authorized officer of The American Insurance Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Mark J. Kaufman, a duly authorized actuary of The American Insurance Company am authorized to certify on behalf of The American Insurance Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

 Chief Actuary VP - Specialty
Signature and Title of Authorized Insurance Company Officer May 20, 2005
Date

 Chief Actuary VP - Specialty
Signature, Title and Designation of Authorized Actuary May 20, 2005
Date

Insurance Company FEIN 22-0731810 Filing Number DPL-01-05-RIL

Insurer's Address 33 West Monroe Street, Suite 1200, Chicago IL 60603

City Chicago State Illinois Zip Code 60603

Contact Person's:

-Name and E-mail Kelly Cole, kcole@ffic.com

-Direct Telephone and Fax Number 312.456.7981

**Fireman's Fund Insurance Companies
Fireman's Fund Insurance Company of Wisconsin
Fireman's Fund Insurance Company
The American Insurance Company
Associated Indemnity Company
National Surety Corporation**

**Dental Professional Liability Program
August 1, 2005
Illinois**

We have attached our rate manual for the Dental Professional Liability Program. The rate manual reflects the following changes.

RATES

The rate pages reflect a base rate increase of 10%.

Please refer to the actuarial memorandum and rate pages for additional information.

RATING RULES

The following changes have been made to the rating rules:

- We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.
- We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.
- We are adding a 20.0% charge for any dentist that includes minor surgeries in their practice.

While the rate pages submitted indicates there are six pages, we have only submitted the pages affected by changes – page 1, and 3.



February 3, 2005

To Whom It May Concern:

Perr & Knight, Inc. is hereby authorized to submit rate, rule and form filings on behalf of the Fireman's Fund Insurance Companies listed below.

Should you have any questions regarding this authorization, please feel free to contact me at 415.899.2195.

Sincerely,

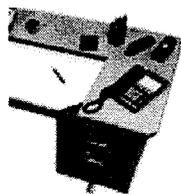
Christopher P. Roe
Vice President

CPR/esh

Fireman's Fund Insurance Companies:

American Automobile Insurance Company
Fireman's Fund Indemnity Corporation
Fireman's Fund Insurance Company of Nebraska
Fireman's Fund Insurance Company of Wisconsin
Fireman's Fund Insurance Company of Louisiana
Fireman's Fund Insurance Company of Texas
Fireman's Fund Insurance Company of Hawaii
Fireman's Fund Insurance Company of Georgia
Fireman's Fund Insurance Company of Missouri
Fireman's Fund Insurance Company of Ohio
American Standard Lloyd's Insurance Company
Fireman's Fund County Mutual Insurance Company

Fireman's Fund Insurance Company
Associated Indemnity Corporation
Jefferson Insurance Company
The American Insurance Company
Vintage Insurance Company
Midway Insurance Company
National Surety Corporation
Chicago Insurance Company
Interstate Indemnity Company
Interstate Fire & Casualty Company



Gayle Neuman/INS
05/13/2005 08:47 AM

To doi@perrknight.com
cc
bcc
Subject Dentists Professional Liability - Rate/Rule Filing
#DPL-01-05-RIL

Mr. Yoo,

We are in receipt of the above referenced filing submitted by cover letter dated May 11, 2005 for Fireman's Fund Insurance Company, The American Insurance Company, National Surety Corporation, Associated Indemnity Corporation, and Fireman's Fund Insurance Company of Wisconsin. The following additional information/documentation is required for processing:

1. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. Please complete the attached certification form.
2. A RF-3 Summary Sheet must be provided for each of the five companies listed above. The RF-3 cannot represent a group of companies. Medical malpractice rates should be reflected on line #15 of this form.
3. Provide a copy of the complete rate/rule manual, including any changes made with this filing. 50 Ill. Adm. Code 929.30 requires identification of all changes from superseding filings.
4. Indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
5. Indicate if your company has a scheduled rating plan and if so, indicate the page in your rate/rule manual where this information can be found. Please indicate the maximum debit and/or credit that can be applied per policy.
6. Extended reporting period (tail coverage) premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The form must list the factor(s) to be used to figure the premium, which of the three premiums the factor will be applied to, and any credits, discounts, etc. that will be added or removed when determining the final premium.
7. We require a written statement certifying that the insurance company does not unfairly discriminate in offering or administering this program.

We request your prompt attention.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN



Faint, illegible text or markings along the top edge of the page, possibly a header or page number.



Timothy_Kovac@FFIC.COM
12/16/2005 10:45 AM

To Gayle_Neuman@ins.state.il.us
cc
bcc
Subject Re: Fw: Fireman's Fund - filing #DPL-01-05-RIL

Yes, thanks!

Timothy Kovac
Director, Government Affairs
Fireman's Fund Insurance Company
(202) 785-1826

Gayle_Neuman@ins.
state.il.us

12/16/2005 11:45
AM

tkovac@ffic.com

To

cc

Subject

Fw: Fireman's Fund - filing
#DPL-01-05-RIL

Tim,

Do you want December 15, 2005 as the filing date for this one also? Please advise.

----- Forwarded by Gayle Neuman/INS on 12/16/2005 10:44 AM -----

Gayle Neuman/INS

12/15/2005 12:59 PM

tkovac@ffic.com

To

cc

Subject

Fireman's Fund - filing

Re: Fireman's Fund Ins. Co., The American Ins. Co., National
Surety Corp., Associated Indemnity Corp., Fireman's Fund Ins. Co. of
Wisconsin

Mr. Kovac,

The review of this filing has been completed by the Division of Insurance.
When the filing was originally submitted, the requested effective date was
August 1, 2005.

If the insurance company has not been using the rates as of June 1, 2005,
you will need to request a current effective date. The rates "on file"
must be used as of their effective date. While some insured's premium may
have increased, there could be others whose rates would have decreased.
Additionally, if an increase exceeds 29.9%, the insured must be given 60
day notice pursuant to 215 ILCS 5/143.17a.

Please advise us of your answer. Your prompt response is appreciated so
that we may finish processing your filing.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of
Insurance
fax (217) 524-2122

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE
CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS.
IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY
SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

Please Note:

The information in this E-mail message, and any files transmitted with it, is
confidential and may be legally privileged. It is intended only for the use of
the individual(s) named above. If you are the intended recipient, be aware
that your use of any confidential or personal information may be restricted by
state and federal privacy laws. If you, the reader of this message, are not
the intended recipient, you are hereby notified that you should not further
disseminate, distribute, or forward this E-mail message. If you have received
this E-mail in error, please notify the sender and delete the material from
any computer. Thank you.



June 10, 2005

Ms. Gayle Neuman
Property and Casualty Compliance Unit
Illinois Division of Insurance
320 West Washington Street
Springfield, Illinois 62767

Company Filing Number: DPL-01-05-RIL

Dentists Professional Liability Program – Rate and Rule Change

Fireman's Fund Insurance Company NAIC Number 0761-21873, FEIN 94-1610280
The American Insurance Company NAIC Number 0761-21857, FEIN 22-0731810
National Surety Corporation NAIC Number 0761-21881, FEIN 36-2704643
Associated Indemnity Corporation NAIC Number 0761-21865, FEIN 22-1708002
Fireman's Fund Insurance Company of Wisconsin NAIC Number 0761-37273, FEIN 39-1338397

Dear Ms. Neuman,

Thank you for your review of the above referenced filing and your June 3, 2005 letter. The Chicago Insurance Company offers the following response to your concerns in the order they were presented:

1. Yes, this means if you had 2 claims where less than \$500 was incurred in the last 5 years you would be eligible for the credit.

2. Coverage II, III and IV are written on an occurrence basis. As we write a package, either claims-made or occurrence professional liability, coverage II, III and IV can be written under the claims-made professional liability.

3. It would be very rare for us to issue a short-term policy. However there may be a circumstance where we would issue. For instance, a doctor may be joining a group practice and may need a policy short term until they join. It is easier to issue short-term than issue and cancel. And again, this is very rare.

Under paragraph d, the final sentence should say "five tenths or more of a millionth shall be considered to be one thousandth" (delete millionth).

4. ERP would not be attached to General Liability as it is written as occurrence.

5. We have corrected the typo on Page 8.

June 10, 2005
 Ms. Gayle Neuman
 Page 2 of 2
 DPL-01-05-RIL

6. We use the table below as a guide:

Debits

(Refer to State Exception Pages - debits may vary by state)

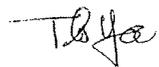
Total Indemnity and/or Total Reserves Debit	\$0-\$10,000 Debit	\$10,001-\$20,000 Debit	\$20,001-\$40,000 Debit	\$40,001-\$60,000 Debit	\$60,001-\$75,000 Debit	\$75,001 & Over Debit
1 Claim	0-10%	10%-20%	20%	20%-25%	25% - 50% Refer	50% - 75% Refer
2 Claims	15%-30%		30% - 40%	40%	50%-75% Refer*	Refer*
3 Claims Refer**						

We trust that this information will enable you to resume consideration of this filing and we look forward to receiving an approval at the Department's earliest convenience.

Enclosed is a copy of your June 3, 2005 letter for your reference.

Please do not hesitate to contact us if you have any questions.

Sincerely,



Thomas Yoo
 Regulatory Compliance Coordinator
 Perr&Knight
 phone: 888.201.5123 x151
 fax: 310.230.1061
 e-mail: doi@perrknight.com



"P&K State Filings"
<doi@perrknight.com>
06/14/2005 06:57 PM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject RE: Fireman's Fund Group - Dentist Rate/Rule Filing
#DPL-01-05-RIL

Ms. Neuman,

Thank you for your review of the above referenced filing. The Fireman's Fund Insurance Companies offers the following response:

1. *We apologize if we inferred general liability could be written as claims-made. General liability is only written as occurrence.*

Yes, this is saying the company will write claims-made professional liability coverage under the same policy as general liability occurrence coverage as we will write a package policy.

2. *We have attached another copy of the manual with revision shown on Page 4.*

3. *We use the criteria listed below from our manual as a guide to apply claim debits. We then follow the debit guidelines we provided, which are a part of our underwriting guidelines.*

Example: Dr. Smith had a claim, alleged pain from a root canal, we paid out \$45,000. In this scenario, according to our guide, we may debit the insured 20%.

The criteria used to determine the application of this experience rating debit or credit shall include the following:

The number of claims

The total incurred losses

Total paid losses

The cause of these losses

Loss prevention

Areas of specialization

Our revised rate and rule manual is included in this response.

We trust that this information will enable you to resume consideration of this filing and we look forward to receiving an approval at the Department's earliest convenience.

Please let me know if you have any questions.

Sincerely,

Sheila Haight

State Filings Project Coordinator

Perr&Knight

phone: 888-201-5123x147

fax: 310-230-8529

e-mail: shaight@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Monday, June 13, 2005 9:36 AM

To: P&K State Filings

Subject: RE: Fireman's Fund Group - Dentist Rate/Rule Filing #DPL-01-05-RIL

Ms. Haight,

Upon review of the June 10, 2005 response, we have the following additional questions:

1. In regard to #2, the response indicates general liability could be written on a claims-made basis. Then, the answer to #4 states general liability is only written as occurrence. Please explain. Is this saying the company would write a claims-made professional liability coverage under the same policy as a general liability occurrence coverage?
2. The correction of the word "thousandth" was not reflected in the updated version of the manual pages.

3. We do not understand the response provided for #6 in regard to the Experience Rating Plan. Page 13 of the manual lists factors a through f. However, we do not see where each is reflected in this chart, or where the chart is a part of the State Exception Pages.

Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us



DPL 061305 IL Manual.pdf



"P&K State Filings"
<doi@perrknight.com>
06/15/2005 02:47 PM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject RE: Fireman's Fund Group - Dentist Rate/Rule Filing
#DPL-01-05-RIL

Ms. Neuman,

Enclosed is a revised copy of the June 10, 2005 response. This should help complete your review of this filing. Please let me know if you have any questions.

Sincerely,

Sheila Haight

State Filings Project Coordinator

Perr&Knight

phone: 888-201-5123x147

fax: 310-230-8529

e-mail: shaight@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Wednesday, June 15, 2005 7:48 AM

To: P&K State Filings

Subject: RE: Fireman's Fund Group - Dentist Rate/Rule Filing #DPL-01-05-RIL

Ms. Haight,

One last issue to clear up. On the 6/10/05 response letter by Thomas Yoo, the response to issue #6 included a chart. I don't see where the information from this chart is included in the manual or the state exception pages - is it? This chart give information about a through c of the Experience Rating Plan, but I don't see how it gives information about d through f?

Your prompt assistance is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit

Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us revised 20050610 response.pdf



"Sheila Haight"
<shaight@perrknight.com>
05/27/2005 06:50 PM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject Dentists Professional Liability - Rate/Rule Filing file
DPL-01-05-RIL

Dear Ms. Neuman,

Thank you for your review of the above referenced filing. The Chicago Insurance Company offers the following responses to your concerns in the order they were presented:

1. *The required certification form is included in this response.*
2. *We have included an RF-3 form for each company to which this filing applies.*
3. *Attached is a copy of the complete Countrywide rate/rule manual as well as a complete copy of the Illinois State Exception pages, which is where the changes made with this filing are listed.*

The changes are:

- *On page 1 of 4, number 1. We are introducing a base rate increase of 10%.*
- *On page 3 of 4, number 1, letter A. We are adding a +20.0% charge for any dentist that includes minor surgeries in their practice.*
- *On page 3 of 4, number 1, letter B. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.*
- *On page 3 of 4, number 2, letter B. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.*

4. *We report our statistics to the National Independent Statistical Service (NISS).*
5. *Yes, we have a scheduled rating plan. See the attached copy of the Countrywide rate/rule manual, the Dental Professionals Program Business Liability Plan. The scheduled rating plan is listed on page 13 of 14, under letter C, number 1.*
6. *See the attached copy of the Illinois State Exception Pages. Description of the extended reporting period is listed on page 2 of 4, number 4.*
7. *The Chicago Insurance Company does not unfairly discriminate in offering or administering the Dental Professional Liability Program.*

We hope our response will enable you to complete your review of our filing.

Please see attached the following documents:
DPL IL Certification for Medical Malpractice Rates
Summary Sheet Form (RF-3)
State Exception Pages- Illinois (12)
Rules and Rates Manual
Questions From DOI

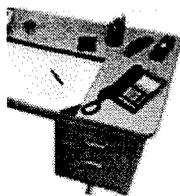
Should you have any questions, please do not hesitate to contact us.

Sincerely,

Sheila Haight
State Filings Project Coordinator
Perr&Knight
phone: 888-201-5123x147
fax: 310-230-8529
e-mail: shaight@perrknight.com



DPL IL Cert.pdf IL RF3.pdf IL rate-rule manual.pdf CW rate-rule manual.pdf IL rate 20050513 ques from doi.pdf



Gayle Neuman/INS
05/31/2005 11:43 AM

To "Sheila Haight" <shaight@perrknight.com>
cc
bcc
Subject Re: Dentists Professional Liability - Rate/Rule Filing
file # DPL-01-05-RIL

Ms. Haight,

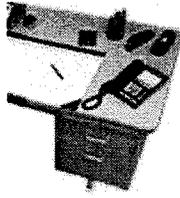
We are in receipt of your 5/27/05 response. The certification provided indicated an unknown FEIN and filing number. We request you provide a current certification for each of the five companies with the appropriate filing number.

Thank you for your assistance.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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Gayle Neuman/INS
06/01/2005 07:32 AM

To "Sheila Haight" <shaight@perrknight.com>
cc
bcc
Subject RE: Dentists Professional Liability - Rate/Rule Filing
file # DPL-01-05-RIL

Ms. Haight,

That is correct. Technically, the company should have submitted 5 sets of manual pages too, but we will copy them for you.

"Sheila Haight" <shaight@perrknight.com>



"Sheila Haight"
<shaight@perrknight.com>
05/31/2005 04:24 PM

To <Gayle_Neuman@ins.state.il.us>
cc
Subject RE: Dentists Professional Liability - Rate/Rule Filing
file # DPL-01-05-RIL

Re: Fireman's Fund Insurance Company	FEIN 94-1610280	NAIC Number
0761-21873		
The American Insurance Company	FEIN 22-0731810	NAIC Number
0761-21857		
Associated Indemnity Corporation	FEIN 22-1708002	NAIC Number
0761-21865		
National Surety Corporation	FEIN 36-2704643	NAIC Number
0761-21881		
Fireman's Fund Insurance Company of Winconsin	FEIN 39-1338397	NAIC Number
0761-37273		

Ms. Neuman,

Just to confirm, you require the enclosed form be submitted for each of the companies referenced above for a total of five (5) certifications?

Sincerely,

Sheila Haight
State Filings Project Coordinator
Perr&Knight
phone: 888-201-5123x147
fax: 310-230-8529
e-mail: shaight@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Tuesday, May 31, 2005 11:58 AM

To: Sheila Haight
Subject: Re: Dentists Professional Liability - Rate/Rule Filing file # DPL-01-05-RIL

Ms. Haight,

We will actually need a separate certification form for each company for the filing referenced above. I apologize if my request was not clear.

"Sheila Haight" <shaight@perrknight.com>

05/31/2005 12:21 PM

To <Gayle_Neuman@ins.state.il.us>
cc
Subject Re: Dentists Professional Liability - Rate/Rule Filing file #
DPL-01-05-RIL

Dear Ms. Neuman,

Thank you for your review in the above referenced filing. Per your request, I am providing you a certification for each of the five companies with the appropriate filing number.

Re: > Fireman's Fund Insurance Company Number 0761-21873	FEIN 94-1610280 NAIC
The American Insurance Company Number 0761-21857	FEIN 22-0731810 NAIC
Associated Indemnity Corporation Number 0761-21865	FEIN 22-1708002 NAIC
National Surety Corporation 0761-21881	FEIN 36-2704643 NAIC Number
Fireman's Fund Insurance Company of Winconsin Number 0761-37273	FEIN 39-1338397 NAIC
Company Filing Number : DPL-01-05- RIL	

Sincerely,

Sheila Haight
State Filings Project Coordinator
Perr&Knight

phone: 888-201-5123x147

fax: 310-230-8529

e-mail: shaight@perrknight.com



IL RF3.pdf



"Thomas Yoo"
<tyoo@perrknight.com>
06/01/2005 01:43 PM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject RE: Dentists Professional Liability - Rate/Rule Filing
#DPL-01-05-RIL

Fireman's Fund Insurance Company FEIN 94-1610280 NAIC Number 0761-21873

The American Insurance Company FEIN 22-0731810 NAIC Number 0761-21857

Associated Indemnity Corporation FEIN 22-1708002 NAIC Number 0761-21865

National Surety Corporation FEIN 36-2704643 NAIC Number 0761-21881

Fireman's Fund Insurance Company of Wisconsin FEIN 39-1338397 NAIC Number 0761-37273

Company Filing Number : DPL-01-05- RIL

Dear Ms. Neuman,

Thank you for your review of the above referenced filing. The Chicago Insurance Company offers the following responses to your concerns in the order they were presented:

1. *The required certification form is included in this response.*
2. *We have included an RF-3 form for each company to which this filing applies.*
3. *Attached is a copy of the complete Countrywide rate/rule manual as well as a complete copy of the Illinois State Exception pages, which is where the changes made with this filing are listed.*

The changes are:

- *On page 1 of 4, number 1. We are introducing a base rate increase of 10%.*
- *On page 3 of 4, number 1, letter A. We are adding a +20.0% charge for any dentist that includes minor surgeries in their practice.*
- *On page 3 of 4, number 1, letter B. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.*
- *On page 3 of 4, number 2, letter B. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.*

4. *We report our statistics to the National Independent Statistical Service (NISS).*

5. *Yes, we have a scheduled rating plan. See the attached copy of the Countrywide rate/rule manual,*

of 14, under letter C, number 1.

6. See the attached copy of the Illinois State Exception Pages. Description of the extended reporting period is listed on page 2 of 4, number 4.

7. The Chicago Insurance Company does not unfairly discriminate in offering or administering the Dental Professional Liability Program.

We hope our response will enable you to complete your review of our filing.

Please see attached the following documents:
DPL IL Certification for Medical Malpractice Rates
Summary Sheet Form (RF-3)
State Exception Pages- Illinois (12)
Rules and Rates Manual

Should you have any questions, please do not hesitate to contact us.

Sincerely,

Thomas Yoo

Regulatory Compliance Coordinator

Perr&Knight

phone: 888.201.5123 x151

fax: 310.230.1061

e-mail: tyoo@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Friday, May 13, 2005 6:48 AM

To: State Filings

Subject: Dentists Professional Liability - Rate/Rule Filing #DPL-01-05-RIL

Mr. Yoo,

We are in receipt of the above referenced filing submitted by cover letter dated May 11, 2005 for Fireman's Fund Insurance Company, The American Insurance Company, National Surety Corporation, Associated Indemnity Corporation, and Fireman's Fund Insurance Company of Wisconsin. The following additional information/documentation is required for processing:

1. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. Please complete the attached certification form.

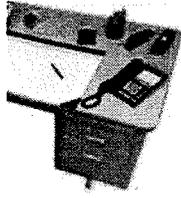
2. A RF-3 Summary Sheet must be provided for each of the five companies listed above. The RF-3 cannot represent a group of companies. Medical malpractice rates should be reflected on line #15 of this form.
3. Provide a copy of the complete rate/rule manual, including any changes made with this filing. 50 Ill. Adm. Code 929.30 requires identification of all changes from superseding filings.
4. Indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
5. Indicate if your company has a scheduled rating plan and if so, indicate the page in your rate/rule manual where this information can be found. Please indicate the maximum debit and/or credit that can be applied per policy.
6. Extended reporting period (tail coverage) premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The form must list the factor(s) to be used to figure the premium, which of the three premiums the factor will be applied to, and any credits, discounts, etc. that will be added or removed when determining the final premium.
7. We require a written statement certifying that the insurance company does not unfairly discriminate in offering or administering this program.

We request your prompt attention.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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Gayle Neuman/INS
06/02/2005 09:16 AM

To "Thomas Yoo" <tyoo@perrknight.com>
cc
bcc
Subject RE: Dentists Professional Liability - Rate/Rule Filing
#DPL-01-05-RIL 

Mr. Yoo,

I received your 6/1/05 e-mail. When I tried to print out the attachment titled "DPL IL Cert.pdf", although I could see a partially corrected version, the same old version printed out instead. Regardless, these certifications include the FEIN for Chicago Insurance Company still (and to my knowledge, they are not involved in this filing). It seems perhaps the companies don't want to fill out a certification for each filing and just want it copied and edited. Regardless, please update the certifications and resend.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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"Thomas Yoo"
<tyoo@perrknight.com>
06/02/2005 01:37 PM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject RE: Dentists Professional Liability - Rate/Rule Filing
#DPL-01-05-RIL

Fireman's Fund Insurance Company	FEIN 94-1610280	NAIC Number 0761-21873
The American Insurance Company	FEIN 22-0731810	NAIC Number 0761-21857
Associated Indemnity Corporation -21865	FEIN 22-1708002	NAIC Number 0761
National Surety Corporation	FEIN 36-2704643	NAIC Number 0761-21881
Fireman's Fund Insurance Company of Wisconsin FEIN 39-1338397 NAIC Number0761-37273		
Company Filing Number : DPL-01-05- RIL		

Dear Ms. Neuman,

Thank you for your review of the above referenced filing. The Chicago Insurance Company offers the following responses to your concerns in the order they were presented:

1. *The required certification form is included in this response.*
2. *We have included an RF-3 form for each company to which this filing applies.*
3. *Attached is a copy of the complete Countrywide rate/rule manual as well as a complete copy of the Illinois State Exception pages, which is where the changes made with this filing are listed.*

The changes are:

- On page 1 of 4, number 1. We are introducing a base rate increase of 10%.
 - On page 3 of 4, number 1, letter A. We are adding a +20.0% charge for any dentist that includes minor surgeries in their practice.
 - On page 3 of 4, number 1, letter B. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.
 - On page 3 of 4, number 2, letter B. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.
4. *We report our statistics to the National Independent Statistical Service (NISS).*
 5. *Yes, we have a scheduled rating plan. See the attached copy of the Countrywide rate/rule manual, which is where the changes made with this filing are listed on page 42.*

of 14, under letter C, number 1.

6. See the attached copy of the Illinois State Exception Pages. Description of the extended reporting period is listed on page 2 of 4, number 4.

7. The Chicago Insurance Company does not unfairly discriminate in offering or administering the Dental Professional Liability Program.

We hope our response will enable you to complete your review of our filing.

Please see attached the following documents:
DPL IL Certification for Medical Malpractice Rates
Summary Sheet Form (RF-3)
State Exception Pages- Illinois (12)
Rules and Rates Manual

Should you have any questions, please do not hesitate to contact us.

Sincerely,

Thomas Yoo

Regulatory Compliance Coordinator

Perr&Knight

phone: 888.201.5123 x151

fax: 310.230.1061

e-mail: tyoo@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Friday, May 13, 2005 6:48 AM

To: State Filings

Subject: Dentists Professional Liability - Rate/Rule Filing #DPL-01-05-RIL

Mr. Yoo,

We are in receipt of the above referenced filing submitted by cover letter dated May 11, 2005 for Fireman's Fund Insurance Company, The American Insurance Company, National Surety Corporation, Associated Indemnity Corporation, and Fireman's Fund Insurance Company of Wisconsin. The following additional information/documentation is required for processing:

1. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. Please complete the attached certification form.

2. A RF-3 Summary Sheet must be provided for each of the five companies listed above. The RF-3 cannot represent a group of companies. Medical malpractice rates should be reflected on line #15 of this form.
3. Provide a copy of the complete rate/rule manual, including any changes made with this filing. 50 Ill. Adm. Code 929.30 requires identification of all changes from superseding filings.
4. Indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
5. Indicate if your company has a scheduled rating plan and if so, indicate the page in your rate/rule manual where this information can be found. Please indicate the maximum debit and/or credit that can be applied per policy.
6. Extended reporting period (tail coverage) premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The form must list the factor(s) to be used to figure the premium, which of the three premiums the factor will be applied to, and any credits, discounts, etc. that will be added or removed when determining the final premium.
7. We require a written statement certifying that the insurance company does not unfairly discriminate in offering or administering this program.

We request your prompt attention.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, _____ (Name of officer typed or printed) _____, a duly authorized officer of _____ (Name of Insurer typed or printed) _____, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, _____ (Name of actuary typed or printed) _____, a duly authorized actuary of _____ (Name of actuary firm typed or printed) _____ am authorized to certify on behalf of (Name of Insurance Company) making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Signature and Title of Authorized Insurance Company Officer

Date

Signature, Title and Designation of Authorized Actuary

Date

Insurance Company FEIN ___ - _____ Filing Number _____

Insurer's Address _____

City _____ State _____ Zip Code _____

Contact Person's:

-Name and E-mail _____

-Direct Telephone and Fax Number _____



Thomas Yoo

From: Gayle_Neuman@ins.state.il.us
Sent: Friday, June 03, 2005 8:25 AM
To: Thomas Yoo
Subject: Fireman's Fund Group - Dentist Rate/Rule Filing #DPL-01-05-RIL

Mr. Yoo,

Please have the companies in the group address the following issues in the rate/rule filing:

1. On page 3 of the Illinois State Exception pages, under Claim-Free Discount, please explain "a combination of a maximum of 2 claims is allowable for this discount". Does this mean if you had two claims where less than \$500 was incurred in the last 5 years?
2. On page 2 of the Rate/Rule Manual, for Coverages I through VI, it appears some are written on a claims-made basis and others on an occurrence basis. Please explain. If you purchased Coverage I, II, III and IV, could it all be issued under a claims-made policy?
3. On page 4 of the Rate/Rule Manual, under Premium Computation, paragraph b, please explain when is a policy issued for less than one year?
Under paragraph d, the final sentence should say "five tenths or more of a millionth shall be considered to be one **thousandth**" (delete millionth).
4. Provisions for the extended reporting coverage should be amended as the ERP may also be attached to the general liability coverage.
On all general liability coverage parts:
 - a. the extended reporting period must be offered when the policy is cancelled or not renewed for any reason
 - b. the insured gets a free 60 day period after the end of the policy to request the e.r.p.
 - c. the insured must be offered:
 - (1) a free 5 year tail; or
 - (2) an unlimited tail with limits reinstated (100% of aggregate expiring limits for the duration) and premium capped
(e.r.p. is limited to a 200% cap of the annual premium of the expiring policy)
 - d. after the premium is paid, the e.r.p. may not be cancelled for any reason.
5. There is a typo on page 8 of the Rate/Rule Manual, final paragraph - "patient=s".
6. On page 13 of the Rate/Rule Manual, paragraph C. 2. references the Experience Rating Plan. Is there a maximum debit or credit applicable? Please provide the percentage of debit or credit that applies to factors a through f.
7. Is the rate increase being requested all professional liability premium or does it include general liability? If part of it is effecting general liability, this should be reflected on the RF-3 Summary Sheets. Is the increase only for claims-made coverage and not occurrence coverage?

We request receipt of a response by June 13, 2005.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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"P&K State Filings"
<doi@perrknight.com>
06/10/2005 06:58 PM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject RE: Fireman's Fund Group - Dentist Rate/Rule Filing
#DPL-01-05-RIL

Dear Ms. Neuman,

Thank you for your review in the above referenced filing and your e-mail letter of June 3, 2005. Attached is the copy of the response we received from the Chicago Insurance Company in regard to your concerns in the order it was presented.

Sincerely,

Sheila Haight

State Filings Project Coordinator

Perr&Knight

phone: 888-201-5123x147

fax: 310-230-8529

e-mail: shaight@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Friday, June 03, 2005 8:25 AM

To: Thomas Yoo

Subject: Fireman's Fund Group - Dentist Rate/Rule Filing #DPL-01-05-RIL

Mr. Yoo,

Please have the companies in the group address the following issues in the rate/rule filing:

1. On page 3 of the Illinois State Exception pages, under Claim-Free Discount, please explain "a combination of a maximum of 2 claims is allowable for this discount". Does this mean if you had two claims where less than \$500 was incurred in the last 5 years?
2. On page 2 of the Rate/Rule Manual, for Coverages I through VI, it appears some are written on a claims-made basis and others on an occurrence basis. Please explain. If you purchased Coverage I, II, III and IV, could it all be issued under a claims-made policy?
3. On page 4 of the Rate/Rule Manual, under Premium Computation, paragraph b, please explain when is a policy issued for less than one year?
Under paragraph d, the final sentence should say "five tenths or more of a millionth shall be considered to be one thousandth" (delete millionth).
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On all general liability coverage parts:
 - a. the extended reporting period must be offered when the policy is cancelled or not renewed for any reason
 - b. the insured gets a free 60 day period after the end of the policy to request the e.r.p.
 - c. the insured must be offered:
 - (1) a free 5 year tail; or
 - (2) an unlimited tail with limits reinstated (100% of aggregate expiring limits for the duration) and premium capped
(e.r.p. is limited to a 200% cap of the annual premium of the expiring policy)
 - d. after the premium is paid, the e.r.p. may not be cancelled for any reason.
5. There is a typo on page 8 of the Rate/Rule Manual, final paragraph - "patient=s".
6. On page 13 of the Rate/Rule Manual, paragraph C. 2. references the Experience Rating Plan. Is there a maximum debit or credit applicable? Please provide the percentage of debit or credit that applies to factors a through f.
7. Is the rate increase being requested all professional liability premium or does it include general liability? If part of it is effecting general liability, this should be reflected on the RF-3 Summary Sheets. Is the increase only for claims-made coverage and not occurrence coverage?

We request receipt of a response by June 13, 2005.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

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June 15, 2005

Ms. Gayle Neuman
Property and Casualty Compliance Unit
Illinois Division of Insurance
320 West Washington Street
Springfield, Illinois 62767

Company Filing Number: DPL-01-05-RIL

Dentists Professional Liability Program – Rate and Rule Change

Fireman's Fund Insurance Company NAIC Number 0761-21873, FEIN 94-1610280
The American Insurance Company NAIC Number 0761-21857, FEIN 22-0731810
National Surety Corporation NAIC Number 0761-21881, FEIN 36-2704643
Associated Indemnity Corporation NAIC Number 0761-21865, FEIN 22-1708002
Fireman's Fund Insurance Company of Wisconsin NAIC Number 0761-37273, FEIN 39-1338397

Dear Ms. Neuman,

Thank you for your review of the above referenced filing and your June 3, 2005 letter. The Chicago Insurance Company offers the following response to your concerns in the order they were presented:

1. Yes, this means if you had 2 claims where less than \$500 was incurred in the last 5 years you would be eligible for the credit.

2. Coverage II, III and IV are written on an occurrence basis. As we write a package, either claims-made or occurrence professional liability, coverage II, III and IV can be written under the claims-made professional liability.

3. It would be very rare for us to issue a short-term policy. However there may be a circumstance where we would issue. For instance, a doctor may be joining a group practice and may need a policy short term until they join. It is easier to issue short-term than issue and cancel. And again, this is very rare.

Under paragraph d, the final sentence should say "five tenths or more of a millionth shall be considered to be one thousandth" (delete millionth).

4. ERP would not be attached to General Liability as it is written as occurrence.

5. We have corrected the typo on Page 8.

6. We use the table below as a guide:

Debits

(Refer to State Exception Pages - debits may vary by state)

Total Indemnity and/or Total Reserves	\$0-\$10,000	\$10,001-\$20,000	\$20,001-\$40,000	\$40,001-\$60,000	\$60,001-\$75,000	\$75,001 & Over
Debit	Debit	Debit	Debit	Debit	Debit	Debit
1 Claim	0-10%	10%-20%	20%	20%-25%	25% -50% Refer	50% -75% Refer
2 Claims	15%-30%		30% -40%	40%	50%-75% Refer*	Refer*
3 Claims Refer**						

* Consider for non-renewal or apply highest debit allowed subject to any state restrictions

** Should consider for non-renewal

7. The requested rate increase is applicable to the base rate, which is package professional and general liability. If general liability is not selected a 10% credit is applied to the base rate.

We have included an RF-3 form for Claims-Made and Occurrence coverage for each company in this response. Also, we have attached an amended rate and rule manual.

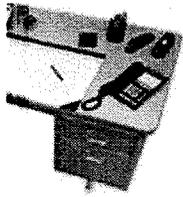
The rate increase is for claims-made and occurrence coverage.

We trust that this information will enable you to resume consideration of this filing and we look forward to receiving an approval at the Department's earliest convenience. Enclosed is a copy of your June 3, 2005 letter for your reference.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Thomas Yoo
 Regulatory Compliance Coordinator
 Perr&Knight



Gayle Neuman/INS
06/16/2005 08:22 AM

To "P&K State Filings" <doi@perrknight.com>
cc
bcc
Subject RE: Fireman's Fund Group - Dentist Rate/Rule Filing
#DPL-01-05-RIL 

Ms. Haight,

Unfortunately, the revised letter did not answer any of the questions in my 6/15/05 e-mail.

However, the revision has prompted an additional question to be addressed. The RF-3 forms indicate the general liability portion of the premium is \$0. The revised letter stated if general liability is not selected, a 10% credit is applied to the base rate. Please explain how the general liability is free, yet can result in a credit.

Your prompt attention to these two issues is appreciated.

"P&K State Filings" <doi@perrknight.com>



"P&K State Filings"
<doi@perrknight.com>
06/15/2005 02:47 PM

To <Gayle_Neuman@ins.state.il.us>
cc
Subject RE: Fireman's Fund Group - Dentist Rate/Rule Filing
#DPL-01-05-RIL

Ms. Neuman,

Enclosed is a revised copy of the June 10, 2005 response. This should help complete your review of this filing. Please let me know if you have any questions.

Sincerely,

Sheila Haight

State Filings Project Coordinator

Perr&Knight

phone: 888-201-5123x147

fax: 310-230-8529

e-mail: shaight@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]
Sent: Wednesday, June 15, 2005 7:48 AM
To: P&K State Filings
Subject: RE: Fireman's Fund Group - Dentist Rate/Rule Filing #DPL-01-05-RIL

Ms. Haight,

One last issue to clear up. On the 6/10/05 response letter by Thomas Yoo, the response to issue #6 included a chart. I don't see where the information from this chart is included in the manual or the state exception pages - is it? This chart give information about a through c of the Experience Rating Plan, but I don't see how it gives information about d through f?

Your prompt assistance is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

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BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us revised 20050610 response.pdf



"Thomas Yoo"
<tyoo@perrknight.com>
06/30/2005 07:13 PM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject RE: Fireman's Fund Group - Dentist Rate/Rule Filing
#DPL-01-05-RIL

Ms. Neuman,

Thank you for your review of the above referenced filing and for your June 16, 2005 e-mail. The Chicago Insurance Company offers the following response to your concerns:

1. The RF-3 forms indicate the general liability portion of the premium is \$0. The revised letter stated if general liability is not selected, a 10% credit is applied to the base rate. Please explain how the general liability is free, yet can result in a credit.

Response: General Liability is offered under both our claims-made and occurrence policies. General Liability is an occurrence coverage. Our base rate for both claims-made and occurrence contemplates a professional and general liability rate. If insured elects not to purchase general liability a 10% credit is applied to the base rate. The General liability premium is coded separately and based on the fact that our general liability coverage is an occurrence coverage it falls under the occurrence premium field. Therefore, we have revised the Form (RF-3) for the Occurrence premium and have included the general liability line under Coverage 3. Liability Other Than Auto stating the premium for general liability as \$63,818. Find revised RF-3 forms attached.

2. On the 6/10/05 response, the response to issue #6 included a chart. I don't see where the information from this chart is included in the manual or the state exception pages - is it? This chart gives information about a through c of the Experience Rating Plan, but I don't see how it gives information about d through f?

Response: Per your conversation with Paula McTigue June 24th, we have added the Experience Rating Chart directly to the State Exception Pages per your request. We trust the examples we have listed prove satisfactorily for d. - f. Find attached revised State Exception Pages.

We trust this information will enable you to resume consideration of this filing and we look forward to receiving an approval at the Department's earliest convenience.

Please let me know if you have any questions.

Sincerely,

Thomas Yoo

Regulatory Compliance Coordinator

Perr&Knight

phone: 888.201.5123 x151

fax: 310.230.1061

e-mail: tyoo@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Thursday, June 16, 2005 6:23 AM

To: P&K State Filings

Subject: RE: Fireman's Fund Group - Dentist Rate/Rule Filing #DPL-01-05-RIL

Ms. Haight,

Unfortunately, the revised letter did not answer any of the questions in my 6/15/05 e-mail.

However, the revision has prompted an additional question to be addressed. The RF-3 forms indicate the general liability portion of the premium is \$0. The revised letter stated if general liability is not selected, a 10% credit is applied to the base rate. Please explain how the general liability is free, yet can result in a credit.

Your prompt attention to these two issues is appreciated.

"P&K State Filings" <doi@perrknight.com>

06/15/2005 02:47 PM

To: <Gayle_Neuman@ins.state.il.us>

cc

Subject: RE: Fireman's Fund Group - Dentist Rate/Rule Filing #DPL-01-05-RIL

Ms. Neuman,

Enclosed is a revised copy of the June 10, 2005 response. This should help complete your review of this filing. Please let me know if you have any questions.

Sincerely,

Sheila Haight

State Filings Project Coordinator

Perr&Knight

phone: 888-201-5123x147

fax: 310-230-8529

e-mail: shaight@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Wednesday, June 15, 2005 7:48 AM

To: P&K State Filings

Subject: RE: Fireman's Fund Group - Dentist Rate/Rule Filing #DPL-01-05-RIL

Ms. Haight,

One last issue to clear up. On the 6/10/05 response letter by Thomas Yoo, the response to issue #6 included a chart. I don't see where the information from this chart is included in the manual or the state exception pages - is it? This chart give information about a through c of the Experience Rating Plan, but I don't see how it gives information about d through f?

Your prompt assistance is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

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BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us DPL 061805 IL Manual.pdf



IL RF3 - Occ.pdf IL RF3 - CM.PDF

State of Illinois
Financial and Professional Regulation
Division of Insurance
Report of *Ex Parte* Communication

Name of employee making report: Gayle Neuman

Job Title of employee making report: Ins. Analyst IV

Date of communication: 7/15/05

Date of First Notice (if applicable): n/a

Mode of communication (e.g. in person, telephone, fax, e-mail, mail): _____

On whose behalf communication is made: Fireman's Fund

Person(s) with whom communication occurred: Paula McTight (312) 456-5144

Summary of Nature and Substance of communication: They cannot add #'s to chart for d.e.r.f. It is an underwriting judgment - so they will certify there is no unfair discrimination.

What action, if any, the person(s) requested: _____

Responses made to communication: _____

Other Pertinent Information: _____

Please attach any and all documents to this form including e-mails, faxes, papers or other documents.



Small, illegible text or markings at the top right of the page, possibly a header or page number.



"Thomas Yoo"
<tyoo@perrknight.com>
07/20/2005 11:21 AM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject RE: Fireman's Fund Group - Dentist Rate/Rule Filing
#DPL-01-05-RIL

Ms. Neuman,

Thank you for your review of the above referenced filing and for your 07/07/2005 e-mail. The Chicago Insurance Company offers the following response to your questions:

On behalf of the Fireman's Fund Insurance Companies, thank you so much for discussing your concerns with us Friday, July 14th regarding our claims experience rating plan.

As underwriting judgment is sometimes a part of the decision it is difficult to include this in the available debits. As we agreed, I am certifying here to you and I have included a statement certifying that we shall not be excessive, inadequate or unfairly discriminatory in the rating of claims in our State Exception Pages as attached.

We trust that this information will enable you to resume consideration of this filing. Please let me know if you have any questions or require additional information.

Thomas Yoo

Regulatory Compliance Coordinator

Perr&Knight

phone: 888.201.5123 x151

fax: 310.230.1061

e-mail: tyoo@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]
Sent: Thursday, July 07, 2005 7:45 AM
To: Thomas Yoo
Subject: RE: Fireman's Fund Group - Dentist Rate/Rule Filing #DPL-01-05-RIL

Mr. Yoo,

Thank you for your response.

On the State Exception Pages, the revisions for the General Rule C are now incorrect. I have reviewed the chart that was added for the experience rating, but I still don't see where it indicates the debit or credit for the cause of the losses, the corrective actions, or the areas of specialization. Additionally, what is the G listed just below the chart referring to?

Your prompt attention is appreciated.

"Thomas Yoo" <tyoo@perrknight.com>

06/30/2005 07:13 PM

To: <Gayle_Neuman@ins.state.il.us>

cc

Subject: RE: Fireman's Fund Group - Dentist Rate/Rule Filing #DPL-01-05-RIL

Ms. Neuman,

Thank you for your review of the above referenced filing and for your June 16, 2005 e-mail. The Chicago Insurance Company offers the following response to your concerns:

1. The RF-3 forms indicate the general liability portion of the premium is \$0. The revised letter stated if general liability is not selected, a 10% credit is applied to the base rate. Please explain how the general liability is free, yet can result in a credit.

Response: General Liability is offered under both our claims-made and occurrence policies. General Liability is an occurrence coverage. Our base rate for both claims-made and occurrence contemplates a professional and general liability rate. If insured elects not to purchase general liability a 10% credit is applied to the base rate. The General liability premium is coded separately and based on the fact that our general liability coverage is an occurrence coverage it falls under the occurrence premium field. Therefore, we have revised the Form (RF-3) for the Occurrence premium and have included the general liability line under Coverage 3 Liability Other Than Auto

stating the premium for general liability as \$63,818. Find revised RF-3 forms attached.

2. On the 6/10/05 response, the response to issue #6 included a chart. I don't see where the information from this chart is included in the manual or the state exception pages - is it? This chart gives information about a through c of the Experience Rating Plan, but I don't see how it gives information about d through f?

Response: Per your conversation with Paula McTigue June 24th, we have added the Experience Rating Chart directly to the State Exception Pages per your request. We trust the examples we have listed prove satisfactory for d. - f. Find attached revised State Exception Pages.

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Please let me know if you have any questions.

Sincerely,

Thomas Yoo

Regulatory Compliance Coordinator

Perr&Knight

phone: 888.201.5123 x151

fax: 310.230.1061

e-mail: tyoo@perrknight.com

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Sent: Thursday, June 16, 2005 6:23 AM

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Subject: RE: Fireman's Fund Group - Dentist Rate/Rule Filing #DPL-01-05-RIL

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"P&K State Filings" <doi@perrknight.com>

06/15/2005 02:47 PM

To<Gayle_Neuman@ins.state.il.us>
cc
SubjectRE: Fireman's Fund Group - Dentist Rate/Rule Filing #DPL-01-05-RIL

Ms. Neuman,

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Sincerely,

Sheila Haight

State Filings Project Coordinator

Perr&Knight

phone: 888-201-5123x147

fax: 310-230-8529

e-mail: shaight@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Wednesday, June 15, 2005 7:48 AM

To: P&K State Filings

Subject: RE: Fireman's Fund Group - Dentist Rate/Rule Filing #DPL-01-05-RIL

Ms. Haight,

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Your prompt assistance is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

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BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us DPL 070705 IL Manual.pdf



"P&K State Filings"
<doi@perrknight.com>
07/19/2005 05:03 PM

To <Gayle_Neuman@ins.state.il.us>
cc "Thomas Yoo" <tyoo@perrknight.com>
bcc
Subject RE: Form Filing #CGILMMADAIL0501 American Dietetic Association

Ms. Neuman,

Thank you for your e-mail below. This is just to inform you that Thomas Yoo is not in the office today, but your e-mail will be sent to the company and their response will be submitted to your attention as soon as we receive it.

We appreciate your assistance with this filing.

Sincerely,

M. Inês Piquet
Regulatory Compliance Manager
(888) 201-5123 x120
www.perrknight.com

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]
Sent: Tuesday, July 19, 2005 12:31 PM
To: P&K State Filings
Subject: Fw: Form Filing #CGILMMADAIL0501 American Dietetic Association

Mr. Yoo,

We sent two e-mails to you on this filing on 5/3/05. On 6/20/05, we received a response regarding the first e-mail, but to date no response has been received regarding the attached e-mail. Please forward a response at your earliest convenience.

----- Forwarded by Gayle Neuman/INS on 07/19/2005 02:28 PM -----

Gayle Neuman/INS

05/03/2005 03:16 PM

To: doi@perrknight.com
cc
Subject: Form Filing #CGILMMADAIL0501 American Dietetic Association

Mr. Yoo,

I apologize that this part was omitted from my previous e-mail.

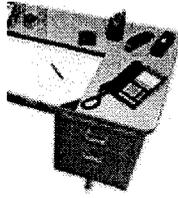
On form PLE-2081, the extended reporting period must be offered on the claims-made coverage when the policy is cancelled or nonrenewed for any reason including nonpayment of premium, and whether the policy is cancelled by the company or at the insured's request, pursuant to Company Bulletin CB88-50. Additionally, the company must offer an extended reporting period of at least 12 months on claims-made policies. The insured must be allowed 30 days after the end of the policy period to purchase the extended reporting period. Extended reporting period (tail coverage) premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The form must list the factor(s) to be used to figure the premium, which of the three premiums the factor will be applied to, and any credits, discounts, etc. that will be added or removed when determining the final premium. The company must inform the insured of the extended reporting period premium at the time the last policy is purchased. The company may not wait until the insured requests purchase of the extended reporting period coverage to tell the insured what the premium will be or how the premium will be calculated.

As before, please submit the compliant form(s) no later than May 17, 2005 or we will recommend disapproval of such form(s) on that date. Please be advised that when the Director disapproves your form(s), you must immediately cease using the form(s) in Illinois. If you need additional time to respond, you may request an extension by e-mail which is not to exceed 30 days.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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Gayle Neuman/INS
07/25/2005 09:02 AM

To "Thomas Yoo" <tyoo@perrknight.com>
cc
bcc
Subject RE: Fireman's Fund Group - Dentist Rate/Rule Filing
#DPL-01-05-RIL 

Mr. Yoo,

Part of my last e-mail was not addressed. Attached is a scanned copy of two pages of the manual indicating changes that need to be made. Please address and respond ASAP.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

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document.pdf



**FIREMAN'S FUND INSURANCE COMPANIES
DENTAL PROFESSIONALS PROGRAM BUSINESS LIABILITY PLAN
STATE EXCEPTION PAGES - ILLINOIS (12)**

← 5. **B. Coverage 5. Employment Practices Liability – Increased Limits**

The applicable flat rate in the following table shall be applied to each named insured policy:

Number of Employees	Limits of liability			
	\$ 100,000	\$ 250,000	\$ 500,000	\$ 750,000
1-3	268	360	451	494
4	358	480	601	659
5	447	600	752	823
6	537	720	902	988
7	626	839	1,052	1,153
8	716	959	1,203	1,317
9	805	1,079	1,353	1,482
>9	Refer to Company			

Deductible - \$2,500 Mandatory

← 6. **B. Amended Professional Liability Rules**

A. Section B. Dental Classifications, the following revisions are made:

(1) **Rule 4. Additional Classifications**, the following rule is added:

e. A 20% charge may be applied to Dentists other than oral surgeons who perform minor surgical procedures.

(2) **Rule 3., 3. a. Part-Time Practitioner** is deleted and replaced by the following:

Dentists who practice 20 hours or less a week will be eligible for part-time status at 40% premium credit.

B. ~~Section C. General Rule C. Additional Coverage / Rating Rules~~, the following revisions are made:

(1) **Rule 1., Individual Risk Premium Modification Plan**, is amended as follows:

The maximum modification for professional liability premiums for dental practitioners shall not exceed 4

(2) **Rule 2., Experience Rating Plan**, is deleted and replaced by the following:

An experience rating plan debit or credit shall be applied based upon an insured dentists claims experience in the preceding five (5) year period. The criteria used to determine the application of this experience rating debit or credit shall include the following in determining the debit:

- a. The number of claims – frequency or pattern, isolated claim
- b. The total incurred losses – indemnity and expense reserves
- c. Total paid losses – indemnity paid and expenses paid
- d. The cause of these losses – professional conduct
- e. Corrective actions taken for subsequent loss prevention – Continuing education and risk Management, disciplinary body activity
- f. Areas of specialization – nature of practice, training

**FIREMAN'S FUND INSURANCE COMPANIES
DENTAL PROFESSIONALS PROGRAM BUSINESS LIABILITY PLAN
STATE EXCEPTION PAGES - ILLINOIS (12)**

Total Indemnity And/or Total Reserves	\$0 - \$10,000	\$10,001- \$20,000	\$20,001- \$40,000	\$40,001	\$60,001- \$75,000	\$75,001 & Over
	Debit	Debit	Debit	Debit	Debit	Debit
1 Claim	0 - 10%	10% - 20%	20%	20% - 25%	25% - 50% Refer	50% - 75% Refer to Co.
2 Claims	15% - 30%		30% - 40%	40%	50% - 75% Refer to Co*	Refer to Co*
3 Claims Refer**						

*Consider for non-renewal or apply highest debit allowed

** Should consider for non-renewal

Rating of claims and use of experience rating plan shall not be excessive, inadequate or unfairly discriminatory.

(3) **Rule 3. Loss Prevention/Risk Management Credit** is deleted and replaced by the following:

Dentists who participate in a Company sponsored or approved loss prevention program/risk management program will be eligible for a 5% Risk Management Discount for a period of 3 years.

(4) **D. Claim-Free Discount**

A claim-free discount of 10% shall be applied. To be eligible the following criteria must be met:

No claim of \$500 or more incurred indemnity and ALAE in the last 5 years.

Note: a combination of a maximum of 2 claims is allowable for this discount.

(5) **E. Association/Society Member Credit**

A credit of 5% will be applied to each dentist who is a member of the Dental Association/Society.

(6) **F. Academy of General Dentistry Membership** - Members in good standing who have completed the following requirements are eligible for membership credit:

<u>Application Requirements</u>	<u>Credit</u>
Membership Maintenance - Members must earn 75 hours of continuing dental education during their 3-year review period. Recent graduates have 5-years.	10%
Fellowship Award Requirements - Fellowship requires 5 continuous years (50 consecutive months of membership in AGD, plus 500 hours of approved continuing education credit (at least 350 of which is earned in course attendance).	15%



"Thomas Yoo"
<tyoo@perrknight.com>
08/02/2005 05:08 PM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject RE: Fireman's Fund Group - Dentist Rate/Rule Filing
#DPL-01-05-RIL

Ms. Neuman,

Thank you for your continued review of the above referenced filing and for your July 25, 2005 e-mail. The Fireman's Fund Insurance Companies have corrected the enclosed rates pages in accordance with the Illinois Department of Insurance's request. Please let me know if you have any questions or require additional information.

Thomas Yoo

Regulatory Compliance Coordinator

Perr&Knight

phone: 888.201.5123 x151

fax: 310.230.1061

e-mail: tyoo@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Monday, July 25, 2005 7:03 AM

To: Thomas Yoo

Subject: RE: Fireman's Fund Group - Dentist Rate/Rule Filing #DPL-01-05-RIL

Mr. Yoo,

Part of my last e-mail was not addressed. Attached is a scanned copy of two pages of the manual indicating changes that need to be made. Please address and respond ASAP.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

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DPL 072605 IL Manual.pdf

The Fireman's Fund Insurance Companies

Fireman's Fund Insurance Company (FEIN# 94-1610280, NAIC# 761-21873)

The American Insurance Company (FEIN# 22-0731810, NAIC# 761-21857)

Associated Indemnity Company (FEIN# 22-1708002, NAIC# 761-21865)

National Surety Corporation (FEIN# 27-04643, NAIC# 761-21881)

Fireman's Fund Insurance Company of Wisconsin (FEIN# 39-1338397, NAIC # 0761-37273)

Dentist's Professional Liability Program

Occurrence

Requested Effective Date – 08/01/05

Actuarial Memorandum

Please find attached actuarial support for the following rate changes:

1. We are introducing a base rate increase of 10.0%.
2. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.
3. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.

We have estimated the impact of items 2 and 3 to be +3.0%.

4. We are adding a +20.0% charge for any dentist that includes minor surgeries in their practice.

This percentage was selected from competitive information and our perception of the inherent risk involved in underwriting this program. As we are not tracking this exposure today, we are unable to quantify this change.

The overall rate effect of these changes is an increase of 13.3%. Our rate indications are developed on the attached exhibits. These changes are also outlined in the accompanying rate and rule filing memorandum.

Our overall indication is developed on the attached exhibits. The exhibits provide the detailed backup for the various factors used to develop the overall indications. In general, our individual state experience lacks sufficient credibility to develop indications at the state level so our analysis is predicated on countrywide data.

Exhibit 1
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Claims-Made

Ratemaking Calculations
Countrywide

Report Year	(1) Earned Premium	(2) On-Level Factors	(3) On-Level Earned Premium	(4) Paid Loss and ALAE	(5) Case Reserves	(6) Reported Loss and ALAE	(7) Claim Counts
2000	11,737,414	1.301	15,272,757	6,681,033	695,501	7,376,534	615
2001	13,455,464	1.347	18,124,502	10,898,359	857,770	11,756,129	719
2002	22,500,029	1.282	28,838,929	13,639,205	2,546,002	16,185,207	1,026
2003	32,415,876	1.132	36,700,128	11,365,363	5,989,565	17,354,948	1,202
2004	36,062,402	1.029	37,095,571	1,005,441	4,119,057	5,124,498	714
Total	116,171,186		136,031,887	43,589,400	14,207,915	57,797,316	4,276

Report Year	(8) Paid Link Ratio	(9) Projected Ultimate Losses Reported Link Ratio	(10) Projected Ultimate Losses Paid Bornhuetter-Ferguson*	(11) Paid Bornhuetter-Ferguson*	(12) Selected Ultimate Losses	(13) Trend Factors	(14) Trended Selected Ultimate Losses	(15) Ultimate Loss Ratio	(16) Weight
2000	7,032,856	7,746,828	7,150,770	7,825,367	7,389,842	1.346	9,943,525	65.1%	10.0%
2001	12,262,747	13,136,610	12,086,033	12,887,320	12,699,679	1.281	16,272,906	89.8%	15.0%
2002	19,722,258	22,011,302	19,191,059	20,949,570	20,866,780	1.220	25,465,548	88.3%	20.0%
2003	29,742,049	33,752,747	27,388,372	29,953,603	28,670,987	1.162	33,324,638	90.8%	25.0%
2004	16,955,173	23,803,862	28,144,963	28,244,952	28,194,777	1.107	31,211,646	84.1%	30.0%
Total	85,715,084	102,451,349	93,970,798	99,860,853	97,822,066		116,218,263	85.4%	100.0%

*A prior loss ratio of 60% was used

(17) Experience Loss and ALAE Ratio	85.6%
(18) Credibility	100.0%
(19) Complement of Credibility	52.6%
(20) Credibility Weighted Experience Loss and LAE Ratio	85.6%
(21) Permissible Loss and ALAE Ratio	50.1%
(22) Indicated Rate Change	70.8%
(23) Selected Rate Change	13.3%

NOTES

- (1) From Exhibit 4
- (2) From Exhibit 2
- (3) = (1) x (2)
- (4)-(7) From Exhibit 4
- (8)-(11) Based on loss development factors in Exhibit 3
- (12) Selected judgmentally based on (8) - (11)
- (13) From Exhibit 4
- (14) = (12) x (13)

- (15) = (12) / (3)
- (16) Selected Judgmentally
- (17) = Surproduct [(13), (14)]
- (18) = Minimum (1,00, [(7) Total / 6837]
- (19) = (21) x (1+ Total Trend from Exhibit 4)
- (20) = (17) x (18) + (15) x [1.00 - (18)]
- (21) From Exhibit 5
- (22) = (20) / (21) - 1
- (23) Proposed rate change.

**Exhibit 2
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Claims-Made**

**Calculation of Premium On-Level Factors
Countrywide**

Date	Rate Change	Rate Level	% of Premium Earned - by year - at each rate level				Factor to Current Rate Level				
			1996	1997	1998	1999		2000	2001	2002	2003
Overall Effective	Rate Change	Rate Level	1996	1997	1998	1999	2000	2001	2002	2003	2004
			1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
4/1/1999	-1.30%	0.9870	1.0000	1.0000	1.0000	0.7188	0.0313				
6/1/1999	-0.30%	0.9970	0.9870	0.9870	1.0000	0.1111	0.0556				
1/1/2000	-2.30%	0.9770	0.9770	0.9614	0.1701	0.4132	0.3134				
10/15/2000	-1.50%	0.9850	0.9470	0.9470		0.4783	0.1068				
12/1/2000	-1.70%	0.9830	0.9309	0.9309		0.0182	0.2326				
3/1/2001	-0.50%	0.9950	0.9262	0.9262		0.0035	0.1250	0.0139			
5/1/2001	-0.30%	0.9970	0.9235	0.9235			0.2222	0.5972			
3/1/2002	20.00%	1.2000	1.1081	1.1081				0.3472			
4/1/2003	0.41%	1.0041	1.1127	1.1127				0.7049			0.0313
4/15/2003	0.29%	1.0029	1.1159	1.1159				0.0304			0.0113
5/1/2003	0.43%	1.0043	1.1207	1.1207				0.0286			0.0130
5/15/2003	0.03%	1.0003	1.1210	1.1210				0.0269			0.0148
6/1/2003	1.17%	1.0117	1.1342	1.1342				0.0252			0.0165
6/15/2003	1.66%	1.0166	1.1530	1.1530				0.0234			0.0182
7/1/2003	0.33%	1.0033	1.1568	1.1568				0.0217			0.0200
7/15/2003	0.08%	1.0008	1.1577	1.1577				0.0200			0.0217
8/1/2003	0.01%	1.0001	1.1578	1.1578				0.0182			0.0234
9/15/2003	5.85%	1.0585	1.2256	1.2256				0.0443			0.0807
10/1/2003	2.60%	1.0260	1.2574	1.2574				0.0113			0.0304
11/1/2003	0.24%	1.0024	1.2605	1.2605				0.0174			0.0660
6/1/2004	0.79%	1.0079	1.2794	1.2794				0.0139			0.4826
3/1/2005	-0.34%	0.9966	1.2661	1.2661				0.0139			0.1701
Average Rate Level:			1.0000	1.0000	1.0000	0.9958	0.9730	0.9399	0.9878	1.0183	1.2308

Exhibit 3, Sheet 1
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Claims-Made

Paid Loss Development Factors by Report Year
Countrywide

Report Year	Paid Losses and ALAE													
	12	24	36	48	60	72	84	96	108	120	132	144	156	168
	Evaluation Age in Months													
1991	363,088	1,582,728	2,317,067	3,126,311	3,339,604	3,353,765	3,384,005	3,381,584	3,381,584	3,381,584	3,381,584	3,381,584	3,381,584	3,381,584
1992	549,088	2,135,207	2,700,332	3,332,012	3,476,782	3,606,025	3,882,837	3,883,872	3,883,872	3,883,872	3,883,872	3,883,872	3,883,872	3,883,872
1993	845,335	2,590,029	4,124,433	4,688,036	5,013,023	5,045,495	5,045,547	5,057,572	5,060,701	5,060,701	5,061,091	5,061,091	5,061,091	5,061,091
1994	567,099	2,592,538	4,337,084	5,120,084	5,200,919	5,206,465	5,215,350	5,215,350	5,215,350	5,215,350	5,217,622	5,217,622	5,217,622	5,217,622
1995	349,898	1,978,089	2,859,039	3,457,150	3,485,459	3,513,342	3,514,321	3,514,321	3,514,321	3,514,321	3,514,321	3,514,321	3,514,321	3,514,321
1996	260,148	1,284,937	3,403,904	3,727,935	3,752,727	3,778,956	3,796,199	3,825,080	3,884,540	3,884,540	3,884,540	3,884,540	3,884,540	3,884,540
1997	148,757	2,055,345	3,353,508	3,878,821	4,058,256	4,072,847	4,123,540	4,147,404	4,147,404	4,147,404	4,147,404	4,147,404	4,147,404	4,147,404
1998	364,754	2,112,050	2,861,712	3,414,481	3,436,635	3,447,353	3,456,335	3,456,335	3,456,335	3,456,335	3,456,335	3,456,335	3,456,335	3,456,335
1999	382,914	3,300,672	5,915,647	6,373,810	6,928,385	7,017,809	7,017,809	7,017,809	7,017,809	7,017,809	7,017,809	7,017,809	7,017,809	7,017,809
2000	539,291	2,959,204	4,944,454	6,006,999	6,681,033	6,681,033	6,681,033	6,681,033	6,681,033	6,681,033	6,681,033	6,681,033	6,681,033	6,681,033
2001	795,629	4,008,930	6,969,628	10,899,359	10,899,359	10,899,359	10,899,359	10,899,359	10,899,359	10,899,359	10,899,359	10,899,359	10,899,359	10,899,359
2002	771,131	6,752,716	13,639,205	13,639,205	13,639,205	13,639,205	13,639,205	13,639,205	13,639,205	13,639,205	13,639,205	13,639,205	13,639,205	13,639,205
2003	1,867,087	11,365,363	11,365,363	11,365,363	11,365,363	11,365,363	11,365,363	11,365,363	11,365,363	11,365,363	11,365,363	11,365,363	11,365,363	11,365,363
2004	1,005,441	1,005,441	1,005,441	1,005,441	1,005,441	1,005,441	1,005,441	1,005,441	1,005,441	1,005,441	1,005,441	1,005,441	1,005,441	1,005,441

Report Year	Age-to-Age Factors													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - U/I
	Evaluation Age in Months													
1991	4.359	1.464	1.349	1.088	1.004	1.009	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1992	3.889	1.265	1.234	1.043	1.037	1.077	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1993	3.064	1.592	1.137	1.069	1.006	1.000	1.002	1.001	1.000	1.000	1.000	1.000	1.000	1.000
1994	4.572	1.673	1.181	1.018	1.001	1.002	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1995	5.653	1.445	1.209	1.008	1.008	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1996	4.939	2.649	1.095	1.007	1.007	1.005	1.008	1.016	1.000	1.000	1.000	1.000	1.000	1.000
1997	13.817	1.632	1.157	1.046	1.004	1.012	1.006	1.006	1.000	1.000	1.000	1.000	1.000	1.000
1998	5.790	1.355	1.193	1.006	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003
1999	8.820	1.792	1.077	1.087	1.013	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003
2000	5.487	1.671	1.215	1.112	1.013	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003
2001	5.039	1.739	1.564	1.112	1.013	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003
2002	8.757	2.020	1.564	1.112	1.013	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003
2003	6.087	6.087	6.087	6.087	6.087	6.087	6.087	6.087	6.087	6.087	6.087	6.087	6.087	6.087

Average Type	Average Development													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - U/I
	Evaluation Age in Months													
All Years	6.159	1.691	1.219	1.046	1.009	1.013	1.002	1.003	1.000	1.000	1.000	1.000	1.000	1.000
Latest 3	6.628	1.810	1.285	1.089	1.007	1.004	1.004	1.005	1.000	1.000	1.000	1.000	1.000	1.000
Ex. H-L	5.745	1.638	1.197	1.043	1.006	1.005	1.002	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Wild. Avg	5.730	1.722	1.234	1.052	1.009	1.012	1.002	1.003	1.000	1.000	1.000	1.000	1.000	1.000
Wild. Last 3	6.444	1.862	1.306	1.079	1.008	1.007	1.005	1.005	1.000	1.000	1.000	1.000	1.000	1.000

Selected Loss Development Factors	Selected Loss Development Factors													
	Age-to-Age	Age-to-Age	Age-to-Age	Age-to-Age	Age-to-Age	Age-to-Age	Age-to-Age	Age-to-Age	Age-to-Age	Age-to-Age	Age-to-Age	Age-to-Age	Age-to-Age	Age-to-Age
Age-to-Age	6.444	1.810	1.285	1.089	1.030	1.013	1.005	1.003	1.001	1.000	1.000	1.000	1.000	1.000
Age-to-U/I	16.863	2.617	1.446	1.125	1.053	1.022	1.008	1.004	1.001	1.000	1.000	1.000	1.000	1.000



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Exhibit 3, Sheet 2
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Claims-Made

Incurred Loss Development Factors by Report Year
Countrywide

Report Year	Incurred Losses and ALAE													
	Evaluation Age in Months													
	12	24	36	48	60	72	84	96	108	120	132	144	156	168
1991	1,283,049	2,227,728	2,840,063	3,357,211	3,375,504	3,371,265	3,384,005	3,381,584	3,381,584	3,381,584	3,381,584	3,381,584	3,381,584	3,381,584
1992	2,016,183	3,154,083	2,996,731	3,489,012	3,571,782	3,656,025	3,915,449	3,883,872	3,883,872	3,883,872	3,883,872	3,883,872	3,883,872	3,883,872
1993	2,348,870	3,715,927	4,785,933	4,979,536	5,013,023	5,058,895	5,055,547	5,067,572	5,060,701	5,060,701	5,060,701	5,060,701	5,060,701	5,060,701
1994	1,914,149	3,868,653	4,854,691	5,120,094	5,213,419	5,213,865	5,215,350	5,215,350	5,215,350	5,215,350	5,215,350	5,215,350	5,215,350	5,215,350
1995	1,118,912	3,031,584	3,603,536	3,666,777	3,517,958	3,525,380	3,514,321	3,514,321	3,514,321	3,514,321	3,514,321	3,514,321	3,514,321	3,514,321
1996	2,022,616	2,696,432	4,134,457	3,877,635	3,897,427	3,860,956	3,853,199	3,875,090	3,934,540					
1997	1,153,158	3,570,930	3,877,015	4,034,327	4,106,257	4,105,148	4,148,541	4,207,405						
1998	1,652,264	2,882,762	3,097,814	3,499,481	3,513,534	3,484,853	3,493,835							
1999	2,433,611	5,155,515	6,284,658	6,576,977	6,964,242	7,021,140								
2000	2,425,778	4,334,250	5,526,806	6,546,976	7,376,534									
2001	3,627,109	6,266,227	8,270,542	11,756,129										
2002	3,794,572	9,548,229	16,185,207											
2003	4,826,496	17,354,948												
2004	5,124,498													

Age-to-Age Factors

Report Year	Evaluation Age in Months													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - UI
1991	1.736	1.275	1.162	1.005	0.999	1.004	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1992	1.564	0.950	1.168	1.021	1.024	1.071	0.992	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1993	1.582	1.288	1.040	1.007	1.009	0.999	1.002	0.999	1.000	1.000	1.000	1.000	1.000	1.000
1994	2.032	1.248	1.055	1.018	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1995	2.709	1.189	1.018	0.959	1.002	0.997	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1996	1.333	1.533	0.938	1.005	0.991	0.993	1.008	1.015						
1997	3.097	1.086	1.041	1.018	1.000	1.011	1.014							
1998	1.745	1.075	1.130	1.004	0.992	1.003								
1999	2.118	1.219	1.047	1.062	1.005									
2000	1.787	1.275	1.185	1.127										
2001	1.728	1.320	1.421											
2002	2.516	1.695												
2003	3.523													

Average Development

Average Type	Evaluation Age in Months													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - UI
All Years	2.113	1.263	1.111	1.023	1.002	1.010	1.002	1.002	1.000	1.000	1.000	1.000	1.000	1.000
Latest 3	2.569	1.430	1.218	1.064	0.999	1.004	1.007	1.005	1.000	1.000	1.000	1.000	1.000	1.000
Ex. H+Lo	2.056	1.251	1.096	1.016	1.001	1.002	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Whd Avg	2.208	1.317	1.132	1.031	1.003	1.009	1.002	1.002	1.000	1.000	1.000	1.000	1.000	1.000
Whd Last 3	2.666	1.488	1.239	1.075	1.000	1.004	1.007	1.005	1.000	1.000	1.000	1.000	1.000	1.000

Selected Loss Development Factors

Age-to-Age	1.430	1.218	1.064	1.064	1.024	1.010	1.007	1.005	1.003	1.001	1.000	1.000	1.000	1.000
Age-to-UI	1.945	1.360	1.117	1.117	1.050	1.026	1.016	1.009	1.004	1.001	1.000	1.000	1.000	1.000

Exhibit 3, Sheet 3
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Claims-Made

Claim Count Development Factors by Report Year
Countrywide

Report Year	Reported Claim Counts													
	12	24	36	48	60	72	84	96	108	120	132	144	156	168
1991	294	306	307	308	308	308	309	309	309	309	309	309	309	309
1992	294	314	315	319	320	320	320	320	320	320	320	320	320	320
1993	284	307	310	310	310	310	310	310	310	310	310	310	310	310
1994	255	297	297	297	297	297	297	297	297	297	297	297	297	297
1995	248	295	295	295	295	295	295	295	295	295	295	295	295	295
1996	283	309	311	311	311	311	311	311	311	311	311	311	311	311
1997	179	279	282	284	284	284	284	284	284	284	284	284	284	284
1998	177	234	239	239	239	241	241	241	241	241	241	241	241	241
1999	297	413	421	423	445	446	446	446	446	446	446	446	446	446
2000	438	526	537	592	615	615	615	615	615	615	615	615	615	615
2001	526	625	701	719	719	719	719	719	719	719	719	719	719	719
2002	664	947	1,026	1,026	1,026	1,026	1,026	1,026	1,026	1,026	1,026	1,026	1,026	1,026
2003	788	1,202	1,202	1,202	1,202	1,202	1,202	1,202	1,202	1,202	1,202	1,202	1,202	1,202
2004	714	714	714	714	714	714	714	714	714	714	714	714	714	714

Report Year	Age-to-Age Factors													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - Ult.
1991	1.041	1.003	1.003	1.000	1.000	1.003	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1992	1.068	1.003	1.013	1.003	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1993	1.081	1.010	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1994	1.165	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1995	1.190	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1996	1.092	1.006	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1997	1.559	1.011	1.007	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1998	1.322	1.021	1.000	1.000	1.008	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1999	1.391	1.019	1.005	1.052	1.002	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2000	1.201	1.021	1.102	1.039	1.002	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2001	1.188	1.122	1.026	1.039	1.002	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2002	1.426	1.063	1.026	1.039	1.002	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2003	1.525	1.063	1.026	1.039	1.002	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Average Type	Average Development													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - Ult.
All Years	1.250	1.025	1.014	1.009	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Latest 3	1.360	1.075	1.044	1.030	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Ex H-Ho	1.241	1.018	1.006	1.005	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Wtd Avg	1.281	1.039	1.020	1.014	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Wtd Last 3	1.402	1.079	1.045	1.036	1.003	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Selected Loss Development Factors	Age-to-Age													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - Ult.
Age-to-Age	1.402	1.075	1.044	1.030	1.008	1.006	1.004	1.002	1.001	1.000	1.000	1.000	1.000	1.000
Age-to-Ult	1.658	1.182	1.099	1.052	1.021	1.013	1.007	1.003	1.001	1.000	1.000	1.000	1.000	1.000

Exhibit 4
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Claims-Made

Countrywide Experience

(1) Report Year	(2) Paid Loss & AAE	(3) Incurred Loss & AAE	(4) Paid Development Factor	(5) Incurred Development Factor	(6) Indicated Ultimate From Paid Development	(7) Indicated Ultimate From Incurred Development	(8) Selected Ultimate Loss & AAE	(9) Reported Claim Count	(10) Claim Emergence Factor	(11) Ultimate Claim Count	(12) Ultimate Severity	(13) Earned Premium	(14) Premium Factor On Current Level	(15) On Level Earned Premium	(16) Exposure Adjusted Frequency
1995	3,514,938	3,514,938	1.000	1.001	3,515,613	3,518,453	3,517,033	295	1.000	295	11,922	7,132,703	1.266	9,030,662	32.67
1996	3,884,540	3,934,540	1.001	1.004	3,889,172	3,950,290	3,919,731	311	1.001	311	12,604	7,562,977	1.266	9,575,429	32.48
1997	4,147,404	4,207,405	1.004	1.009	4,162,795	4,244,171	4,203,483	284	1.003	285	14,749	9,002,881	1.266	11,396,460	25.00
1998	3,456,335	3,493,835	1.008	1.016	3,485,167	3,549,080	3,517,123	241	1.007	243	14,474	9,050,504	1.266	11,458,776	21.21
1999	7,017,868	7,021,140	1.022	1.026	7,168,956	7,207,128	7,188,042	446	1.013	452	15,903	10,374,666	1.271	13,190,159	34.27
2000	6,681,033	7,378,534	1.053	1.050	7,032,656	7,746,628	7,389,842	615	1.021	628	11,767	11,737,414	1.301	15,272,757	41.12
2001	10,898,359	11,756,129	1.125	1.117	12,262,747	13,136,610	12,699,679	719	1.052	756	16,799	13,455,464	1.347	18,124,502	41.71
2002	13,639,205	16,185,207	1.446	1.360	19,722,258	22,011,302	20,866,780	1,026	1.099	1,127	18,515	22,500,029	1.282	28,838,929	39.08
2003	11,365,363	17,354,948	2.617	1.945	29,742,049	33,752,747	28,670,987	1,202	1.182	1,420	20,191	32,415,876	1.132	36,700,128	38.69
2004	1,005,441	5,124,498	16.863	5.035	16,955,173	25,603,862	28,194,777	714	1.658	1,184	23,813	36,062,402	1.029	37,095,571	31.92

Fitted Trend 6.8%

Selected 5.0%

Total Trend 5.0%

Accident Year	Annual Trend	Midpoint of Experience	Average Accident Date of Effective Period	Trend	
				Period	Factor
1999	1.050	7/2/1999	8/1/2006	7.08	1.413
2000	1.050	7/1/2000	8/1/2006	6.08	1.346
2001	1.050	7/2/2001	8/1/2006	5.08	1.281
2002	1.050	7/2/2002	8/1/2006	4.08	1.220
2003	1.050	7/2/2003	8/1/2006	3.08	1.162
2004	1.050	7/1/2004	8/1/2006	2.08	1.107

Exhibit 5
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Claims-Made

Projected Expenses

	2002	2003	2004	Projected at Current Rates
(1) Direct Written Premium	132,930	110,140	89,607	
(2) Direct Earned Premium	144,251	115,303	95,967	
Expense Category:				
(3) Commissions	24,403 18.4%	20,888 19.0%	19,434 21.7%	19.7%
(4) Other Acquisitions	4,804 3.6%	3,730 3.4%	2,646 3.0%	3.3%
(5) General	11,208 8.4%	8,703 7.9%	6,173 6.9%	7.7%
(6) Taxes, Licenses, and Fees	4,013 3.0%	2,851 2.6%	2,077 2.3%	2.6%
(7) Subtotal	44,428 33.4%	36,172 32.8%	30,330 33.8%	33.4%
(8) Unallocated Loss Adjustment Expenses	(1,372) -1.0%	(2,879) -2.6%	(217) -0.2%	1.0%
(9) Profit Load				11.5%
(10) Death Disability and Retirement Expense				4.0%
(11) Total Expenses				49.9%
(12) Permissible Loss and Allocated Loss Adjustment Expense Ratio				50.1%

Notes:

Based on IEE for Medical Malpractice using Chicago Insurance Company data.

(12) = 1.00 - (11)

Exhibit 6
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Claims-Made

Investment Income Exhibit
Calculation of Profit and Contingency Load

	(1)	(2)	(3)	(4)	(5)
	Nominal Ratio to Earned Premium	Effective Duration In Years	Risk Adjustment	Risk Adjusted Yield	Present Value Amount
<u>Variable Underwriting Costs</u>					
(a) Commission	19.7%				
(b) Other Acq. & Gen Exp - Variable	4.0%				
(c) TL&F	2.6%				
<u>Fixed Underwriting Costs</u>					
(d) Loss + ALAE	85.6%	2.6	10.6%	-6.6%	102.5%
(e) Other Acq. & Gen Exp - Fixed	11.1%	0.2	0.0%	4.0%	11.0%
(f) ULAE	1.0%	2.6	0.0%	4.0%	0.9%
<hr/>					
(g) Required Premium at Target ROE	157.1%	0.3	0.0%	4.0%	155.2%
(h) Nominal Loss and Expense	139.0%				
(i) Underwriting Profit Provision	11.5%				

Assumptions:

Unadjusted Capital Ratio = CR (from FFIC EVA Model)	0.600
Loss Beta = Beta (from FFIC EVA Model)	1.000
R/S = Reserves/Surplus Ratio (from FFIC EVA model)	1.667
AT ROE = After Tax Target ROE	15.0%
NY = Normalized Yield (Est. Portfolio Yield)	4.0%
DY = Discounted Yield (Risk Free Yield)	3.0%
T = Tax Rate	31.0%
RA = Risk Adjustment = (AT ROE/(1-T) - NY)/(R/S)	10.64%
RAY = Risk Adjusted Yield = NY-RA	-6.64%

Notes:

- (1a), (1b) and (1c) equals Selected Variable Expense Provisions from Exhibit 5.
(1d) = Selected Ultimate Loss and ALAE Ratio from Exhibit 1.
(1e) and (1f) = Selected Fixed Expense Provisions from Exhibit 5.
(1g) = (5g) x [1 + (4g)] ^ (2g).
(1h) = [Sum of (1a), (1b) and (1c)] x (1g) + [Sum of (1d), (1e) and (1f)].
(1i) = 1.0 - [(1h) / (1g)].
(2) selected duration of the corresponding payment. (2d) and (2f) based on the underlying payment pattern.
(3d) based on risk adjustment calculation in assumptions. All others assumed to be 0.0.
(4) = Normalized Yield - (3).
(5d), (5e) and (5f) = (1) x [1.0 + (4)] ^ -(2).
(5g) = [Sum of (5d), (5e) and (5f)] / [1.0 - Sum of (1a), (1b) and (1c)].

**Exhibit 6, Sheet 2
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Claims-Made**

Statistical Support for the Effective Duration

	Evaluation Age in Months															
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - Ult.		
1) Selected Paid LDF	6.444	1.810	1.285	1.069	1.030	1.013	1.005	1.003	1.001	1.000	1.000	1.000	1.000	1.000		
2) Cumulative Paid LDF	16.863	2.617	1.446	1.125	1.053	1.022	1.008	1.004	1.001	1.000	1.000	1.000	1.000	1.000		
3) Cumulative % Paid	5.9%	38.2%	69.2%	88.9%	95.0%	97.9%	99.2%	99.6%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%		
4) Cumulative % Unpaid	94.1%	61.8%	30.8%	11.1%	5.0%	2.1%	0.8%	0.4%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%		
5) Incr. % Paid	5.9%	32.3%	30.9%	19.7%	6.1%	2.9%	1.3%	0.5%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%		
6) Ult. Loss	100															
7) Amount Paid	5.93	32.28	30.94	19.72	6.12	2.89	1.28	0.46	0.25	0.10	0.02	0.00	-	-		
8) Annual Int Rate	-6.64%															
9) Pay Lag	0.50	1.50	2.50	3.50	4.50	5.50	6.50	7.50	8.50	9.50	10.50	11.50	12.50	13.50	14.50	
0) PV Paid	6.14	35.79	36.75	25.08	8.34	4.22	2.00	0.77	0.45	0.19	0.03	0.01	-	-	119.77	
1) All Forms Duration	2.62															

Notes:

- (1), (2) From Exhibit 3.
- (3) = $1/(2)$
- (4) = $1 - (3)$
- (5) = The current evaluation age value of (3) - The previous evaluation age value of (3).
- (7) = $(6) \times (3)$
- (8) From Exhibit 6, Sheet 1
- (10) = $(7) / [1 + (6) \wedge (9)]$
- (11) = $\ln \{ (6) / \text{sum of } (10) \} / \ln [1 + (8)]$

The Fireman's Fund Insurance Companies

Fireman's Fund Insurance Company (FEIN# 94-1610280, NAIC# 761-21873)
The American Insurance Company (FEIN# 22-0731810, NAIC# 761-21857)
Associated Indemnity Company (FEIN# 22-1708002, NAIC# 761-21865)
National Surety Corporation (FEIN# 36-2704643, NAIC# 761-21881)

Dentist's Professional Liability Program
Occurrence
Requested Effective Date – 08/01/05

Actuarial Memorandum

Please find attached actuarial support for the following rate changes:

1. We are introducing a base rate increase of 10.0%.
2. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.
3. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.

We have estimated the impact of items 2 and 3 to be +3.0%.

4. We are adding a +20.0% charge for any dentist that includes minor surgeries in their practice.

This percentage was selected from competitive information and our perception of the inherent risk involved in underwriting this program. As we are not tracking this exposure today, we are unable to quantify this change.

The overall rate effect of these changes is an increase of 13.3%. Our rate indications are developed on the attached exhibits. These changes are also outlined in the accompanying rate and rule filing memorandum.

Our overall indication is developed on the attached exhibits. The exhibits provide the detailed backup for the various factors used to develop the overall indications. In general, our individual state experience lacks sufficient credibility to develop indications at the state level so our analysis is predicated on countrywide data.

Exhibit 1
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Occurrence

Ratemaking Calculations
Countrywide

Accident Year	(1) Earned Premium	(2) On-Level Factors	(3) On-Level Earned Premium	(4) Paid Loss and ALAE	(5) Case Reserves	(6) Reported Loss and ALAE	(7) Claim Counts
2000	1,807,825	1.020	1,843,643	159,973	19,000	178,973	21
2001	2,306,835	1.056	2,435,338	967,169	129,254	1,096,423	51
2002	3,580,705	1.074	3,846,728	459,022	146,555	605,577	80
2003	4,873,498	1.062	5,177,860	200,463	691,137	891,600	73
2004	5,718,351	1.007	5,758,383	21,561	131,633	153,196	24
Total	18,287,225		19,061,951	1,808,188	1,117,581	2,925,769	249

Accident Year	(8) Paid Link Ratio	(9) Projected Ultimate Losses Reported Link Ratio	(10) Paid Bornhuetter-Ferguson	(11) Rpid Bornhuetter-Ferguson	(12) Selected Ultimate Losses	(13) Trend Factors	(14) Trended Selected Ultimate Losses	(15) Ultimate Loss Ratio	(16) Weight
2000	199.320	195.225	445,477	299,375	197,273	2.138	421,672	22.9%	10.0%
2001	1,732,827	1,564,537	1,782,479	1,648,593	1,648,582	1.886	3,109,404	127.7%	15.0%
2002	1,804,841	1,448,657	2,595,047	2,272,677	1,626,749	1.665	2,708,285	70.4%	20.0%
2003	2,748,266	4,659,531	3,814,877	4,044,364	3,929,621	1.470	5,774,730	111.5%	25.0%
2004	1,994,243	4,357,519	4,546,790	4,567,034	4,536,922	1.297	5,910,985	102.7%	30.0%
Total	8,479,297	12,225,469	13,184,670	12,832,063	11,959,146		17,925,076	94.0%	100.0%

(17) Experience Loss and ALAE Ratio	94.2%
(18) Credibility	60.4%
(19) Complement of Credibility	54.5%
(20) Credibility Weighted Experience Loss and LAE Ratio	78.5%
(21) Permissible Loss and ALAE Ratio	48.1%
(22) Indicated Rate Change	63.2%
(23) Selected Rate Change	13.3%

Notes:

- (1) From Exhibit 4.
- (2) From Exhibit 2.
- (3) = (1) x (2)
- (4)-(7) From Exhibit 4
- (8)-(11) Based on loss development factors in Exhibit 3.
- (12) Selected judgmentally based on (8) - (11)
- (13) From Exhibit 4.
- (14) = (12) x (13)

- (15) = (12) / (3)
- (16) Selected Judgmentally
- (17) = Sumproduct ((13), (14))
- (18) = Minimum (1.00, (17) Total / 682.97)
- (19) = (21) x (1 + Total Trend from Exhibit 4)
- (20) = (17) x (18) + (15) x (1.00 - (16))
- (21) From Exhibit 5
- (22) = (20) / (21) - 1
- (23) Proposed rate change

Exhibit 2
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Occurrence

Calculation of Premium On-Level Factors
Countrywide

Date	Rate Change	Rate Level	% of Premium Earned - by year - at each rate level													
			1996	1997	1998	1999	2000	2001	2002	2003	2004	Factor to Current Rate Level				
Overall Effective	Rate Change	Rate Level	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
4/1/1999	-1.30%	0.9870	1.0000	1.0000	1.0000	0.7188	0.7188	0.0313	0.0313							
6/1/1999	-0.30%	0.9970	0.9870	1.0000	1.0000	0.1111	0.1111	0.0556	0.0556							
1/1/2000	-2.30%	0.9770	0.9970	0.9770	0.1701			0.4132	0.4132							
10/15/2000	-1.50%	0.9850	0.9850	0.9470				0.4783	0.4783	0.3134						
12/1/2000	-1.70%	0.9830	0.9830	0.9309				0.0182	0.0182	0.1068						
3/1/2001	-0.50%	0.9950	0.9950	0.9262				0.0035	0.0035	0.2326						
5/1/2001	-0.30%	0.9970	0.9970	0.9235				0.1250	0.1250	0.0417						
4/1/2003	0.38%	1.0038	1.0038	0.9270				0.2222	0.2222	0.9444						
4/15/2003	0.44%	1.0044	1.0044	0.9310												
5/1/2003	1.27%	1.0127	1.0127	0.9429												
5/15/2003	0.10%	1.0010	1.0010	0.9438												
6/1/2003	0.94%	1.0094	1.0094	0.9527												
6/15/2003	1.71%	1.0171	1.0171	0.9690												
7/1/2003	0.85%	1.0085	1.0085	0.9772												
7/15/2003	0.47%	1.0047	1.0047	0.9818												
8/1/2003	0.02%	1.0002	1.0002	0.9820												
9/15/2003	0.32%	1.0032	1.0032	0.9851												
10/1/2003	0.10%	1.0010	1.0010	0.9861												
11/1/2003	0.72%	1.0072	1.0072	0.9932												
6/1/2004	0.55%	1.0055	1.0055	0.9987												
3/1/2005	-0.64%	0.9936	0.9936	0.9923												
	Average Rate Level:		1.0000	1.0000	1.0000	0.9958	0.9958	0.9730	0.9399	0.9237	0.9340	0.9854				

**Exhibit 3, Sheet 1
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Occurrence**

**Paid Loss Development Factors by Accident Year
Countrywide**

Accident Year	Paid Losses and ALAE													
	Evaluation Age in Months													
	12	24	36	48	60	72	84	96	108	120	132	144	156	168
1991	43,089	126,103	189,605	211,025	221,065	230,410	239,408	246,444	246,444	246,444	246,444	246,444	246,444	246,444
1992	88,119	183,671	250,635	213,170	272,092	466,339	479,530	493,041	493,041	493,041	493,041	493,041	493,041	493,041
1993	21,505	61,714	119,222	123,549	134,201	180,270	182,089	182,089	182,089	182,089	182,089	182,089	182,089	182,089
1994	280,920	336,191	459,864	555,740	644,199	701,182	701,182	701,182	701,182	701,182	701,182	701,182	701,182	701,182
1995	23,827	27,074	76,160	520,503	521,442	521,442	521,442	521,442	521,442	521,442	521,442	521,442	521,442	521,442
1996		12,795	7,818	27,504	325,494	362,082	370,001	372,706	373,293					
1997	4,100	41,790	174,814	186,969	229,302	229,556	252,706	252,706						
1998	3,399	7,163	70,489	86,079	90,455	95,802	109,028							
1999	1,653	36,266	104,763	372,970	506,721	597,907								
2000	4,651	15,363	60,220	84,028	159,973									
2001	11,320	62,941	412,873	967,169										
2002	12,362	94,423	459,022											
2003	28,470	200,463												
2004	21,561													

Age-to-Age Factors

Accident Year	Evaluation Age in Months													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - U/L
1991	2.927	1.504	1.113	1.046	1.042	1.039	1.029	1.000	1.000	1.000	1.000	1.000	1.000	
1992	2.696	1.365	0.851	1.276	1.714	1.026	1.028	1.000	1.000	1.000	1.000	1.000	1.000	
1993	2.670	1.932	1.036	1.066	1.343	1.010	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
1994	1.197	1.368	1.208	1.159	1.068	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
1995	1.136	2.813	6.834	1.002	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
1996		0.611	3.518	11.834	1.112	1.022	1.007	1.002						
1997	10.194	4.163	1.070	1.226	1.001	1.101	1.000							
1998	2.107	9.841	1.221	1.051	1.059	1.138								
1999	21,943	2,889	3,560	1,359	1.180									
2000	3,308	3,915	1,395	1,904										
2001	5,560	6,560	2,343											
2002	7,638	4,861												
2003	7,041													

Average Development:

Average Type	Evaluation Age in Months													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - U/L
All Years	5.718	3.487	2.195	2.295	1.171	1.042	1.009	1.000	1.000	1.000	1.000	1.000	1.000	
Latest 3	6.746	5.112	2.433	1.438	1.080	1.087	1.002	1.001	1.000	1.000	1.000	1.000	1.000	
Exp. Full	4.554	3.139	1.839	1.264	1.118	1.033	1.007	1.000	1.000	1.000	1.000	1.000	1.000	
Wtd. Avg	2.396	2.372	1.738	1.304	1.149	1.025	1.008	1.000	1.000	1.000	1.000	1.000	1.000	
Wtd. Last 3	6.861	5.366	2.465	1.394	1.117	1.064	1.002	1.000	1.000	1.000	1.000	1.000	1.000	

Selected Loss Development Factors

Age-to-Age	6.746	3.487	2.195	1.438	1.149	1.064	1.009	1.005	1.003	1.001	1.000	1.000	1.000	1.000
Age-to-U/L	92.494	13.710	3.932	1.791	1.246	1.084	1.018	1.009	1.004	1.001	1.000	1.000	1.000	1.000

**Exhibit 3, Sheet 2
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Occurrence**

**Incurred Loss Development Factors by Accident Year
Countrywide**

Accident Year	Incurred Losses and ALAE													
	Evaluation Age in Months													
	12	24	36	48	60	72	84	96	108	120	132	144	156	168
1991	149,885	249,301	212,105	216,025	272,566	236,410	239,408	258,944	246,444	246,444	246,444	246,444	246,444	246,444
1992	129,051	225,270	297,134	328,670	453,592	476,339	494,530	493,041	493,041	493,041	493,041	493,041	493,041	493,041
1993	111,005	127,714	131,722	144,049	147,201	201,271	182,089	182,089	182,089	182,089	182,089	182,089	182,089	182,089
1994	419,873	371,661	527,364	590,740	694,199	716,183	701,182	701,182	701,182	701,182	701,182	701,182	701,182	701,182
1995	94,827	92,574	106,161	616,006	542,943	521,443	521,443	521,443	521,443	521,443	521,443	521,443	521,443	521,443
1996	16,500	15,296	25,319	118,505	330,496	367,083	371,501	374,206	374,206	374,206	374,206	374,206	374,206	374,206
1997	4,201	145,142	178,817	205,970	229,304	229,566	252,706	252,706	252,706	252,706	252,706	252,706	252,706	252,706
1998	73,610	128,163	76,490	93,679	105,955	110,802	111,529							
1999	1,653	98,267	259,263	482,972	556,721	597,907								
2000	12,868	66,563	75,221	109,128	178,973									
2001	37,920	245,035	639,124	1,056,423										
2002	130,600	215,290	605,577											
2003	231,236	891,600												
2004	153,196													

Accident Year	Age-to-Age Factors													
	Evaluation Age in Months													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - Ult.
1991	1.663	0.851	1.018	1.262	0.867	1.013	1.062	0.952	1.000	1.000	1.000	1.000	1.000	1.000
1992	1.746	1.319	1.106	1.390	1.050	1.038	0.997	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1993	1.151	1.031	1.094	1.022	1.367	0.905	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1994	0.865	1.419	1.120	1.175	1.032	0.979	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1995	0.976	1.147	5.803	0.881	0.960	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1996	0.927	1.655	4.680	2.789	1.111	1.012	1.007	1.002	1.000	1.000	1.000	1.000	1.000	1.000
1997	34.559	1.232	1.152	1.113	1.001	1.101	1.000							
1998	1.736	0.597	1.225	1.131	1.046	1.007								
1999	59.457	2.638	1.863	1.153	1.074									
2000	5.153	1.133	1.451	1.640										
2001	6.462	2.608	1.716											
2002	1.648	2.813												
2003	3.856													

Average Type	Average Development													
	Evaluation Age in Months													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - Ult.
All Years	9.247	1.537	2.021	1.355	1.056	1.007	1.012	0.992	1.000	1.000	1.000	1.000	1.000	1.000
Latest 3	3.989	2.165	1.676	1.308	1.040	1.002	1.002	1.001	1.000	1.000	1.000	1.000	1.000	1.000
Ex Hi-Low	5.443	1.503	1.712	1.234	1.039	1.008	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Wild Avg.	2.032	1.593	1.563	1.209	1.037	1.005	1.008	0.995	1.000	1.000	1.000	1.000	1.000	1.000
Wild Last 3	3.352	2.506	1.734	1.227	1.052	1.040	1.002	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Selected Loss Development Factors
Age-to-Age 5.443
Age-to-Ult 28.444

**Exhibit 3, Sheet 3
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Occurrence**

**Claim Count Development Factors by Accident Year
Countrywide**

Accident Year	Reported Claim Counts													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - Ult.
1991	43	55	59	60	62	64	64	66	66	66	66	66	66	66
1992	39	48	53	54	57	58	59	59	59	59	59	59	59	59
1993	27	34	38	46	47	49	49	49	49	49	49	49	49	49
1994	43	73	84	86	88	88	88	88	88	88	88	88	88	88
1995	188	217	220	221	221	221	221	221	221	221	221	221	221	221
1996	22	25	27	30	31	31	31	31	31	31	31	31	31	31
1997	9	23	25	27	28	28	29	29	29	29	29	29	29	29
1998	9	19	22	25	26	26	26	26	26	26	26	26	26	26
1999	5	16	23	23	23	23	23	23	23	23	23	23	23	23
2000	7	16	19	21	21	21	21	21	21	21	21	21	21	21
2001	8	30	43	51										
2002	29	63	80											
2003	35	73												
2004	24													

Accident Year	Age-to-Age Factors													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - Ult.
1991	1.279	1.073	1.017	1.033	1.032	1.000	1.031	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1992	1.231	1.104	1.019	1.056	1.018	1.017	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1993	1.259	1.118	1.211	1.022	1.043	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1994	1.898	1.151	1.024	1.023	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1995	1.154	1.000	1.014	1.005	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1996	1.136	1.080	1.111	1.033	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1997	2.556	1.087	1.080	1.037	1.000	1.036	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1998	2.111	1.158	1.138	1.040	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1999	3.200	1.438	1.000	1.000	1.043	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2000	2.286	1.188	1.105	1.000										
2001	3.750	1.433	1.186											
2002	2.172	1.270												
2003	2.086													

Average Type	Average Development													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - Ult.
All Years	1.994	1.175	1.082	1.025	1.015	1.007	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Latest 3	2.689	1.297	1.097	1.013	1.014	1.012	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Ex Hi-Co	1.912	1.166	1.077	1.024	1.013	1.003	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Wtd Avg	1.491	1.115	1.064	1.020	1.010	1.004	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Wtd Last 3	2.306	1.303	1.118	1.014	1.013	1.012	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Selected Loss Development Factors	Age-to-Age													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - Ult.
Age-to-Age	2.306	1.297	1.087	1.020	1.013	1.007	1.004	1.002	1.001	1.000	1.000	1.000	1.000	1.000
Age-to-Ult	3.438	1.491	1.150	1.048	1.027	1.014	1.007	1.003	1.001	1.000	1.000	1.000	1.000	1.000

Exhibit 5
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Occurrence

Projected Expenses

	2002	2003	2004	Projected at Current Rates
(1) Direct Written Premium	132,930	110,140	89,607	
(2) Direct Earned Premium	144,251	115,303	95,967	
Expense Category:				
(3) Commissions	24,403 18.4%	20,888 19.0%	19,434 21.7%	19.7%
(4) Other Acquisitions	4,804 3.6%	3,730 3.4%	2,646 3.0%	3.3%
(5) General	11,208 8.4%	8,703 7.9%	6,173 6.9%	7.7%
(6) Taxes, Licenses, and Fees	4,013 3.0%	2,851 2.6%	2,077 2.3%	2.6%
(7) Subtotal	44,428 33.4%	36,172 32.8%	30,330 33.8%	33.4%
(8) Unallocated Loss Adjustment Expenses	(1,372) -1.0%	(2,879) -2.6%	(217) -0.2%	1.0%
(9) Profit Load				17.6%
(10) Total Expenses				51.9%
(11) Permissible Loss and Allocated Loss Adjustment Expense Ratio				48.1%

Notes:

Based on IEE for Medical Malpractice using Chicago Insurance Company data.

(11) = 1.00 - (10)

Exhibit 6
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Occurrence

Investment Income Exhibit
Calculation of Profit and Contingency Load

	(1)	(2)	(3)	(4)	(5)
	Nominal	Effective	Risk	Risk	Present
	Ratio to	Duration	Adjustment	Adjusted	Value
	Earned	In Years		Yield	Amount
	Premium				
<u>Variable Underwriting Costs</u>					
(a) Commission	19.7%				
(b) Other Acq. & Gen Exp - Variable	0.0%				
(c) TL&F	2.6%				
<u>Fixed Underwriting Costs</u>					
(d) Loss + ALAE	94.2%	4.0	10.6%	-6.6%	123.9%
(e) Other Acq. & Gen Exp - Fixed	11.1%	0.2	0.0%	4.0%	11.0%
(f) ULAE	1.0%	4.0	0.0%	4.0%	0.9%
<hr/>					
(g) Required Premium at Target ROE	176.7%	0.3	0.0%	4.0%	174.6%
(h) Nominal Loss and Expense	145.7%				
(i) Underwriting Profit Provision	17.6%				

Assumptions:

Unadjusted Capital Ratio = CR (from FFIC EVA Model)	0.600
Loss Beta = Beta (from FFIC EVA Model)	1.000
R/S = Reserves/Surplus Ratio (from FFIC EVA model)	1.667
AT ROE = After Tax Target ROE	15.0%
NY = Normalized Yield (Est. Portfolio Yield)	4.0%
DY = Discounted Yield (Risk Free Yield)	3.0%
T = Tax Rate	31.0%
RA = Risk Adjustment = (AT ROE/(1-T) - NY)/(R/S)	10.64%
RAY = Risk Adjusted Yield = NY-RA	-6.64%

Notes:

- (1a), (1b) and (1c) equals Selected Variable Expense Provisions from Exhibit 5.
(1d) = Selected Ultimate Loss and ALAE Ratio from Exhibit 1.
(1e) and (1f) = Selected Fixed Expense Provisions from Exhibit 5.
(1g) = (5g) x [1 + (4g)] ^ (2g).
(1h) = [Sum of (1a), (1b) and (1c)] x (1g) + [Sum of (1d), (1e) and (1f)].
(1i) = 1.0 - [(1h) / (1g)].
(2) selected duration of the corresponding payment. (2d) and (2f) based on the underlying payment pattern.
(3d) based on risk adjustment calculation in assumptions. All others assumed to be 0.0.
(4) = Normalized Yield - (3).
(5d), (5e) and (5f) = (1) x [1.0 + (4)] ^ -(2).
(5g) = [Sum of (5d), (5e) and (5f)] / [1.0 - Sum of (1a), (1b) and (1c)].

**Exhibit 6, Sheet 2
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Occurrence**

Statistical Support for the Effective Duration

	Evaluation Age in Months													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - Ult.
1) Selected Paid LDF	6.747	3.487	2.195	1.438	1.150	1.064	1.009	1.005	1.003	1.001	1.000	1.000	1.000	1.000
2) Cumulative Paid LDF	92.494	13.710	3.932	1.791	1.246	1.084	1.018	1.009	1.004	1.001	1.000	1.000	1.000	1.000
3) Cumulative % Paid	1.1%	7.3%	25.4%	55.8%	80.3%	92.3%	98.2%	99.1%	99.6%	99.9%	100.0%	100.0%	100.0%	100.0%
4) Cumulative % Unpaid	98.9%	92.7%	74.6%	44.2%	19.7%	7.7%	1.8%	0.9%	0.4%	0.1%	0.0%	0.0%	0.0%	0.0%
5) Incr. % Paid	1.1%	6.2%	18.1%	30.4%	24.4%	12.0%	5.9%	0.9%	0.5%	0.3%	0.1%	0.0%	0.0%	0.0%
6) Ult. Loss	100													
7) Amount Paid	1.08	6.21	18.14	30.39	24.44	12.03	5.91	0.91	0.50	0.30	0.10	-	-	-
8) Annual Int Rate	-6.64%													
9) Pay Lag	0.50	1.50	2.50	3.50	4.50	5.50	6.50	7.50	8.50	9.50	10.50	11.50	12.50	13.50
0) PV Paid	1.12	6.89	21.54	38.65	33.30	17.55	9.24	1.52	0.89	0.57	0.21	-	-	131.48
1) All Forms Duration	3.98													

Notes

(1), (2) From Exhibit 3.

(3) = 1 / (2)

(4) = 1 - (3)

(5) = The current evaluation age value of (3) - The previous evaluation age value of (3).

(7) = (6) x (3)

(8) From Exhibit 6, Sheet 1

(10) = (7) / [1 + (8)^(9)]

(11) = ln [(6) / sum of (10)] / ln [1 + (8)]



THE AMERICAN INSURANCE COMPANY
Statement of Actuarial Opinion on P&C Loss Reserves as of December 31, 2004

IDENTIFICATION

I, David R. Heyman, am an officer of The American Insurance Company (the "Company"). My title is Vice President and Actuary-Loss Reserve Officer. I am a Fellow of the Casualty Actuarial Society and the American Academy of Actuaries, and meet its qualification standards for Property & Casualty loss reserve certification. I was appointed by the Board of Directors of the Company on September 26, 2000 to render this opinion.

SCOPE

I have examined the actuarial assumptions and methods used to determine the reserves listed in Exhibit A, as shown in the Annual Statement of the Company as prepared for filing with state regulatory officials, as of December 31, 2004.

The items in the SCOPE, on which I am expressing an opinion, reflect the Loss Reserve Disclosure items (3 through 8) in Exhibit B.

In forming my opinion on the loss and loss adjustment reserves, I relied upon data prepared by Ms. Louise Jordan, Controller of the Company. I evaluated that data for reasonableness and consistency. I also reconciled that data to Schedule P – Part I of the Company's current Annual Statement. In other respects, my examination included the use of such actuarial assumptions and methods and such tests of the calculations as I considered necessary.

OPINION

In the development of the reserve estimates underlying my opinion, Loss and Defense and Cost Containment (DCC) loss adjustment expense were combined. Therefore, my opinion applies to the combination of Exhibit A items A and B and the combination of Exhibit A items C and D.

In my opinion, the amounts carried in Exhibit A as so aggregated

- A. meet the requirements of the insurance laws of the state of Nebraska.
- B. are computed in accordance with accepted actuarial standards and principles.

- C. make a reasonable provision for all unpaid loss and loss expense obligations of the Company under the terms of its contracts and agreements.
- D. make a reasonable provision for the unearned premium reserves for long duration contracts of the Company under the terms of its contracts and agreements.

RELEVANT COMMENTS

(a) Risk of Material Adverse Deviation

I have selected an adverse reserve deviation materiality standard of 10% of Statutory Surplus (see Exhibit B for this amount in US dollars).

Note that the difference between the Company's Total Adjusted Capital and Company Action Level Capital (per NAIC Risk Based Capital regulations) is approximately 50% of Statutory Surplus, an amount much greater than the selected materiality standard. Nevertheless, an adverse reserve deviation equal to 10% of Statutory Surplus would likely be viewed as material in any ordinary sense of the word, hence my selection of this materiality standard.

My analysis of the Company's reserves generated a range of reasonable reserve estimates. In aggregate, the upper end of this reserve estimate range was approximately 10% greater than the carried reserves in Exhibit A. In my professional judgment, this level of reserve estimation uncertainty is inherent in the Company's underlying historical reserve development data and standard actuarial reserving methods. In other words, it would not be unreasonable to believe that an adverse deviation up to 10% of reserves could occur, albeit, this outcome is perhaps not as likely as other outcomes within the reasonable range.

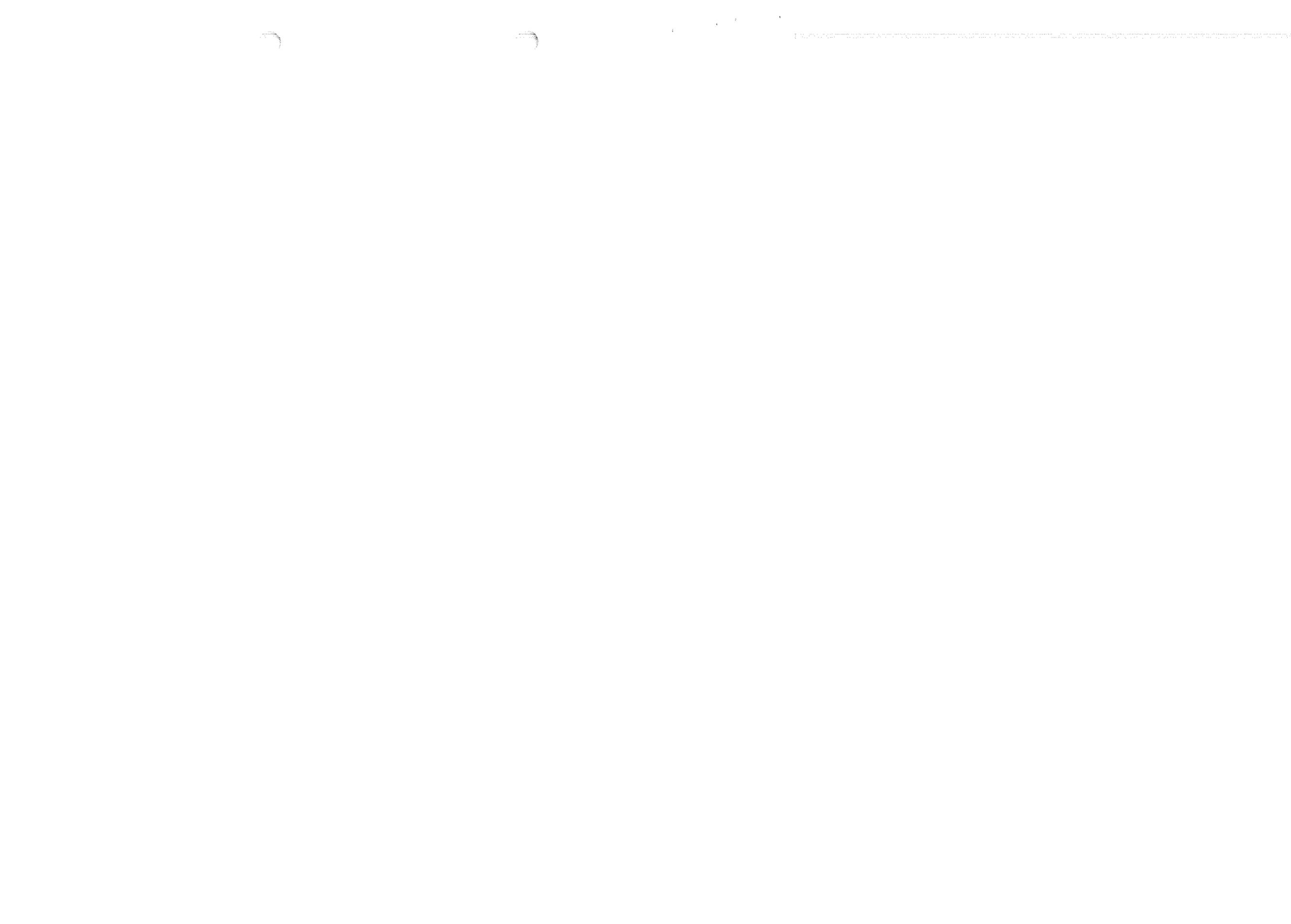
Since 10% of reserves is an amount greater than 10% of Statutory Surplus, and since I believe a 10% adverse deviation in reserves is not an unreasonable possibility, I believe there is a reasonable possibility of a material adverse deviation.

My selection of this materiality standard was driven by the fact that this opinion is prepared for regulatory review. Other measures of materiality might be used for reserves that are evaluated in a different context.

(b) Other Disclosures in Exhibit B

2. Statutory Surplus

Statutory Surplus is used to determine the materiality standard as described in Relevant Comments, section (a), above.



3. Anticipated net salvage and subrogation included as a reduction to loss reserves in Schedule P.

With respect to anticipated salvage and subrogation I have prepared this statement of actuarial opinion on the same basis as the disclosed basis for the carried loss reserves. The effect of this item on the carried reserves is shown in Exhibit B.

4. Discount included as a reduction to loss reserves and loss expense reserves as reported in Schedule P

With respect to discounting, I have prepared this statement of actuarial opinion on the same basis as the disclosed basis for the carried loss reserves. The effect of this item on the carried reserves is shown in Exhibit B. The Company's reserve discount consists entirely of tabular discounts of certain case reserves for unpaid losses.

5. Net reserves for losses and expenses for the Company's share of voluntary and involuntary underwriting pools' and associations' unpaid losses and expenses that are included in reserves shown on the Liabilities, Surplus, and Other Funds Page, Losses and Loss Adjustment Expenses lines.

The Company participates in a number of voluntary and involuntary pooling arrangements. The booked reserves and earned premiums for some pools reflect losses incurred and premiums earned by the pools through various dates prior to year-end. Company practice is to record the loss and loss adjustment expense reserves reported to it by the pools including appropriate accrual for any reporting lag. Note that I have not evaluated these reserves separately, but instead analyze them in combination with all other reserves within the lines of business as reported in Schedule P of the Annual Statement.

6. The net reserves for losses and loss adjustment expenses that the company carries for the following liabilities included on the Liabilities, Surplus, and Other Funds Page, Losses and Loss Adjustment Expenses lines:

- a. Asbestos and b. Environmental liabilities, as disclosed in the Notes to Financial Statements

In 2002 the Company completed an update to prior analyses of asbestos and environmental liabilities, as referenced in the Company's Prescribed Statement of Actuarial Opinion for 2001. The 2002 update used ground-up exposure-based modeling where appropriate. The results of this update indicated a very wide range of reasonable potential asbestos and environmental outcomes. In response to the results of this study, the Company increased gross and net asbestos reserves by \$750 million in 3Q02, which was within the reasonable range of reserve estimates that resulted from the study.

Coincident with this increase to reserves, the Company also entered into a reinsurance contract that ceded all net asbestos and environmental Loss and DCC liabilities, with the exception of uncollectible reinsurance, to its parent, Allianz. The ceded premium was equal to the ceded reserves, in exchange for which Allianz provides an adverse A&E reserve development reinsurance protection of \$882 million. This A&E reinsurance coverage amount increases the funds available to pay A&E claims to a level significantly greater (+\$320 million) than the midpoint of the prior A&E study's reasonable range of reserve estimates.

A&E uncollectible reinsurance reserves decreased by \$61 million in 2004, primarily driven by large decreases in A&E ceded reinsurance recoverables. A&E Adjusting and Other Expense (AOE) reserves were increased by \$21 million in 2004, primarily to better match A&E and AOE future payment average durations.

The Company plans to update the prior gross and net A&E reserve analysis during 2005. There have been recent developments in the status of asbestos litigation, particularly regarding bankruptcies, that may affect the prior A&E reserve analyses conclusions and reserve estimate range.

7. The total claims made extended loss and expense reserve (Schedule P interrogatories):

a. Amount reported as loss reserves

In my opinion, the amount shown in Exhibit B, item 7a, is immaterial in relation to the associated line of business loss and DCC reserves.

b. Amount reported as unearned premium reserves

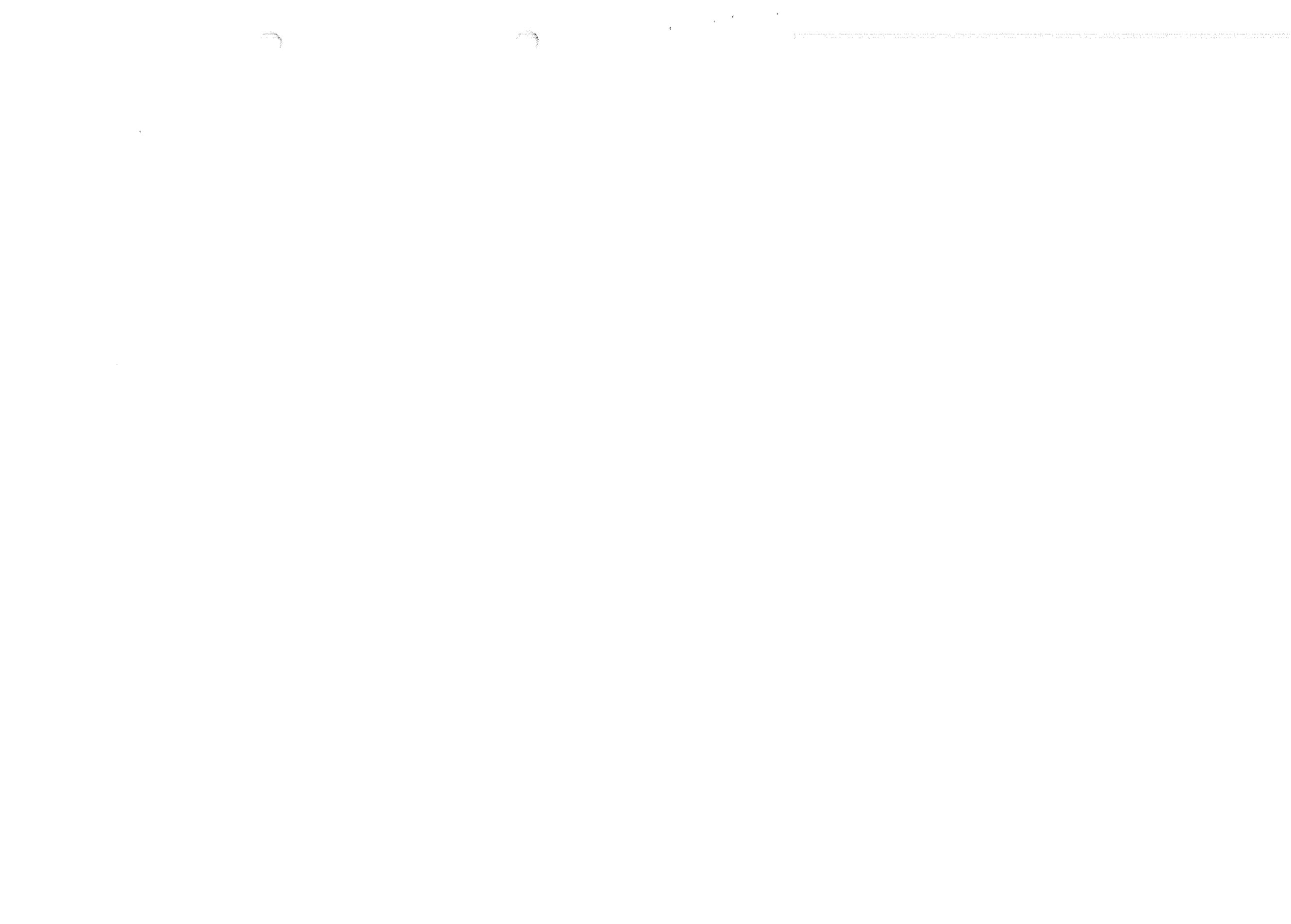
None.

8. Other items on which the Appointed Actuary is providing Relevant Comment

None.

(c) Reinsurance

I am not aware of any reinsurance (having a material effect on the loss and loss adjustment expense reserves) that either has been or should have been accounted for as retroactive reinsurance or as financial reinsurance (defined as contractual arrangements that do not include transfer of both timing and underwriting risk).



With respect to gross reserves, the materiality of adverse deviation as it relates to the Company's surplus will depend on the Company's reinsurance protection. If the Company's reinsurance protection does not respond to adverse reserve deviation, such deviation could materially affect the Company's surplus.

With respect to ceded loss reserves, the Company has recorded a Schedule F penalty as a direct reduction to statutory surplus. The Company also carries distinct and significant net loss and DCC reserves for uncollectible reinsurance on asbestos and environmental claims. Review of past uncollectibility levels and current amounts in dispute lead me to conclude that these items constitute an adequate provision for uncollectible reinsurance, based on current facts and available information. It is possible that the future financial condition of the Company's reinsurers could change, so the actual provision could vary from current expectations.

(d) IRIS ratios

The Company's booked reserves did not generate any exceptional values for the NAIC IRIS Tests regarding One Year Reserve Development to Surplus or Two Year Reserve Development to Surplus. An unusual value was generated for NAIC IRIS Test 12, Estimated Current Year Reserve Deficiency to Surplus.

IRIS Test 12 essentially multiplies the latest two-year average (developed) reserve-to-premium ratio times current year premium to estimate current required reserves. This is compared to actual carried reserves to estimate any current reserve deficiency/redundancy, which is then divided by Policyholders Surplus. Deficiency values in excess of 25% are considered unusual.

IRIS Test 12 is a valid reserve adequacy measure in "steady-state" conditions; i.e., consistent premium volume, price levels, reinsurance coverage, mix of business, and loss cost trends over time. These necessary conditions do not apply to the Company. In particular, the significant asbestos and environmental reinsurance arrangement entered into as of September 30, 2002 (as described in Relevant Comments, Section (b), items 6a. and 6b., above) and the 2002 commutation of a large aggregate excess of loss ("XOL") reinsurance treaty have significantly distorted IRIS Test 12 values for the Company. In particular, these transactions artificially increased the 2002 reserve-to-premium ratio, which in turn artificially increased the IRIS Test 12 deficiency estimate.

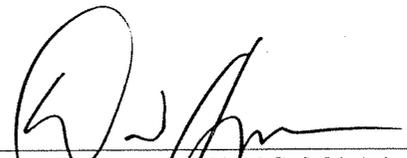
To validate the impact of the 2002 asbestos and environmental cession and the 2002 XOL commutation on the IRIS Test 12 values, the Company's net premiums and net reserves for 2002 were adjusted to exclude these reinsurance transactions. The resulting adjusted IRIS Test 12 value was acceptable, i.e., far less than the 25% "unusual value" criterion. In other words, the unusual value for IRIS Test 12 was driven by the large and unprecedented reinsurance transactions in 2002 that invalidated the Test's applicability, as opposed to any

real changes in reserve adequacy. I also would note that the 2003 reserve-to-premium ratio is very similar to the 2004 reserves-to-premium ratio.

In addition, the Company's "real" exposure has decreased in recent calendar years, but premium volume has remained relatively stable due to large price increases. This violates the IRIS Test 12 "steady-state" condition requirement. When prices rise, the IRIS Test 12 approach will overestimate required reserves, and hence reserve deficiencies.

ACTUARIAL REPORT

An Actuarial report and underlying workpapers supporting the findings expressed in this Statement of Actuarial Opinion are available at the administrative offices of the Company and will be retained for a period of seven years for regulatory examination.



David R. Heyman, FCAS, MAAA

777 San Marin Drive

Novato, CA 94998-1000

Phone: (415) 899-4066

Date Opinion rendered: February 15, 2005



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The American Insurance Company
Statement of Actuarial Opinion
as of December 31, 2004

Exhibit A: Scope

<u>Loss Reserves:</u>	<u>Amount</u>
A. Reserve for Unpaid Losses (Page 3, Line 1)	511,948,603
B. Reserve for Unpaid Loss Adjustment Expenses (Page 3, Line 3)	90,164,835
C. Reserve for Unpaid Losses - Direct and Assumed (Schedule P, Part 1 totals from Columns 13 and 15)	813,382,000
D. Reserve for Unpaid Loss Adjustment Expenses - Direct and Assumed (Schedule P, Part 1, totals from columns 17, 19, and 21)	128,047,000
E. The Page 3 write-in item reserve, "Retroactive Reinsurance Reserve Assumed"	0
F. Other Loss Reserve items on which the Appointed Actuary is expressing an Opinion (list separately)	N/A
<u>Premium Reserves</u>	
G. Reserve for Direct and Assumed Unearned Premiums for Long Duration Contracts	6,132,795
H. Reserve for Net Unearned Premiums for Long Duration Contracts	6,132,795
I. Other Premium Reserve items on which the Appointed Actuary is expressing an Opinion (list separately)	N/A



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The American Insurance Company
Statement of Actuarial Opinion
as of December 31, 2004

Exhibit B: Disclosures

	<u>Amount</u>
1. Materiality expressed in \$US	41,858,813
2. Statutory Surplus	418,588,132
3. Anticipated net salvage and subrogation included as a reduction to loss reserves as reported in Schedule P	17,449,000
4. Discount included as a reduction to loss reserves and loss expense reserves as reported in Schedule P	
4 (a) Nontabular Discount	0
4 (b) Tabular Discount	33,356,875
5. The net reserves for losses and expenses for the company's share of voluntary and involuntary underwriting pools' and associations' unpaid losses and expenses that are included in reserves shown on the Liabilities, Surplus, and Other Funds Page, Losses and Loss Adjustment Expenses lines.	21,372,227
6. The net reserves for losses and loss adjustment expenses that the company carries for the following liabilities included on the Liabilities, Surplus and Other Funds Page, Losses and Loss Adjustment Expenses lines.	
6. (a) Asbestos, as disclosed in the Notes to Financial Statements	11,381,729
6. (b) Environmental, as disclosed in the Notes to Financial Statements	7,195,773
7. The total claims made extended loss and expense reserve (Schedule P Interrogatories)	
7 (a) amount reported as loss reserves	157,611
7 (b) amount reported as unearned premium reserves	
8. Other items on which the Appointed Actuary is providing Relevant Comment (list separately)	N/A

Exhibit 4
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Claims-Made

Countrywide Experience															
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Report Year	Paid Loss & ALAE	Incurred Loss & ALAE	Paid Development Factor	Incurred Development Factor	Indicated Ultimate From Paid Development	Indicated Ultimate From Incurred Development	Selected Ultimate Loss & ALAE	Reported Claim Count	Claim Emergence Factor	Ultimate Claim Count	Ultimate Severity	Earned Premium	Premium Factor On Current Level	On Level Earned Premium	Exposure Adjusted Frequency
1985	3,514,938	3,514,938	1,000	1,001	3,515,613	3,518,483	3,517,033	295	1,000	295	11,922	7,132,703	1,266	9,030,862	32.67
1986	3,884,540	3,884,540	1,001	1,004	3,889,172	3,950,280	3,917,031	311	1,000	311	12,604	7,562,977	1,266	9,575,428	32.48
1987	4,147,404	4,207,405	1,004	1,009	4,162,795	4,244,171	4,203,483	284	1,000	284	14,801	9,002,881	1,266	11,398,480	24.92
1988	3,456,335	3,493,835	1,008	1,016	3,485,167	3,549,080	3,517,123	241	1,000	241	14,594	9,050,504	1,266	11,458,776	21.03
1989	7,017,809	7,021,140	1,022	1,026	7,168,955	7,207,128	7,188,042	446	1,000	446	16,117	10,374,866	1,271	13,190,159	33.81
2000	6,881,033	7,376,534	1,053	1,050	7,032,856	7,746,828	7,389,842	615	1,004	617	11,977	11,737,414	1,301	15,272,757	40.40
2001	10,898,359	11,756,129	1,125	1,117	12,262,747	13,136,610	12,699,679	719	1,034	744	17,069	13,455,464	1,347	18,124,502	41.05
2002	13,639,205	16,185,207	1,446	1,360	19,723,258	22,011,302	20,865,780	1,026	1,080	1,108	18,833	22,500,029	1,282	28,838,929	38.42
2003	11,365,363	17,354,948	2,617	1,945	29,742,049	33,752,747	28,670,987	1,202	1,161	1,396	20,538	32,415,676	1,132	36,700,128	38.04
2004	1,005,441	5,124,498	16,863	5,035	16,955,173	25,803,862	28,194,777	714	1,628	1,163	24,243	36,062,402	1,029	37,085,571	31.35

Fitted Trend 7.0%

R-squared 76.5%

Selected 5.0%

Total Trend 0.0%

Accident Year	Annual Trend	Midpoint of Experience	Average Accident Date of Effective Period	Trend Period	Trend Factor
1999	1,050	7/2/1999	8/1/2006	7,08	1,413
2000	1,050	7/1/2000	8/1/2006	6,08	1,346
2001	1,050	7/2/2001	8/1/2006	5,08	1,281
2002	1,050	7/2/2002	8/1/2006	4,08	1,220
2003	1,050	7/2/2003	8/1/2006	3,08	1,162
2004	1,050	7/1/2004	8/1/2006	2,08	1,107

**Exhibit 3, Sheet 3
The Fireman's Fund Insurance Companies
Dentist's Professional Liability - Claims-Made**

Claim Count Development Factors by Report Year
Countrywide

Report Year	Reported Claim Counts													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - Ult.
1991	284	306	307	308	308	308	309	309	309	309	309	309	309	309
1992	294	314	315	319	320	320	320	320	320	320	320	320	320	309
1993	284	307	310	310	310	310	310	310	310	310	310	310	310	309
1994	255	297	297	297	297	297	297	297	297	297	297	297	297	310
1995	248	295	295	295	295	295	295	295	295	295	295	295	295	310
1996	283	309	311	311	311	311	311	311	311	311	311	311	311	311
1997	179	279	282	284	284	284	284	284	284	284	284	284	284	311
1998	177	234	239	239	239	239	241	241	241	241	241	241	241	284
1999	297	413	421	423	445	446	446	446	446	446	446	446	446	241
2000	438	526	537	592	615	615	615	615	615	615	615	615	615	446
2001	526	625	701	719	719	719	719	719	719	719	719	719	719	615
2002	664	947	1,026											719
2003	788													1,026
2004	714													714

Report Year	Age-to-Age Factor													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - Ult.
1991	1.041	1.003	1.003	1.000	1.000	1.003	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1992	1.068	1.003	1.013	1.003	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1993	1.081	1.010	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1994	1.165	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1995	1.190	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1996	1.092	1.006	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1997	1.559	1.011	1.007	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1998	1.322	1.021	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1999	1.391	1.019	1.005	1.000	1.008	1.000	1.008	1.008	1.008	1.008	1.008	1.008	1.008	1.008
2000	1.201	1.021	1.102	1.052	1.002	1.002	1.002	1.002	1.002	1.002	1.002	1.002	1.002	1.002
2001	1.188	1.122	1.026	1.039										1.039
2002	1.426	1.083												1.083
2003	1.525													1.525

Average Type	Average Developmen													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 - Ult.
All Years	1.250	1.025	1.014	1.009	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Latest 3	1.360	1.075	1.044	1.030	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Ex. Hi-Lo	1.241	1.018	1.006	1.005	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Wtd. Avg.	1.281	1.039	1.020	1.014	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Wtd. Last 3	1.402	1.079	1.045	1.036	1.003	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Selected Loss Development Factors

Age-to-Age	1.402	1.075	1.044	1.030	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Age-to-Ult	1.628	1.161	1.080	1.034	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000