

State: Illinois **Filing Company:** Granite State Insurance Company
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations
Product Name: General Healthcare Provider Professional Liability Plus Program 183000750
Project Name/Number: General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Filing at a Glance

Company: Granite State Insurance Company
 Product Name: General Healthcare Provider Professional Liability Plus Program – 183000750
 State: Illinois
 TOI: 11.1 Med Mal-Occurrence Only
 Sub-TOI: 11.1000 Med Mal Sub-TOI Combinations
 Filing Type: Rate
 Date Submitted: 08/24/2012
 SERFF Tr Num: AGNY-128590107
 SERFF Status: Closed-Filed
 State Tr Num: AGNY-128590107
 State Status:
 Co Tr Num: CHS-11-EO-29
 Effective Date: On Approval
 Requested (New):
 Effective Date: On Approval
 Requested (Renewal):
 Author(s): Janine Graham
 Reviewer(s): Gayle Neuman (primary), Neetha Mamoottile, Caryn Carmean
 Disposition Date: 04/25/2013
 Disposition Status: Filed
 Effective Date (New): 09/24/2012
 Effective Date (Renewal): 09/24/2012

State Filing Description:
 routed 9/19/12

State: Illinois **Filing Company:** Granite State Insurance Company
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations
Product Name: General Healthcare Provider Professional Liability Plus Program 183000750
Project Name/Number: General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

General Information

Project Name: General Healthcare Provider Professional Liability Plus Program	Status of Filing in Domicile: Authorized
Project Number: CHS-11-EO-29	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 04/25/2013	
State Status Changed:	Deemer Date:
Created By: Janine Graham	Submitted By: Janine Graham
Corresponding Filing Tracking Number: AGNY-128590108	

Filing Description:

Granite State Insurance Company (the "Company") submits for your review and approval revised rates to be used with its new General Healthcare Providers Professional Liability Plus Program (the "Program"). The Company currently has on file with your Department its General Healthcare Providers Professional Liability Program which is offered through the American Medical Professional Alliance Inc. ("AMPA") risk purchasing group (Company Filing Number AIC-05-EO-03).

Please be advised that the rates in this filing will serve to completely replace the current rates filed. In addition, the Program will no longer be written through the AMPA RPG.

Please refer to the attached actuarial materials, filing memorandum and manual pages for information about the rating methodology included in this submission. Please refer to the blacklines to see the changes made to the rates.

As required, the forms for this Program are being submitted separately under SERFF Tracking Number AGNY-128590108.

Company and Contact

Filing Contact Information

Janine Graham, Senior Analyst	Janine.Graham@aig.com
12 Metrotech	718-250-1747 [Phone]
27th Floor	718-250-1779 [FAX]
State Filings	
Brooklyn, NY 11201	

Filing Company Information

Granite State Insurance Company	CoCode: 23809	State of Domicile:
175 Water Street	Group Code:	Pennsylvania
New York, NY 10038	Group Name:	Company Type:
(212) 458-5000 ext. [Phone]	FEIN Number: 02-0140690	State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: Illinois **Filing Company:** Granite State Insurance Company
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations
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State Specific

Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm):

Acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Completed

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: Completed

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.":

Acknowledged

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: Not applicable

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Product Name: General Healthcare Provider Professional Liability Plus Program 183000750
Project Name/Number: General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	04/25/2013	04/25/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	09/18/2012	09/18/2012
Pending Industry Response	Gayle Neuman	08/28/2012	08/28/2012

Response Letters

Responded By	Created On	Date Submitted
Janine Graham	09/19/2012	09/19/2012
Myron Harry	09/17/2012	09/17/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
status	Note To Filer	Gayle Neuman	03/27/2013	03/27/2013
Request for Status of Filing	Note To Reviewer	Janine Graham	03/26/2013	03/26/2013
clarification	Note To Filer	Gayle Neuman	09/12/2012	09/12/2012
Clarification	Note To Reviewer	Janine Graham	09/11/2012	09/11/2012
extension	Note To Filer	Gayle Neuman	09/11/2012	09/11/2012
Request For An Extension	Note To Reviewer	Janine Graham	09/10/2012	09/10/2012
Actuarial Review completed	Reviewer Note	Caryn Carmean	04/24/2013	

State: Illinois **Filing Company:** Granite State Insurance Company
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Disposition

Disposition Date: 04/25/2013

Effective Date (New): 09/24/2012

Effective Date (Renewal): 09/24/2012

Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Granite State Insurance Company	22.400%	6.100%	\$7,029	864	\$115,525	47.900%	-29.400%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document (revised)	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Blacklines		Yes
Rate	General Healthcare Providers Professional Liability Rate Plan		Yes

State: Illinois **Filing Company:** Granite State Insurance Company
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Product Name: General Healthcare Provider Professional Liability Plus Program 183000750
Project Name/Number: General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/18/2012
Submitted Date	09/18/2012
Respond By Date	09/25/2012

Dear Janine Graham,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

The RF-3 cannot have an effective date of 6/1/12. Please advise.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois **Filing Company:** Granite State Insurance Company
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations
Product Name: General Healthcare Provider Professional Liability Plus Program 183000750
Project Name/Number: General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/28/2012
Submitted Date	08/28/2012
Respond By Date	09/11/2012

Dear Janine Graham,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

1. The RF-3 form must be corrected. The top insert is asking for an effective date - you have entered "\$7,029". The figures should be added in line 15 other - and you should reference "medical malpractice". You must include a description of the changes - you cannot reference a separate memorandum. The explanation should also reference "healthcare providers". Finally, the officer of the company's typed name should also appear by their signature.
2. Please 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?
3. Please confirm no payment plan or schedule rating plan is applicable.
4. When was Section V regarding National Nurses Union Membership added to the manual?
5. Please confirm that the amount charged does not vary by territory or county. Please explain VII A and B - the class definitions do not reflect A, B or C.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois **Filing Company:** Granite State Insurance Company
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Project Name/Number: General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 09/19/2012
 Submitted Date 09/19/2012

Dear Gayle Neuman,

Introduction:

Response 1

Comments:

Please see the attached revised RF-3 (Summary Sheet) in which we have revised the effective date.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	
Attachment(s):	09-19-12 IL - RF-3.pdf
<i>Previous Version</i>	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	Attached please find a revised Form RF-3.
Attachment(s):	IL RF-3 revised.pdf
<i>Previous Version</i>	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	
Attachment(s):	08-24-12 IL - RF-3.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:

AGNY-128590107

State Tracking #:

AGNY-128590107

Company Tracking #:

CHS-11-EO-29

State:

Illinois

Filing Company:

Granite State Insurance Company

TOI/Sub-TOI:

11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations

Product Name:

General Healthcare Provider Professional Liability Plus Program 183000750

Project Name/Number:

General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Conclusion:

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

Sincerely,

Janine Graham

State: Illinois **Filing Company:** Granite State Insurance Company
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations
Product Name: General Healthcare Provider Professional Liability Plus Program 183000750
Project Name/Number: General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 09/17/2012
 Submitted Date 09/17/2012

Dear Gayle Neuman,

Introduction:

In response to your comment letter dated August 28, 2012, we offer the following:

Response 1

Comments:

1. Attached please find revised Illinois RF-3 Form.
2. Please be advised that Granite State Insurance Company statistical reporting agency is ISO.
3. We hereby confirm no payment plan or schedule rating plan is applicable..
4. Section V-National Nurses Union Membership is new to this Program.
5. Please be advised that the amount charged does not vary by territory or county.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	Attached please find a revised Form RF-3.
Attachment(s):	IL RF-3 revised.pdf
<i>Previous Version</i>	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	
Attachment(s):	08-24-12 IL - RF-3.pdf

SERFF Tracking #:

AGNY-128590107

State Tracking #:

AGNY-128590107

Company Tracking #:

CHS-11-EO-29

State:

Illinois

Filing Company:

Granite State Insurance Company

TOI/Sub-TOI:

11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations

Product Name:

General Healthcare Provider Professional Liability Plus Program 183000750

Project Name/Number:

General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if we can be of any further assistance.

Myron Harry

Sincerely,

Myron Harry

State: Illinois **Filing Company:** Granite State Insurance Company
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations
Product Name: General Healthcare Provider Professional Liability Plus Program 183000750
Project Name/Number: General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Note To Filer

Created By:

Gayle Neuman on 03/27/2013 09:53 AM

Last Edited By:

Gayle Neuman

Submitted On:

04/25/2013 11:23 AM

Subject:

status

Comments:

The filing is being reviewed by the Actuarial Unit.

State: Illinois **Filing Company:** Granite State Insurance Company
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations
Product Name: General Healthcare Provider Professional Liability Plus Program 183000750
Project Name/Number: General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Note To Reviewer

Created By:

Janine Graham on 03/26/2013 07:54 AM

Last Edited By:

Gayle Neuman

Submitted On:

04/25/2013 11:23 AM

Subject:

Request for Status of Filing

Comments:

Dear Ms. Neuman,

Thank you for your review of this filing. Six months ago we responded to the September 19, 2012 objection letter, we have not received any further comment. Can you please provide us with the status of this filing?

Sincerely,
Janine Graham

State: Illinois **Filing Company:** Granite State Insurance Company
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations
Product Name: General Healthcare Provider Professional Liability Plus Program 183000750
Project Name/Number: General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Note To Filer

Created By:

Gayle Neuman on 09/12/2012 08:55 AM

Last Edited By:

Gayle Neuman

Submitted On:

04/25/2013 11:23 AM

Subject:

clarification

Comments:

I think I must have been looking at a previously filed version of the manual. You are correct, therefore the second sentence in objection 5 does not need to be addressed.

State: Illinois **Filing Company:** Granite State Insurance Company
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations
Product Name: General Healthcare Provider Professional Liability Plus Program 183000750
Project Name/Number: General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Note To Reviewer

Created By:

Janine Graham on 09/11/2012 03:43 PM

Last Edited By:

Gayle Neuman

Submitted On:

04/25/2013 11:23 AM

Subject:

Clarification

Comments:

Dear Ms. Neuman,

With regards to question 5, please explain VII-A and B - the class definitions do not reflect A, B, or C. The rate page appears to contain a rate and class definition for each of the class VII-A, B and C.

Thanks you in advance.

Sincerely,

Janine Graham

State: Illinois **Filing Company:** Granite State Insurance Company
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations
Product Name: General Healthcare Provider Professional Liability Plus Program 183000750
Project Name/Number: General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Note To Filer

Created By:

Gayle Neuman on 09/11/2012 08:12 AM

Last Edited By:

Gayle Neuman

Submitted On:

04/25/2013 11:23 AM

Subject:

extension

Comments:

I will extend the due date to September 17, 2012.

State: Illinois **Filing Company:** Granite State Insurance Company
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations
Product Name: General Healthcare Provider Professional Liability Plus Program 183000750
Project Name/Number: General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Note To Reviewer

Created By:

Janine Graham on 09/10/2012 05:40 PM

Last Edited By:

Gayle Neuman

Submitted On:

04/25/2013 11:23 AM

Subject:

Request For An Extension

Comments:

Dear Ms Neuman,

We are currently working on a response. May we have until Monday, September 17, 2012 to respond?

Thank you in advance for your consideration.

Acknowledgement upon receipt would be appreciated.

Sincerely,

Janine Graham

State: Illinois **Filing Company:** Granite State Insurance Company
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations
Product Name: General Healthcare Provider Professional Liability Plus Program 183000750
Project Name/Number: General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Reviewer Note

Created By:

Caryn Carmean on 04/24/2013 01:56 PM

Last Edited By:

Gayle Neuman

Submitted On:

04/25/2013 11:23 AM

Subject:

Actuarial Review completed

Comments:

Actuarial Review Completed

SERFF Tracking #:

AGNY-128590107

State Tracking #:

AGNY-128590107

Company Tracking #:

CHS-11-EO-29

State:

Illinois

Filing Company:

Granite State Insurance Company

TOI/Sub-TOI:

11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations

Product Name:

General Healthcare Provider Professional Liability Plus Program 183000750

Project Name/Number:

General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Rate Information

Rate data applies to filing.

Filing Method:

Prior Approval

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

5.900%

Effective Date of Last Rate Revision:

04/15/2005

Filing Method of Last Filing:

Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Granite State Insurance Company	22.400%	6.100%	\$7,029	864	\$115,525	47.900%	-29.400%

SERFF Tracking #:

AGNY-128590107

State Tracking #:

AGNY-128590107

Company Tracking #:

CHS-11-EO-29

State:

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11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations

Product Name:

General Healthcare Provider Professional Liability Plus Program 183000750

Project Name/Number:

General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		General Healthcare Providers Professional Liability Rate Plan		Replacement	AIC-05-EO-03	IL Rate Pages.pdf

**GRANITE STATE INSURANCE COMPANY
GENERAL HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY
RATE PAGE**

ILLINOIS

I. NURSES

Student Nurses, Dental Hygienists & Assts.		Registered & Licensed Practical Nurses	
<u>Limits of Liability</u>	<u>Rate</u>	<u>Limits of Liability</u>	<u>Rate</u>
\$100,000/\$300,000	\$12	\$500,000/\$1,000,000	\$61
\$200,000/\$600,000	\$15	\$1,000,000/\$5,000,000	\$104
\$1,000,000/\$5,000,000	\$23	\$1,000,000/\$6,000,000	\$105
\$1,000,000/\$6,000,000	\$24		
Graduate RN and LPN First Year Only		Nurses Aides	
<u>Limits of Liability</u>	<u>Rate</u>	<u>Limits of Liability</u>	<u>Rate</u>
\$500,000/\$1,000,000	\$51	\$500,000/\$1,000,000	\$50
\$1,000,000/\$5,000,000	\$59	\$1,000,000/\$5,000,000	\$84
\$1,000,000/\$6,000,000	\$60	\$1,000,000/\$6,000,000	\$85
Dental Hygienists		Dental Assistants	
<u>Limits of Liability</u>	<u>Rate</u>	<u>Limits of Liability</u>	<u>Rate</u>
\$200,000/\$600,000	\$58	\$200,000/\$600,000	\$40
\$1,000,000/\$5,000,000	\$104	\$1,000,000/\$5,000,000	\$71
\$1,000,000/\$6,000,000	\$105	\$1,000,000/\$6,000,000	\$72

II. POSTPARTUM CARE PROVIDERS

Individual Post Partum Care Provider		Agency Post Partum Care Provider*	
<u>Limits of Liability</u>	<u>Rate</u>	<u>Limits of Liability</u>	<u>Min Prem</u>
\$500,000/\$1,000,000	\$69	\$500,000/\$1,000,000	\$429
\$1,000,000/\$5,000,000	\$114	\$1,000,000/\$5,000,000	\$613
\$1,000,000/\$6,000,000	\$116	& above	

*Agency premium=(Total # Hours for all employees/2000) x Individual Premium

III. Allied Healthcare Providers

Class	\$500,000/\$1,000,000		\$1,000,000/\$5,000,000		\$1,000,000/\$6,000,000		
	Employed	Self Employed *	Employed	Self Employed *	Employed	Self Employed *	
I	\$75	\$225	\$92	\$276	\$93	\$279	
II	\$84	\$252	\$103	\$309	\$104	\$311	
III	\$88	\$88	\$107	\$107	\$108	\$108	
IV	\$110	\$330	\$135	\$405	\$136	\$408	
V	\$149	\$149	\$181	\$181	\$183	\$183	
VI	\$174	\$174	\$212	\$212	\$214	\$214	
VII	A	\$174	\$523	\$212	\$636	\$214	\$643
	B	\$348	\$1,044	\$425	\$1,275	\$429	\$1,287
	C	\$522	\$522	\$637	\$637	\$643	\$643
VIII	A	\$78	\$78	\$95	\$95	\$96	\$96
	B	\$193	\$193	\$235	\$235	\$237	\$237
	C	\$233	\$233	\$284	\$284	\$287	\$287
IX	\$112	\$112	\$137	\$137	\$138	\$138	
X	\$312	\$312	\$381	\$381	\$385	\$385	

Student rates are 20% of the applicable specialty subject to minimums of \$20.

* Self-Employed rates do not apply to Occupational Therapy Assistants or Certified Occupational Therapy Assistants.

**GENERAL HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY
RATE PAGE**

III. cont.

Allied Healthcare Provider Class Definitions

<u>Class</u>	<u>Professional</u>	<u>Class</u>	<u>Professional</u>	
I	Occupational Therapist	III cont.	Nutritionist	
	Occupational Therapist Assistant		Pathologist's Assistant	
	Certified OT Assistant		Pharmacist Assistant	
	Respiratory Care Provider		Pharmacy Technician / Technologist	
	Respiratory Therapist		Phlebotomist	
	Respiratory Therapist Technician / Technologist		Radiation Therapist	
II	Art Therapist		Radiologic Technician / Technologist	
	Dance Therapist		Speech Hearing Therapist	
	Diagnostic Medical Sonographer		Speech Language Pathologist	
	Horticulture Therapist		Surgeon Assistant	
	Music Therapist		Surgical Technician / Technologist	
	Recreation Therapist		X-Ray Machine Operator	
III	Audiologist		IV	Medical Dosimetrist
	Bio-med Technician / Technologist			Pharmacist
	Blood Bank Technician / Technologist	Pharmacist (Consulting)		
	Cardiology Technician / Technologist	V	Circulation Technician / Technologist	
	Cert. Lab Technician / Technologist		Employed Physical Therapist	
	Cert. Med. Assistant		Legal Nurse Consultant / Nurse Educator	
	Clinical Lab Technician / Technologist		Rehabilitation Assistant	
	Community Health Assistant		Rehabilitation Therapist	
	Community Health Technician / Technologist	All Other		
	Dialysis Technician / Technologist	VI	Corrective Therapist	
	Dietitian		Enterostomal Therapist	
	EEG Technician / Technologist		Exercise Physiologist	
	EKG Technician / Technologist		Kinesiologist/Kinesiotherapist	
	Electrologist		Massage Therapist	
	Geriatric Nursing Assistant		Orthopedic Assistant	
	Health Educator	Wellness Counselor		
	Histologic Technician / Technologist	VII	Acupuncture (VII-C)	
	Home Health (live-in)		Athletic Trainer (Non-medical, non-certified) (VII-A)	
	Home Health Aide		Athletic Trainer (Medical, LPT or RPT) (VII-B)	
	Hospital Pharmacy Technician / Technologist		Auto Tran Fusionist/Clinical Technician (VII-C)	
	Laboratory Aide		Electroneurodiagnostic Technician (VII-C)	
Med. Lab Technician / Technologist	Medical Director (VII-C)			
Med. Technician	Orthotist/Prosthetist (VII-A)			
Med. Technician / Technologist Assistant	VIII	Student / Volunteer EMT (VIII-A)		
Med. Technologist		Basic / Intermediate EMT (VIII-B)		
Medical Assistant		Paramedic (VIII-C)		
Medical Records Administrator	IX	Physical Therapist Assistant		
Medical Records Technician / Technologist		X	Self Employed Physical Therapist	
Nuclear Med. Technician / Technologist	Sports Medicine Instructor			
Nursing Assistant	Sports Medicine Therapist			

IV. ADDITIONAL LIMITS OF LIABILITY

<u>Limit of Liability</u>	<u>ILF</u>	<u>Limit of Liability</u>	<u>ILF</u>
\$1,000,000/\$6,000,000	1.000	\$2,000,000/\$4,000,000	1.149
\$1,000,000/\$7,000,000	1.010	\$2,000,000/\$5,000,000	1.158
\$1,000,000/\$8,000,000	1.020	\$2,000,000/\$6,000,000	1.168
\$1,000,000/\$9,000,000	1.030	\$2,000,000/\$7,000,000	1.178
\$1,000,000/\$10,000,000	1.040	\$2,000,000/\$8,000,000	1.188
		\$2,000,000/\$9,000,000	1.198
		\$2,000,000/\$10,000,000	1.208

(apply increased limit factor to \$1,000,000/\$6,000,000 rate)

V. NATIONAL NURSES UNION MEMBERSHIP

A credit of 5% will be applied to a nurse who is a member in good standing of the National Nurses Union.

SERFF Tracking #:

AGNY-128590107

State Tracking #:

AGNY-128590107

Company Tracking #:

CHS-11-EO-29

State:

Illinois

Filing Company:

Granite State Insurance Company

TOI/Sub-TOI:

11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations

Product Name:

General Healthcare Provider Professional Liability Plus Program 183000750

Project Name/Number:

General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	
Attachment(s):	IL Actuarial Exhibits.pdf CW Filing Memorandum 7-2012 (Rates).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	
Attachment(s):	09-19-12 IL - RF-3.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certification
Comments:	
Attachment(s):	08-24-12 IL Cert for Med Mal Rates.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Manual
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Blacklines
Comments:	
Attachment(s):	Blackline - IL Rate Pages.pdf
Item Status:	
Status Date:	

Granite State Insurance Company
General Healthcare Providers Professional Liability

Explanatory Memorandum
ILLINOIS

Granite State Insurance Company is proposing to increase the base rates for the General Healthcare Providers Professional Liability Program by 6.0%. The company is proposing to offer a 5% credit for nurses that are in the National Nurses Union. The company is also introducing additional subclasses to Allied Healthcare Providers group, such as Horticulture Therapist, Acupuncture, Auto Tran Fusionist/Clinical Technician, Pathologist's Assistant, Medical Dosimetrist, Legal Nurse Consultant/Nurse Educator, and Medical Director. In addition, Diagnostic Medical Sonographer, Employed Physical Therapist, and Self Employed Physical Therapist were reclassified under the new proposed rate plan. Lastly, the company is proposing to offer a new rate class within Allied Healthcare Providers, Class VII-C. It is estimated that the new rate plan will have an overall 6.1% impact to current insureds.

Exhibit 1: *CALCULATION OF INDICATED RATE LEVEL CHANGE*

Ultimate developed, trended and on-level results are shown for countrywide and state loss experience for this program. Countrywide and state earned premiums have been adjusted to each state's present rate level by using the standard parallelogram method. Incurred Losses and Lae are trended to one year past the proposed effective date, in order to reflect changes in frequency and severity subsequent to the experience period. The indicated rate level change is based on a comparison of the credibility weighted loss ratio to the expected loss ratio. An offset for investment income is applied to the calculation of the target profit & contingency.

Exhibit 2: *DEVELOPMENT OF REPORTED INCURRED LOSS AND LAE TO ULTIMATE*

Countrywide and state calculation of ultimate loss and LAE ratios are shown for the most recent five years. Ratios are based on calendar year earned premiums and accident year ultimate loss and LAE, including unallocated LAE (ex. 6).

Exhibit 3: *INCURRED LOSS AND LOSS ADJUSTMENT EXPENSE DEVELOPMENT*

Accident Year Loss and Allocated Loss Adjustment Expense experience for Healthcare Professional Liability Programs is shown as of 12/2011, along with age to age factors and the corresponding age to ultimate development factors (exhibit 3A). Due to the volatility of the loss development data for this program, a larger database is used to select loss development factors. This is appropriate because of the homogenous nature of these claims, as well as the fact that they are all handled by the same claims specialists. In addition the program specific experience is included in exhibit 3A. These factors are then applied to the countrywide (exhibit 3B) and state (exhibit 3C) loss experience for General Healthcare Providers Professional Liability.

Exhibit 4: *TREND ANALYSIS*

Calculation of annual frequency/severity trend is based on the most recent policy year experience for Healthcare Professional Liability. The least squares method has been used to measure the average change in frequency and severity. The trend period extends from the midpoint of each accident year to one year beyond the assumed effective date.

Exhibit 5: *EXPENSE PROVISIONS AND DETERMINATION OF EXPECTED LOSS RATIO*

Expense provisions are based on the expenses found for Medical Malpractice in the Granite State Insurance Company Insurance Expense Exhibit. The commission expense is program specific. The expected loss & lae ratio is the complement of the total expenses and profit load. The profit & contingency factor has been calculated based on a target rate of return on equity of 11%.

Exhibit 6: *DETERMINATION OF UNALLOCATED LOSS ADJUSTMENT EXPENSE FACTOR*

The unallocated loss expense provision is determined using data from the Healthcares' cost statements for the five most recent years. The factor is expressed as a percentage of total incurred losses and allocated loss adjustment expense.

Exhibit 7: *INVESTMENT INCOME EXHIBITS*

The investment income exhibits are based on American Home/ National Union Group's Annual Statement experience and incorporate the Medical Malpractice premium and program budgeted expense provisions to determine an indicated investment income offset. The calendar year method was used to determine investment income.

GRANITE STATE INSURANCE COMPANY
GENERAL HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY
(\$ IN 000'S)
DETERMINATION OF RATE LEVEL INDICATION

Exhibit 1

ILLINOIS

	(1)	(2)	(3)=(2)/(1)	(4)	(5)=(3)*(4)	
Accident Year	Basic Limits Premium at Present Rates (Note A)	Basic Limits Ultimate Loss & LAE (Exhibit 2)	Ultimate Loss & LAE Ratio	Trend Factor (Exhibit 4) (Note B)	Trended Loss & LAE Ratio	Weight
COUNTRYWIDE						
(1) 2007	6,078	5,081	0.836	1.335	1.116	0.10
(2) 2008	6,046	3,530	0.584	1.271	0.742	0.15
(3) 2009	5,800	3,034	0.523	1.211	0.633	0.20
(4) 2010	5,886	2,889 (E)	0.491	1.153	0.566	0.25
(5) 2011	5,945	3,203 (E)	0.539	1.098	0.592	0.30

ILLINOIS

(1) 2007	101	11	0.106	1.335	0.141	0.10
(2) 2008	108	120	1.106	1.271	1.406	0.15
(3) 2009	107	0	0.000	1.211	0.000	0.20
(4) 2010	105	58 (E)	0.550	1.153	0.634	0.25
(5) 2011	104	53 (E)	0.506	1.098	0.556	0.30

	<u>ILLINOIS</u>	<u>CW</u>
(6) Weighted Average Ultimate Trended Loss and LAE Ratio	0.550	0.669
(6a) Credibility Weights (Note C):	0.077	0.721
(6b) Credibility Weighted Ultimate Loss & LAE Ratio (Note D):	0.684	
(7) Target Loss & LAE Ratio [Exhibit 5]	0.559	
(8) Indicated Rate Level Change [(6b)/7] - 1	22.4%	
(9) Selected Rate Level Change	6.1%	

NOTES:

- (A) The calculation of premium at present rates is done using the parallelogram method.
(B) Trend periods extend from the midpoint of each accident year to one year past the assumed effective date. (Exhibit 4).
(C) The credibility standard is 683 claims for the experience period.
State Credibility = Square Root(4/683) CW Credibility = Square Root(355/683)
(D) Credibility Weighted Ultimate Loss & LAE Ratio =
[State(6)*State(6a) + CW(6)*CW(6a) + {1 - State (6a) - CW(6a)} * Trended ELR]
(E) Bornheutter-Ferguson Methodology used to develop ultimate loss & lae, i.e.,
Ultimate Loss & LAE=EPXELRX[1-1/LDF] + reported incurred loss & lae

GENERAL HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY

(\$ IN 000'S)

DETERMINATION OF ULTIMATE LOSS AND LOSS ADJUSTMENT EXPENSE RATIOS

ILLINOIS

Accident Year	(1) Basic Limits Earned Premium	(2) Basic Limits Reported Incurred Loss & ALAE (Exhibit 3)	(3) Loss Development Factors (Exhibit 3A)	(4)=(2)*(3) Ultimate Loss & L.A.E. (Incl. 3% Unalloc L.A.E.)	(5)=(4)/(1) Ultimate Loss & L.A.E. Ratio
COUNTRYWIDE					
2007	5,947	3,845	1.283	5,081	0.854
2008	5,944	2,339	1.465	3,530	0.594
2009	5,781	1,575	1.870	3,034	0.525
2010	5,886	587	3.065	1,853	0.315
2011	5,945	189	8.231	1,600	0.269
Total	29,504	8,535		15,099	0.512

ILLINOIS

2007	101	8	1.283	11	0.106
2008	108	80	1.465	120	1.106
2009	107	0	1.870	0	0.000
2010	105	17	3.065	52	0.497
2011	104	0	8.231	0	0.000
Total	525	104		183	0.348

American Home/National Union Group
HEALTHCARE PROFESSIONAL LIABILITY PROGRAMS

(\$ in 000'S)

COUNTRYWIDE

BASIC LIMITS INCURRED LOSSES & LOSS ADJUSTMENT EXPENSE AS OF 12/2011

Accident Year	12	24	36	48	60	72	84	96	108	120
2002	6,121	13,071	18,687	27,921	33,474	36,192	35,792	36,606	38,021	38,285
2003	5,968	15,678	30,499	40,749	47,908	54,085	54,690	55,913	56,591	
2004	8,723	21,905	47,308	55,310	63,034	66,169	70,030	72,269		
2005	9,684	28,814	37,185	55,441	63,367	70,323	71,948			
2006	12,110	29,137	53,036	65,984	75,932	83,219				
2007	11,062	35,494	53,007	65,353	71,217					
2008	17,103	37,627	53,175	62,967						
2009	16,016	38,042	67,368							
2010	11,640	44,527								
2011	19,709									

INCURRED LOSS AND LOSS ADJUSTMENT EXPENSE DEVELOPMENT

Accident Year	12-24	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-120	120-ULT
2002	2.135	1.430	1.494	1.199	1.081	0.989	1.023	1.039	1.007	
2003	2.627	1.945	1.336	1.176	1.129	1.011	1.022	1.012		
2004	2.511	2.160	1.169	1.140	1.050	1.058	1.032			
2005	2.975	1.291	1.491	1.143	1.110	1.023				
2006	2.406	1.820	1.244	1.151	1.096					
2007	3.209	1.493	1.233	1.090						
2008	2.200	1.413	1.184							
2009	2.375	1.771								
2010	3.825									
Weighted Average	2.685	1.639	1.276	1.142	1.093	1.025	1.027	1.023	1.007	
4 Yr Wtd Average	2.789	1.615	1.272	1.130	1.094	1.025				
3 Yr Wtd Average	2.685	1.561	1.220	1.127	1.086	1.032	1.027			
2 Yr Wtd Average	2.986	1.593	1.208	1.120	1.102	1.040	1.028	1.023		
Selected Age-to-Age Ultimate Factors	2.685	1.639	1.276	1.142	1.093	1.025	1.027	1.023	1.015	
	8.231	3.065	1.870	1.465	1.283	1.174	1.146	1.116	1.091	1.075

GENERAL HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY

(\$ in 000'S)

COUNTRYWIDE**BASIC LIMITS INCURRED LOSSES & LOSS ADJUSTMENT EXPENSE AS OF 12/2011**

Accident Year	12	24	36	48	60	72	84	96	108	120
2002	104	536	1,533	2,305	2,845	2,860	2,722	2,726	2,731	2,734
2003	167	2,497	2,694	4,086	5,323	5,773	5,941	5,976	5,982	
2004	225	786	1,658	2,399	2,910	4,546	4,641	4,722		
2005	69	1,697	3,287	4,812	4,832	5,695	5,689			
2006	851	2,150	4,445	4,650	4,882	8,224				
2007	312	1,199	2,519	3,420	3,845					
2008	201	586	1,516	2,339						
2009	94	780	1,575							
2010	310	587								
2011	189									

INCURRED LOSS AND LOSS ADJUSTMENT EXPENSE DEVELOPMENT

Accident Year	12-24	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-120
2002	5.172	2.863	1.503	1.235	1.005	0.952	1.001	1.002	1.001
2003	14.946	1.079	1.517	1.303	1.084	1.029	1.006	1.001	
2004	3.485	2.110	1.447	1.213	1.562	1.021	1.017		
2005	24.642	1.937	1.464	1.004	1.179	0.999			
2006	2.527	2.068	1.046	1.050	1.685				
2007	3.838	2.101	1.358	1.124					
2008	2.918	2.587	1.543						
2009	8.329	2.020							
2010	1.893								
2011									
4 Yr Wtd Average	3.437	2.133	1.294	1.078	1.350	1.006			
3 Yr Wtd Average	3.230	2.187	1.228	1.052	1.463	1.016	1.009		
2 Yr Wtd Average	3.386	2.264	1.428	1.081	1.433	1.009	1.011	1.001	

GRANITE STATE INSURANCE COMPANY
GENERAL HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY
(\$ IN 000'S)

ILLINOIS

BASIC LIMITS INCURRED LOSSES & LOSS ADJUSTMENT EXPENSE AS OF 12/2011

Accident Year	12	24	36	48	60	72	84	96	108	120
2002	1	1	1	1	1	1	1	1	1	1
2003	0	11	19	16	18	14	14	14	14	
2004	0	0	0	0	0	0	0	0		
2005	0	0	0	0	0	0	0			
2006	0	0	0	73	224	315				
2007	0	7	7	8	8					
2008	0	0	77	80						
2009	0	0	0							
2010	0	17								
2011	0									

INCURRED LOSS AND LOSS ADJUSTMENT EXPENSE DEVELOPMENT

Accident Year	12-24	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-120
2002	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2003	1.000	1.724	0.859	1.121	0.777	1.000	1.000	1.000	
2004	1.000	1.000	1.000	1.000	1.000	1.000	1.000		
2005	1.000	1.000	1.000	1.000	1.000	1.000			
2006	1.000	1.000	1.000	3.062	1.404				
2007	655.000	1.015	1.211	1.000					
2008	1.000	1.000	1.039						
2009	1.000	1.000							
2010	1.000								
Average ex hi/lo	1.000	1.003	1.008	1.030	1.000	1.000	1.000		
4 Yr Average	164.500	1.004	1.062	1.515	1.045	1.000			
3 Yr Average	1.000	1.005	1.083	1.687	1.135	1.000	1.000		
2 Yr Average	1.000	1.000	1.125	2.031	1.202	1.000	1.000	1.000	

**AMERICAN HOME/NATIONAL UNION GROUP
HEALTHCARE PROFESSIONAL LIABILITY
Calculation of Annual Trend Factor**

Countrywide as of 12/2011

Total Limits Frequency Trend

(1)	(2)	(3)	(2)/(3)	(4)
Policy Year	Ultimate Cnt - Cases Claims	Number of Policies	Cnt - Cases Claims Per 100 Policies	Exponential Curve of Best Fit
2003	850	89,528	0.94955	0.83566
2004	1,029	94,903	1.08422	1.00931
2005	1,093	97,366	1.12301	1.21905
2006	1,102	94,906	1.16154	1.47237
2007	1,343	85,517	1.57069	1.77834
2008	2,451	96,919	2.52913	2.14788
2009	2,757	98,053	2.81198	2.59422

Average Annual Change in Claim Frequency [R Squared = 0.88239499] 20.78%

Selected Annual Frequency Trend 13.50%

Total Limits Severity Trend

(1)	(2)	(3)	(3)/(2)	(4)
Policy Year	Ultimate Cnt - Cases Claims	Ultimate Ilae Losses	Ultimate Paid Losses per Claim	Exponential Curve of Best Fit
2003	850	85,842	101.0	101.8
2004	1,029	78,410	76.2	90.7
2005	1,093	99,865	91.3	80.8
2006	1,102	91,520	83.0	71.9
2007	1,343	96,761	72.0	64.1
2008	2,451	110,117	44.9	57.1
2009	2,757	145,485	52.8	50.8

Average Annual Change in Claim Severity [R Squared = 0.73061061] -10.93%

Selected Annual Severity Trend -7.50%

OVERALL COMBINED TREND [Frequency x Severity] 5.00%

GRANITE STATE INSURANCE COMPANY
GENERAL HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY

Derivation of Expected Loss Ratio

(1) Target rate of return on equity		11.0%
(2) Premium to Surplus Ratio		61.8%
(3) Target rate of return on premium [(1)/(2)]		17.8%
(4) Rate of return on premium		16.7%
(5) Target underwriting profit (loss) [(3)-(4)/.65]		1.7%
(6) Total Expenses		42.3%
	a. Commissions	27.50%
	b. Other Acquisition	8.62%
	c. General Expenses	2.55%
	d. Taxes, Licenses & Fees	3.67%
<hr/>		
(7) Expected Loss Ratio [1-(6)-(5)]		55.9%

GRANITE STATE INSURANCE COMPANY-MEDICAL MALPRACTICE							
INSURANCE EXPENSE EXHIBIT							
Countrywide Expenses (in 000's)	2008		2009		2010		3yr Weighted AVC
	\$	%	\$	%	\$	%	%
Written Premium	9,737	----	8,448	----	6,667	----	----
Other Acquisition	568	5.83%	724	8.57%	575	8.62%	7.51%
General Expenses	181	1.86%	237	2.81%	170	2.55%	2.37%
Taxes, Licenses and Fees	408	4.19%	199	2.36%	245	3.67%	3.43%

Healthcare
(000's)

Determination of Unallocated Loss Adjustment Expense Provision
(SOURCE: COMPANY COST STATEMENTS)

ITEM	2007	2008	2009	2010	2011	5-year Average
(1) Losses Paid	206,975	188,980	212,809	205,401	223,996	207,632
(2) Changes in Unpaid Losses	52,387	2,547	-159,111	12,440	-16,278	-21,603
(3) Losses Incurred (1) + (2)	259,362	191,527	53,698	217,841	207,718	186,029
(4) Allocated Loss Adjustment Expenses	72,293	76,744	85,730	103,813	101,137	87,943
(5) Total Loss & ALAE (3) + (4)	331,655	268,271	139,428	321,654	308,855	273,973
(6) Unallocated Loss Adjustment Expenses	7,136	7,778	8,509	8,504	9,183	8,222
(7) Unallocated Loss Expense Ratio (6)/(5)	2.2%	2.9%	6.1%	2.6%	3.0%	3.0%

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES
(Explanatory Notes)

Medical Malpractice

A. UNEARNED PREMIUM RESERVE

1.	Medical Malpractice Direct Earned Premium for Calendar Year 2010	\$122,031
2.	Mean Unearned Premium Reserve [0.468* (1)] (See Notes p. 2)	57,122
3.	Deduction for Prepaid Expenses (See notes p. 2)	
	a) Commission and Brokerage	27.50%
	b) Taxes, Licenses and Fees	3.67%
	c) 50% of Other Acquisition Expenses	4.31%
	d) 50% of General Expenses	1.27%
	e) Total	36.76%
4.	Deduction for Federal Taxes Payable (See Notes p. 2)	7.0%
5.	Net Amount Subject to Investment Income [(2) x (1.000 - (3) - (4))]	32,124

B. DELAYED REMISSION OF PREMIUMS (Agents' Balances)

1.	Direct Earned Premium [(A.1)]	122,031
2.	Average Agents' Balance (See Notes pp. 2-3)	0.105
3.	Delayed Remission [(1) x (2)]	12,804

C. LOSS RESERVE:

1.	Direct Earned Premium [(A.1)]	122,031
2.	Expected Incurred Loss and L.A.E. Reserves	@ ELR: 0.559 68,249
3.	Expected Mean Loss Reserves [4.489 x (2)] (See Notes p. 3)	306,364

D. SURPLUS

1.	Direct Written Premium	119,798
2.	Surplus Subject to Investment [(D.1)/prem to surp]	193,888

E. NET AMOUNT SUBJECT TO INVESTMENT: [(A.5) - (B.3) + (C.3) + (D.2)]

519,572

F. AVERAGE RATE OF RETURN ON INVESTED ASSETS (See Notes p. 4)

4.63%

G. INVESTMENT EARNINGS ON NET SUBJECT TO INVESTMENT [(E) x (F)]

24,063

H. AVERAGE RATE OF RETURN (As % of Direct Earned Premium) [(G) / (A.1)]

19.72%

I. AVERAGE RATE OF RETURN (After Federal Income Taxes) [(H) x 0.846]

16.68%

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES
(Explanatory Notes)

Medical Malpractice

Line A.1

Medical Malpractice direct earned premium for calendar year 2010 as provided by American Home/National Union Group.

Line A.2

The mean direct unearned premium reserve is determined by multiplying the Medical Malpractice direct earned premium in line (A.1) by the countrywide ratio of the mean direct unearned premium reserve to the direct earned premium for 2010. See below for calculation of this ratio. This ratio is based on data for Medical Malpractice from page 15 of the Annual Statement for American Home/National Union Group

	(In 000's)
1. Direct Earned Premium for Calendar Year 2010	\$ 122,031
2. Direct Unearned Premium Reserve as of 12/31/09	58,238
3. Direct Unearned Premium Reserve as of 12/31/10	56,005
4. Mean Direct Unearned Premium Reserve 1/2 [(2) + (3)]	57,122
5. Ratio [(4) / (1)]	0.468

Line A.3

Deduction for prepaid expenses:

Production costs and a large part of the other company expenses in connection with the writing and handling of the filed insurance coverage exclusive of claim adjustment expenses, are incurred when the policy is written and before the premium is paid. Therefore, the deduction for these expenses is determined by use of the provisions for expenses used in our ratemaking procedure as shown.

Line A.4

Deduction for Federal Taxes Payable:

Taxable percentage of unearned premium reserves (Tax Reform Act of 1986):	20.0%
Corporate Tax Rate:	35.0%
Total Percentage of Unearned Premium Reserve:	7.0%

Line B.2

Delayed remission of premium:

This deduction is necessary because of delay in collection and remission of premiums beyond the effective dates of the policies. Funds for the unearned premium reserve required during the initial days of all policies must be taken from the company's surplus. (continued)

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES
(Explanatory Notes)

Medical Malpractice

Line B.2 (continued)

Agents' balances or uncollected premiums for premiums due less than 90 days are calculated as follows:

	<u>(In 000's)</u>
1. Net Earned Premium for Calendar Year 2010	\$ 14,481,562
2. Net Agents' Balances as of 12/31/09	1,120,710
3. Net Agents' Balances as of 12/31/10	1,062,385
4. Mean Agents' Balances $1/2 \times [(2) + (3)]$	1,091,548
5. Ratio $[(4) / (1)]$	0.075

The above percentage must be multiplied by a factor of 1.392 to include the effect of agents' balances or uncollected premiums overdue for more than 90 days. The factor 1.392 is based on 2010 company data.

Final adjusted Agents' Balance: 0.1049

Line C.2

The expected loss and loss adjustment ratio reflects the expense provisions used in the filing.

Line C.3

The expected mean loss reserve is determined by multiplying the expected incurred losses in line (C.2) by the average countrywide ratio of the mean loss and loss adjustment reserves to the incurred losses and loss adjustment expenses in 2009 and 2010 for Medical Malpractice Insurance. This ratio is based on Annual Statement Data.

	<u>(In 000's)</u>
1. Incurred Losses and L.A.E. for Calendar Year 2009	80,053
2. Incurred Losses and L.A.E. for Calendar Year 2010	139,190
3. Loss Reserves and L.A.E. as of 12/31/08	473,807
4. Loss Reserves and L.A.E. as of 12/31/09	455,657
5. Loss Reserves and L.A.E. as of 12/31/10	526,186
6. Mean Loss Reserve 2009: $1/2 [(3) + (4)]$	464,732
7. Mean Loss Reserve 2010: $1/2 [(4) + (5)]$	490,922
8. Ratio (6) / (1)	5.805
9. Ratio (7) / (2)	3.527
10. Average Ratio $1/2 [(8) + (9)]$	4.666
11. Loss reserve for American Home/National Union Group, selected	4.670
12. Estimated Reserve Discount	11.1%
13. Federal Taxes Payable (% of Reserves): (12) x .35	0.039
14. (11) x [1.0 - (13)]	4.489

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES
(Explanatory Notes)

Medical Malpractice

Line E

The rate of return is the ratio of net investment income earned and net realized capital gains (or losses) to mean cash and invested assets (including interest, dividends, and real estate income due and accrued).

<u>Year</u>	<u>Net Investment Income Earned (In 000's)</u>	<u>Mean Cash and Invested Assets (In 000's)</u>	<u>Rate of Return</u>
2009	2,671,587	61,025,000	4.38%
2010	2,559,509	58,123,682	4.40%
Total	5,231,096	119,148,682	4.39%

<u>Year</u>	<u>Realized Capital Gains (or Losses) (In 000's)</u>	<u>Mean Cash and Invested Assets (In 000's)</u>	<u>Rate of Return</u>
2001-2010	1,184,502	492,273,163	0.24%

Total Rate of Return:

Net Investment Income Earned and Net Realized Capital Gains (or Losses)

4.63%

Line H

The average rate of Federal Income Tax was determined by applying the appropriate tax rates to the distribution of investment income earned for 2010 for the American Home/National Union Group.

	<u>Rate of Return</u>	<u>Federal Income Tax Rate</u>
Net Investment Income Earned	4.39%	0.143
Net Realized Capital Gains (or Losses)	0.24%	0.350
Total	4.63%	0.154

1.000 - Federal Income Tax Rate

0.846

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES
(Explanatory Notes)

Medical Malpractice

<u>Line H (continued)</u>	Investment Income Earned	Federal Income Tax Rate
<u>Bonds</u>		
Taxable	\$ 609,517	0.350
<u>Non-Taxable</u>	<u>1,126,424</u>	<u>0.026</u>
Total	\$ 1,735,940	(A) 0.140
 <u>Stocks</u>		
Taxable	\$ 31,211	0.123
<u>Non-Taxable</u>	<u>450,097</u>	<u>---</u>
Total	\$ 481,307	(B) 0.008
 <u>Mortgage Loans and Real Estate</u>		
Mortgage Loans	\$ 0	
Real Estate	0	
Collateral Loans	0	
Cash on Deposit	0	
Short Term Investments	4,643	
<u>All Other</u>	<u>393,075</u>	
Sub-Total	\$ 397,718	0.350
 Total	\$ 2,614,966	0.148
 Investment Deductions	\$ 55,457	0.350
 Net Investment Income Earned	\$ 2,559,509	0.143

(A) Assume 50% of the income on tax-exempt bonds is subject to proration; that is, 15% of that income is taxed at the full corporate income tax rate of 35%. The applicable tax rate is thus 2.6%. $((.50 \times .15 \times .35) = .026)$

(B) 30% of dividend income is subject to the full corporate income tax rate of 35%. Assume 50% of the dividend income on stocks is subject to proration; that is, 15% of the remaining 70% of dividend income is taxed at a rate of 35%. The applicable tax rate is thus 12% $((.30 \times .35) + (.50 \times .70 \times .15 \times .35) = .123)$.

General Healthcare Provider Professional Liability Plus Insurance
Rate Filing Memorandum

We are submitting a newly enhanced filing for our Nurses and Allied Healthcare Providers which is essentially an enhancement of our existing General Healthcare Providers Professional Liability Program ("GHCP Program") currently on file under our Filing No. AIC-05-EO-03. This filing includes several enhancements which have been added to the coverage at no additional charge.

We have utilized the knowledge gained from the GHP Program business experience to enhance our product. This new filing will be our General Healthcare Providers Professional Liability Plus Program (GHCP). The name of the program was changed to include the word "Plus" to denote the addition of enhancements to the new product.

RATES

The specific detail for the proposed rates is located in the attached Actuarial Support.

There is an addition to our rate plan of a proposed credit of 5% for Nurses in the National Nurses Union (NNU).

The favorable rate being offered to members of the NNU is due to the presentation of a lower exposure because of the NNU's actions to better the healthcare industry through: (a) the education of members and patients; (b) employing standards for patient care; and (c) setting standards for nurses' professional conduct. Applicants must be a member in good standing with the NNU to have the credit applied.

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09/24/2012

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other	\$115,525	6.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

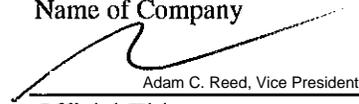
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Granite State Insurance Company is proposing to increase the base rates for the General Healthcare Providers Professional Liability Program by 6.0%. The company is proposing to offer a 5% credit for nurses that are in the National Nures Union. The company is also introducing additional subclasses to Allied Healthcare Providers group. It is estimated that the new rate plan will have an overall 6.1% impact to current insureds. (please see explanatory memorandum.)

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Granite State Insurance Company

Name of Company



Adam C. Reed, Vice President

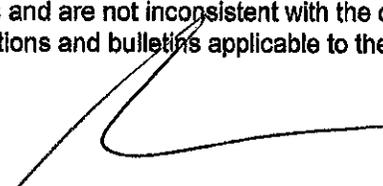
Official-Title

**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

I, Adam C. Reed, a duly authorized officer American Home/National Union Group 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, Mary Gaillard, am a member of the Casualty Actuarial Society and a Member of the American Academy of Actuaries and have met the Qualification Standards of the American Academy. I am a duly authorized actuary of the American Home/National Union Group and am authorized to certify on behalf of American Home/National Union Group 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.


Vice President

Signature and Title of Authorized Insurance Company Officer

August 24, 2012
Date


Vice President and Associate Actuary

Signature, Title and Designation of Authorized Actuary

August 24, 2012
Date

Insurance Company FEIN: 02-0140690

Filing Number: CHS-11-EO-29

Insurer's Address 175 Water Street , 18th Fl

City : New York State: New York Zip Code: 10038

Contact Person's:

-Name and E-mail janine.graham@chartisinsurance.com

-Direct Telephone and Fax Number: Telephone: (718) 250-1747
(718) 250-1779

**GRANITE STATE INSURANCE COMPANY
GENERAL HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY
RATE PAGE**

ILLINOIS

I. NURSES

Student Nurses, Dental Hygienists & Assts.

<u>Limits of Liability</u>	<u>Rate</u>
\$100,000/\$300,000	\$12
\$200,000/\$600,000	\$15
\$1,000,000/\$5,000,000	\$23
\$1,000,000/\$6,000,000	\$24

Registered & Licensed Practical Nurses

<u>Limits of Liability</u>	<u>Rate</u>	<u>Rate</u>
\$500,000/\$1,000,000	\$58	\$61
\$1,000,000/\$5,000,000	\$98	\$104
\$1,000,000/\$6,000,000	\$99	\$105

Graduate RN and LPN First Year Only

<u>Limits of Liability</u>	<u>Rate</u>	<u>Rate</u>
\$500,000/\$1,000,000	\$48	\$51
\$1,000,000/\$5,000,000	\$56	\$59
\$1,000,000/\$6,000,000	\$57	\$60

Nurses Aides

<u>Limits of Liability</u>	<u>Rate</u>	<u>Rate</u>
\$500,000/\$1,000,000	\$47	\$50
\$1,000,000/\$5,000,000	\$79	\$84
\$1,000,000/\$6,000,000	\$80	\$85

Dental Hygienists

<u>Limits of Liability</u>	<u>Rate</u>	<u>Rate</u>
\$200,000/\$600,000	\$55	\$58
\$1,000,000/\$5,000,000	\$98	\$104
\$1,000,000/\$6,000,000	\$99	\$105

Dental Assistants

<u>Limits of Liability</u>	<u>Rate</u>	<u>Rate</u>
\$200,000/\$600,000	\$38	\$40
\$1,000,000/\$5,000,000	\$67	\$71
\$1,000,000/\$6,000,000	\$68	\$72

II. POSTPARTUM CARE PROVIDERS

Individual Post Partum Care Provider

<u>Limits of Liability</u>	<u>Rate</u>	<u>Rate</u>
\$500,000/\$1,000,000	\$65	\$69
\$1,000,000/\$5,000,000	\$108	\$114
\$1,000,000/\$6,000,000	\$109	\$116

Agency Post Partum Care Provider*

<u>Limits of Liability</u>	<u>Min Prem</u>	<u>Min Prem</u>
\$500,000/\$1,000,000	\$405	\$429
\$1,000,000/\$5,000,000 & above	\$578	\$613

*Agency premium=(Total # Hours for all employees/2000) x Individual Premium

III. Allied Healthcare Providers

Class	\$500,000/\$1,000,000				\$1,000,000/\$5,000,000				\$1,000,000/\$6,000,000				
	Employed		Self Employed *		Employed		Self Employed *		Employed		Self Employed *		
	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	
I	\$71	\$75	\$214	\$225	\$87	\$92	\$261	\$276	\$88	\$93	\$263	\$279	
II	\$79	\$84	\$238	\$252	\$97	\$103	\$290	\$309	\$98	\$104	\$293	\$311	
III	\$83	\$88	\$83	\$88	\$101	\$107	\$101	\$107	\$102	\$108	\$102	\$108	
IV	\$104	\$110	\$311	\$330	\$127	\$135	\$380	\$405	\$128	\$136	\$384	\$408	
V	\$141	\$149	\$141	\$149	\$171	\$181	\$171	\$181	\$173	\$183	\$173	\$183	
VI	\$164	\$174	\$164	\$174	\$200	\$212	\$200	\$212	\$202	\$214	\$202	\$214	
VII	A	\$164	\$174	\$493	\$523	\$200	\$212	\$601	\$636	\$202	\$214	\$607	\$643
	B	\$328	\$348	\$985	\$1,044	\$401	\$425	\$1,202	\$1,275	\$405	\$429	\$1,214	\$1,287
	C	N/A	\$522	N/A	\$522	N/A	\$637	N/A	\$637	N/A	\$643	N/A	\$643
VIII	A	\$74	\$78	\$74	\$78	\$90	\$95	\$90	\$95	\$91	\$96	\$91	\$96
	B	\$182	\$193	\$182	\$193	\$222	\$235	\$222	\$235	\$224	\$237	\$224	\$237
	C	\$220	\$233	\$220	\$233	\$268	\$284	\$268	\$284	\$271	\$287	\$271	\$287
IX	A	\$211	N/A	\$211	N/A	\$258	N/A	\$258	N/A	\$260	N/A	\$260	N/A
	B	\$106	\$112	\$106	\$112	\$129	\$137	\$129	\$137	\$130	\$138	\$130	\$138
X	\$294	\$312	\$294	\$312	\$359	\$381	\$359	\$381	\$363	\$385	\$363	\$385	

Student rates are 20% of the applicable specialty subject to minimums of \$20.

* Self-Employed rates do not apply to Occupational Therapy Assistants or Certified Occupational Therapy Assistants.

GENERAL HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY
RATE PAGE

III. cont.

Allied Healthcare Provider Class Definitions

Class	Professional	Class	Professional
I	Occupational Therapist Occupational Therapist Assistant Certified OT Assistant Respiratory Care Provider Respiratory Therapist Respiratory Therapist Technician / Technologist	III cont.	Nutritionist Pathologist's Assistant Pharmacist Assistant Pharmacy Technician / Technologist Phlebotomist Radiation Therapist Radiologic Technician / Technologist Speech Hearing Therapist Speech Language Pathologist Surgeon Assistant Surgical Technician / Technologist X-Ray Machine Operator
II	Art Therapist Dance Therapist Diagnostic Medical Sonographer Horticulture Therapist Music Therapist Recreation Therapist	IV	Medical Dosimetrist Pharmacist Pharmacist (Consulting)
III	Audiologist Bio-med Technician / Technologist Blood Bank Technician / Technologist Cardiology Technician / Technologist Cert. Lab Technician / Technologist Cert. Med. Assistant Clinical Lab Technician / Technologist Community Health Assistant Community Health Technician / Technologist Dialysis Technician / Technologist Dietitian EEG Technician / Technologist EKG Technician / Technologist Electrologist Geriatric Nursing Assistant Health Educator Histologic Technician / Technologist Home Health (live-in) Home Health Aide Hospital Pharmacy Technician / Technologist Laboratory Aide Med. Lab Technician / Technologist Med. Technician Med. Technician / Technologist Assistant Med. Technologist Medical Assistant Medical Records Administrator Medical Records Technician / Technologist Nuclear Med. Technician / Technologist Nursing Assistant	V	Circulation Technician / Technologist Employed Physical Therapist Legal Nurse Consultant / Nurse Educator Rehabilitation Assistant Rehabilitation Therapist All Other
		VI	Corrective Therapist Enterostomal Therapist Exercise Physiologist Kinesiologist/Kinesiotherapist Massage Therapist Orthopedic Assistant Wellness Counselor
		VII	Acupuncture (VII-C) Athletic Trainer (Non-medical, non-certified) (VII-A) Athletic Trainer (Medical, LPT or RPT) (VII-B) Auto Tran Fusionist/Clinical Technician (VII-C) Electroneurodiagnostic Technician (VII-C) Medical Director (VII-C) Orthotist/Prosthetist (VII-A)
		VIII	Student / Volunteer EMT (VIII-A) Basic / Intermediate EMT (VIII-B) Paramedic (VIII-C)
		IX	Physical Therapist Assistant
		X	Self Employed Physical Therapist Sports Medicine Instructor Sports Medicine Therapist

ADDITIONAL LIMITS OF LIABILITY

IV.	Limit of Liability	ILF	Limit of Liability	ILF
	\$1,000,000/\$6,000,000	1.000	\$2,000,000/\$4,000,000	1.149
	\$1,000,000/\$7,000,000	1.010	\$2,000,000/\$5,000,000	1.158
	\$1,000,000/\$8,000,000	1.020	\$2,000,000/\$6,000,000	1.168
	\$1,000,000/\$9,000,000	1.030	\$2,000,000/\$7,000,000	1.178
	\$1,000,000/\$10,000,000	1.040	\$2,000,000/\$8,000,000	1.188
			\$2,000,000/\$9,000,000	1.198
			\$2,000,000/\$10,000,000	1.208

(apply increased limit factor to \$1,000,000/\$6,000,000 rate)

NATIONAL NURSES UNION MEMBERSHIP

V. A credit of 5% will be applied to a nurse who is a member in good standing of the National Nurses Union.

SERFF Tracking #:

AGNY-128590107

State Tracking #:

AGNY-128590107

Company Tracking #:

CHS-11-EO-29

State:

Illinois

Filing Company:

Granite State Insurance Company

TOI/Sub-TOI:

11.1 Med Mal-Occurrence Only/11.1000 Med Mal Sub-TOI Combinations

Product Name:

General Healthcare Provider Professional Liability Plus Program 183000750

Project Name/Number:

General Healthcare Provider Professional Liability Plus Program /CHS-11-EO-29

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/17/2012		Supporting Document	Form RF3 - (Summary Sheet)	09/19/2012	IL RF-3 revised.pdf (Superseded)
07/22/2012		Supporting Document	Form RF3 - (Summary Sheet)	09/17/2012	08-24-12 IL - RF-3.pdf (Superseded)

Change in Company's premium or rate level produced by rate revision effective 6/1/2012

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. <u>Other - Medical Practice</u>	<u>\$115,525</u>	<u>6.1%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Granite State Insurance Company is proposing to increase the base rates for the General Healthcare Providers Professional Liability Program by 6.0%. The company is proposing to offer a 5% credit for nurses that are in the National Nurses Union. The company is also introducing additional subclasses to Allied Healthcare Providers group. It is estimated that the new rate plan will have an overall 6.1% impact to current insureds. (please see explanatory memorandum)

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Granite State Insurance Company
Name of Company

Adam C. Reed Vice President
Official-Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective \$7,029

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	\$115,525	6.1%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

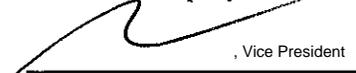
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Please see explanatory memorandum

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Granite State Insurance Company

Name of Company

 Vice President

Official-Title