



RECEIVED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

May 21, 2010

Gayle Neuman, Property & Casualty Compliance Unit
Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767-0001

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RE: THE MEDICAL PROTECTIVE COMPANY- NAIC #11843
COMPANY FILE NO: 10-HCP5-02
COMPANY FEIN NO: 35-0506406
ILLINOIS HEALTHCARE PROFESSIONAL PROGRAM
RATE/RULE CHIROPRACTORS, OPTOMETRISTS and PODIATRISTS
OCCURRENCE and STANDARD CLAIMS MADE
Initial Rate and Rule Filing

EFFECTIVE DATE: May 24, 2010

Dear Ms. Neuman:

The Medical Protective Company (MedPro) respectfully submits for your review and consideration a new product for our Healthcare Professionals Program, this filing includes the rates and rules specific to Chiropractors, Podiatrists and Optometrists. The company requests **May 24, 2010**, as the effective date for this submission.

Please find enclosed the required filing forms, actuarial certification and a self-addressed stamped envelope. Upon completion of your review, would you please stamp the duplicate copy of this submission and return it to us in the envelope provided.

Should you have any questions regarding this filing, please contact me. Thank you.

Sincerely,

Melissa Millican

Melissa Millican, Paralegal
The Medical Protective Company
5814 Reed Road
Fort Wayne, IN 46835-3568
(800)-348-4669, ext. 6838
(260)-486-0733 (fax)
melissa.millican@medpro.com

Enclosures

1-0
MEM
RUL
JH

Neuman, Gayle

From: Millican, Melissa [Melissa.Millican@medpro.com]
Sent: Thursday, October 07, 2010 1:26 PM
To: Neuman, Gayle
Subject: RE: Medical Protective Co - Filing #10-HCP5-02

Ms. Neuman,
I apologize for my delay, I was out of the office. For this filing we wish to keep the effective date of May 24, 2010. Please let me know if you should need anything additional.
Thank you,
Melissa

Melissa Millican, Paralegal
Legal Department

The Medical Protective Company
5814 Reed Road
Fort Wayne, IN 46835
Phone: 260-486-0838
Fax: 260-486-0733
Email: melissa.millican@medpro.com
web: www.medicalprotective.com
PLEASE NOTE NEW EMAIL ADDRESS

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Tuesday, October 05, 2010 12:19 PM
To: Millican, Melissa
Subject: Medical Protective Co - Filing #10-HCP5-02

Ms. Millican,

The Department of Insurance has now completed its review of the filing referenced above. Originally, Medical Protective requested the filing be effective May 24, 2010. Was the filing put in effect on May 24, 2010 or do you wish to have a different effective date? The Director signed off on the filing on October 4, 2010.

Your prompt response is appreciated.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Department's website at www.insurance.illinois.gov.

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Mamoottile, Neetha

From: Millican, Melissa [Melissa.Millican@medpro.com]
Sent: Thursday, July 29, 2010 11:49 AM
To: Mamoottile, Neetha
Subject: RE: ILDOI - Medical Protective Company - Rate Filing #10-HCP5-02
Attachments: 20100729123904960.pdf

I apologize for my delay, please find a corrected certification with Trent Heinemeyer signing for the company.

Please let me know if you should need anything additional.
Thank you,
Melissa

From: Mamoottile, Neetha [mailto:Neetha.Mamoottile@illinois.gov]
Sent: Tuesday, July 27, 2010 5:38 PM
To: Millican, Melissa
Subject: RE: ILDOI - Medical Protective Company - Rate Filing #10-HCP5-02

Ms. Millican,

Thank you for your prompt reply, unfortunately we have yet another issue.

Ms. Angela Adams, signed the certification accompanying the subject filing as Counsel & Assistant Secretary of The Medical Protective Company. However, we have yet to find evidence that Ms. Adams is an authorized officer for The Medical Protective Company. Please submit a certification form with the appropriate company officer signature.

Thank You,
Neetha Mamoottile

From: Millican, Melissa [mailto:Melissa.Millican@medpro.com]
Sent: Monday, July 26, 2010 9:00 AM
To: Mamoottile, Neetha
Subject: RE: ILDOI - Medical Protective Company - Rate Filing #10-HCP5-02

I apologize, thank you for your email to advise. Please find a revised certification attached for the filing.

Please let me know if you should need anything additional.
Thank you,
Melissa

Melissa Millican, Paralegal
Legal Department

The Medical Protective Company
5814 Reed Road
Fort Wayne, IN 46835
Phone: 260-486-0838
Fax: 260-486-0733
Email: melissa.millican@medpro.com
web: www.medicalprotective.com

PLEASE NOTE NEW EMAIL ADDRESS

From: Mamoottile, Neetha [mailto:Neetha.Mamoottile@illinois.gov]
Sent: Friday, July 23, 2010 2:32 PM
To: Millican, Melissa
Subject: ILDOI - Medical Protective Company - Rate Filing #10-HCP5-02

Ms. Millican,

According to Section 155.18(c)(3) of Illinois Insurance Code (215 ILCS 5/155.18(c)(3)), medical malpractice rate filings "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."

Mr. Jim D. Kunce has certified the subject filing as both the actuary and the officer of the company. The intent of the law is to have two separate people certify a rate filing. Please submit a certification form with a company officer signature or a certified actuary signature other than Mr. Kunce

The filing is considered incomplete without proper certifications.

Thank You,
Neetha Mamoottile

Neetha M. Mamoottile
Actuarial Assistant
Illinois Department of Insurance
neetha.mamoottile@illinois.gov
217-557-1397

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, Trent Henneberger, a duly authorized officer of The Medical Protective 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, Jim Kunce, a duly authorized actuary of The Medical Protective Company am authorized to certify on behalf of The Medical Protective 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.

Trent Henneberger, SVP, General Counsel + Secretary
Signature and Title of Authorized Insurance Company Officer 07/28/2010
Date

Jim Kunce, SVP, FCAS MAAA
Signature, Title and Designation of Authorized Actuary 07/26/2010
Date

Insurance Company FEIN 35-0506406 Filing Number 10-HCP5-02

Insurer's Address 5814 Reed Road

City Fort Wayne State IN Zip Code 46835

Contact Person's:

-Name and E-mail melissa.millican@medpro.com

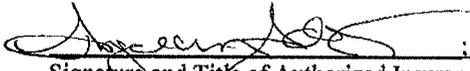
-Direct Telephone and Fax Number Direct: 260-486-0838; Fax: 260-486-0733

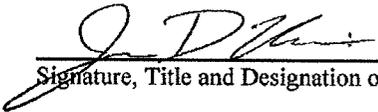
ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(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, Angela Adams, a duly authorized officer of The Medical Protective 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, Jim Kunce, a duly authorized actuary of The Medical Protective Company am authorized to certify on behalf of The Medical Protective 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.

 : Counsel + Assistant Secretary
Signature and Title of Authorized Insurance Company Officer 07/26/2010
Date

 : SVP, FCAS MAAA
Signature, Title and Designation of Authorized Actuary 07/26/2010
Date

Insurance Company FEIN 35-0506406 Filing Number 10-HCP5-02

Insurer's Address 5814 Reed Road

City Fort Wayne State IN Zip Code 46835

Contact Person's:

-Name and E-mail melissa.millican@medpro.com

-Direct Telephone and Fax Number Direct: 260-486-0838; Fax: 260-486-0733

**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, Jim D. Kunce, a duly authorized officer of The Medical Protective 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, Jim D. Kunce, a duly authorized actuary of The Medical Protective Company am authorized to certify on behalf of The Medical Protective 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.

Jim D. Kunce : SVP 05/19/2010
Signature and Title of Authorized Insurance Company Officer Date

Jim D. Kunce FCAS : SVP 05/19/2010
Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN 35-0506406 Filing Number 10-HCP5-02

Insurer's Address 5814 Reed Road

City Fort Wayne State IN Zip Code 46835

Contact Person's: -Name / E-mail Melissa Millican / melissa.millican@medpro.com

-Direct Telephone and Fax Number Direct: 260-486-0838; Fax: 260-486-0733

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/24/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 <u>Healthcare Professionals</u> Line of Insurance	0 - new program	0 - new program

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

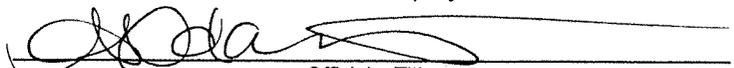
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
The Medical Protective Company (MedPro) respectfully submits for your review and consideration a new product for our Healthcare Professionals Program.

*Adjusted to reflect all prior rate changes.

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

The Medical Protective Company

Name of Company


Official - Title

RECEIVED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Neuman, Gayle

From: Cole, Christopher [Christopher.Cole@medpro.com]
Sent: Thursday, June 24, 2010 12:30 PM
To: Neuman, Gayle
Cc: Millican, Melissa; Cole, Christopher
Subject: RE: Medical Protective Company - Filing #10-HCP5-02, IL COPs rate/rule objections, response due 6/23

Ms. Neuman,

I apologize for the confusion in our response yesterday. Yes, we are withdrawing the Group Rating Rule (GRR-CW).

Please let me know if there are any additional questions.

Thank You,
Chris Cole

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, June 24, 2010 11:40 AM
To: Cole, Christopher
Subject: RE: Medical Protective Company - Filing #10-HCP5-02, IL COPs rate/rule objections, response due 6/23

Mr. Cole,

The Group Rating Rule pages that were provided were each labeled as GRR-CW. Are these the pages that are being withdrawn?

Thank you for your prompt attention.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: Cole, Christopher [mailto:Christopher.Cole@medpro.com]
Sent: Wednesday, June 23, 2010 3:27 PM
To: Neuman, Gayle
Cc: Millican, Melissa
Subject: FW: Medical Protective Company - Filing #10-HCP5-02, IL COPs rate/rule objections, response due 6/23
Importance: High

Dear Ms. Neuman,

In Melissa's absence, I am forwarding our Company's response for your review.

In summary we are:

Withdrawing:

Group Rating Rule (GRR-IL) for Podiatrists - OC & CM
Group Rating Rule (GRR-IL) for Chiropractors - OC & CM
Group Rating Rule (GRR-IL) for Optometrists - OC & CM

Please let me know if there are any additional questions.

Thank You,

Neuman, Gayle

From: Cole, Christopher [Christopher.Cole@medpro.com]
Sent: Wednesday, June 23, 2010 3:27 PM
To: Neuman, Gayle
Cc: Millican, Melissa
Subject: FW: Medical Protective Company - Filing #10-HCP5-02, IL COPs rate/rule objections, response due 6/23
Attachments: DOI Response.pdf
Importance: High

Dear Ms. Neuman,

In Melissa's absence, I am forwarding our Company's response for your review.

In summary we are:

Withdrawing:

Group Rating Rule (GRR-IL) for Podiatrists - OC & CM
Group Rating Rule (GRR-IL) for Chiropractors - OC & CM
Group Rating Rule (GRR-IL) for Optometrists - OC & CM

Please let me know if there are any additional questions.

Thank You,
Chris Cole

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Monday, June 14, 2010 11:59 AM
To: Millican, Melissa
Subject: Medical Protective Company - Filing #10-HCP5-02

Ms. Millican,

I am in receipt of the above referenced filing submitted with your cover letter dated May 21, 2010. Please address the following questions/concerns:

1. I understand how different classes (chiropractors – optometrists – podiatrists) have different rates based on their risks. Please explain why they additionally are charged different factors for their claims-made status.
2. Under the same circumstances as in #1 above, please explain why the rating territories also vary from class to class.
3. Under the Group Rating Rule, the language indicates you will charge a different rate (minus the commission). Therefore, you will need to separately file those rates and indicate the exact instance wherein it will be utilized. If all insureds were charged the same amount by the company, and the company separately negotiated the commission amount with the agent, it would not affect the manual and you would not have to file the additional rate information.
4. In connection with #3 above, the filing included a Group Size Credit Rule. So in addition to not paying the commission amount, these group insureds now also receive an additional credit? Please explain.

5. Please provide an explanation as to why the Part-Time Practice Rule allows for a 25% practice in this filing, however for dentists, allied health, etc. there is a 30% and 50% credit.
6. Under the Risk Management Credit Rule, please advise how the company ensures that this credit does not overlap #11. Record Keeping Practices listed under the Schedule Rating Plan.
7. In connection with #2 above, please explain the use of #6. Number/Type of Patient Exposures listed under the Schedule Rating Plan differs from the use of territories.
8. Why isn't the Employed Podiatrist Rule offered for the other classes – realizing not all classes are podiatrists?

I request receipt of your response by June 23, 2010.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

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June 23, 2010
The Medical Protective Company
Chiropractors, Optometrists & Podiatrists
Response to DOI Objections dated: June 14, 2010

1. I understand how different classes (chiropractors – optometrists – podiatrists) have different rates based on their risks. Please explain why they additionally are charged different factors for their claims-made status.

Claims made step charges depend on the unique reporting patterns of the underlying line / class of business. If these differences are material then different step factors are warranted. For example, an optometrist who fails to diagnose a corneal ulcer will likely have a claim reported in short order because of how quickly a problem manifests itself. Similarly, a failure to diagnose glaucoma may take several years before the patient realizes this oversight. There are hundreds of unique procedures performed by each of these classes and there is little or no overlap in the type of procedures performed. The unique mixture of short, medium and long reporting patterns associated with these disparate procedures produce unique reporting patterns by class and result in different claims made step factors.

The more basic answer to the question is that MedPro derived its step factors from the filed factors for the national leaders in these classes. As such, we are assuming that their historical expertise and experience in these lines should be mirrored in the selection of our step factors.

2. Under the same circumstances as in #1 above, please explain why the rating territories also vary from class to class.

The territory factors for these three classes are equivalent to the filed/approved Illinois factors for optometrists (Chicago Insurance Company), chiropractors (NCMIC Insurance Company) and podiatrists (PICA Insurance Company). It is MedPro's experience that territory definitions often differ across companies for the same class of business and within companies for their various MedMal programs. The underlying loss characteristics that drive these differences are uncertain. MedPro is relying on the experience of the national leaders and their filed programs in Illinois. We are committed to monitoring our results and will revise our territory structure should our experience indicate that the proposed structure is inappropriate.

3. Under the Group Rating Rule, the language indicates you will charge a different rate (minus the commission). Therefore, you will need to separately file those rates and indicate the exact instance wherein it will be utilized. If all insureds were charged the same amount by the company, and the company separately negotiated the commission amount with the agent, it would not affect the manual and you would not have to file the additional rate information.

The Company hereby withdraws the Group Rating Rule for the Chiropractors, Optometrists & Podiatrists for the Occurrence and Standard Claims Made Programs.

4. In connection with #3 above, the filing included a Group Size Credit Rule. So in addition to not paying the commission amount, these group insureds now also receive an additional credit? Please explain.

The group size credit is intended to recognize cost savings associated with underwriting and issuing a group policy. The above rule recognizes the reduced costs due to lower commissions.

5. Please provide an explanation as to why the Part-Time Practice Rule allows for a 25% practice in this filing, however for dentists, allied health, etc. there is a 30% and 50% credit.

MedPro is relying on the expertise of the national leaders in these lines of business. We are adopting their part time practice rule without modification. We understand that there are differences between these rules and our dental and allied programs. However, we believe that we should implement the rules as filed and monitor results going forward. We will change/modify our credit and rate structure as experience warrants.

6. Under the Risk Management Credit Rule, please advise how the company ensures that this credit does not overlap #11. Record Keeping Practices listed under the Schedule Rating Plan.

The risk management credit recognizes appropriate education (5% for class work, on-line study and seminars) and implementation of an electronic health record system based on proper documentation of system functionality and practice usage. The schedule rating plan section concerning risk management is intended to work with the Risk Management rule in situations such as:

1. A practice has not recently participated in a risk management course but demonstrates above average risk management protocols in terms of informed consent, patient follow up and credentialing.
2. A practice has recently participated in a risk management course and has received an Electronic Health Record discount. However, their system also has the feature where patients can phone in and receive lab/test results. The office is notified if a patient has not called in within a predetermined time and when patients call in a permanent record is automatically maintained documenting that they received their results.
3. While the practice has taken risk management courses and has good written risk management policies, an onsite evaluation reveals a lack of conformity to the policies. The schedule rating plan should be used to recognize their poor implementation of their policies. The account can also be provided with a plan to get on track and avail themselves of our risk management team.

Of course, these are just a few examples of how the rules are intended to work in conjunction with each other. The underwriter's review of the practice is intended to note any areas where a practice is or is not conforming to the standards expected.

7. In connection with #2 above, please explain the use of #6. Number/Type of Patient Exposures listed under the Schedule Rating Plan differs from the use of territories.

The subject of patient volume and patient profile is often driven by the practice model of an individual office. The schedule rating plan is intended to allow an underwriter to recognize unique practice characteristics.

Consider two podiatrists who work in the same city but have significantly different patient characteristics due to advertising and specialization. A podiatrist with an unusually high volume of diabetic patients can be a higher risk due to the difficulties that poor circulation/healing present on the extremities.

Additionally, two practices in the same area may have similar patient profiles but one has 50% more patients. This high volume decreases the quality/quantity of patient interaction and result in higher loss propensity.

The rule allows an underwriter to examine and recognize the inherent differences between practices within the same area.

8. Why isn't the Employed Podiatrist Rule offered for the other classes – realizing not all classes are podiatrists?

The rule is being offered to the Podiatrists because PICA has the rule filed in Illinois. Other classes (optometrists) have historically had the discount. However, the recent experience of optometrists has shown that the difference between employed and self-employed optometrists is

no longer materially different. As such, Chicago Insurance Company recently filed to remove the discount.

We will monitor our results and PICA filings in order to validate the continued use of this discount. Currently there is no evidence that the credit is not still appropriate for Podiatrists.

Neuman, Gayle

From: Millican, Melissa [Melissa.Millican@medpro.com]
Sent: Wednesday, May 26, 2010 3:46 PM
To: Neuman, Gayle
Subject: RE: Allied Healthcare Providers

Ms. Neuman,
Please find our Company's response to your questions below:

These are two separate programs. The Allied Healthcare Providers filing which currently contains optometrists, is priced for exposures that are affiliated with an insured Physician group. The proposed filing is priced for Optometrist exposures which are not affiliated with an insured Physician - rather, those that perform services independently of an insured Physician.

Regarding the rates, we last updated the Physicians & Surgeons filing under the 10-IL-136R filing, effective March 1, 2010, in this filing this should provide the rates for the classes 80211, 80420, 80151, 80153, and 80176.

Please let me know if you should need anything additional.
Thank you,
Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, May 26, 2010 2:36 PM
To: Millican, Melissa
Subject: RE: Allied Healthcare Providers

I am actually reviewing filing #10-HCP5-02. In the current allied healthcare pages, optometrists are included. So, I was reviewing the previous pages to determine the rate that was being charged to see if they are now being charged more. This filing will also require the refilling of the allied healthcare pages to remove the reference to optometrists if any of the manual information has changed in the new filing.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: Millican, Melissa [mailto:Melissa.Millican@medpro.com]
Sent: Wednesday, May 26, 2010 1:14 PM
To: Neuman, Gayle
Subject: RE: Allied Healthcare Providers

Ms. Neuman,
Which filing are you seeing these pages in that I submitted? Was it the 10-IL-136R filing? I just want to make sure I am referencing the correct filing.

Thank you,
Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, May 26, 2010 11:49 AM
To: Millican, Melissa
Subject: Allied Healthcare Providers

Ms. Millican,

In reviewing the above referenced pages of the manual, there is a page for Allied Healthcare Providers – Occurrence Rates. However, this page simply indicates, for example, that Class 1A's rate is 5% of 80211. Please provide the page wherein the rate for classes 80211, 80420, 80151, 80153, and 80176 are listed. Please indicate the filing number wherein such page was filed and the effective date.

Your prompt response is requested.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

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The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

WITHDRAWN

JUN 23 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

HEALTHCARE PROFESSIONALS

JUN 23 2010

PODIATRISTS

STANDARD CLAIMS MADE PROGRAM

WITHDRAWN

GROUP RATING RULE

ANY GROUP PRACTICE CONSISTING OF TWO OR MORE HEALTHCARE PROFESSIONALS MAY BE COLLECTIVELY RATED. ("GROUP PRACTICE" SHALL MEAN A GROUP OR BODY OF INSURED'S WHO MAKE A COLLECTIVE BUYING DECISION TO PURCHASE INSURANCE AS THE OWNERS, EMPLOYEES, OR AGENTS OF A SPECIFIC AND DISTINCT CORPORATION, PARTNERSHIP, OR ASSOCIATION.)

1. THE PREMIUM FOR THE GROUP WILL BE DETERMINED BY MULTIPLYING THE "GROUP'S NET PREMIUM" BY ANY CREDITS OR DEBITS ASSIGNED TO THE GROUP UNDER THE SCHEDULE RATING PLAN RULE, AFTER FACTORING IN ANY COMMISSION FEE OR OTHER EXPENSE VARIATIONS ASSOCIATED WITH THE GROUP. (THE COMPANY WILL NEGOTIATE AN APPROPRIATE COMMISSION WITH THE INSURED'S AGENT BASED UPON THE GROUP'S SIZE AND THE AMOUNT OF WORK TO BE PERFORMED BY THE AGENT. UPON REQUEST, THE COMPANY WILL WRITE THE GROUP ON A NET OF COMMISSION BASIS IF THE GROUP HAS NEGOTIATED A SEPARATE FEE AGREEMENT WITH ITS AGENT.)

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

PODIATRISTS

STANDARD CLAIMS MADE PROGRAM

GROUP RATING RULE (CON'T)

2. THE "GROUP'S NET PREMIUM" WILL EQUAL THE SUM OF THE "INDIVIDUAL NET PREMIUMS" FOR EACH INDIVIDUAL OR ENTITY RECEIVING SEPARATE LIMITS OF LIABILITY.
3. THE "INDIVIDUAL NET PREMIUMS" WILL EQUAL THE FILED RATE FOR THE INSURED AFTER BEING ADJUSTED FOR ANY APPLICABLE NON-DISCRETIONARY DEBITS OR CREDITS. HOWEVER, ONCE THE PREMIUM FOR THE GROUP HAS BEEN ESTABLISHED, THE COMPANY MAY ALLOCATE THAT PREMIUM AMOUNT TO THE INDIVIDUAL INSUREDS BASED UPON APPLICABLE UNDERWRITING CRITERIA.
4. FOR INDIVIDUAL INSUREDS WITHIN THE GROUP, THE OPTIONAL EXTENDED REPORTING PERIOD PREMIUM WILL BE CALCULATED PER THE FILED OPTIONAL EXTENDED REPORTING PERIOD RATING RULE.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

PODIATRISTS

OCCURRENCE PROGRAM

GROUP RATING RULE

WITHDRAWN

JUN 23 2010

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

ANY GROUP PRACTICE CONSISTING OF TWO OR MORE HEALTHCARE PROFESSIONALS MAY BE COLLECTIVELY RATED. (“GROUP PRACTICE” SHALL MEAN A GROUP OR BODY OF INSURED'S WHO MAKE A COLLECTIVE BUYING DECISION TO PURCHASE INSURANCE AS THE OWNERS, EMPLOYEES, OR AGENTS OF A SPECIFIC AND DISTINCT CORPORATION, PARTNERSHIP, OR ASSOCIATION.)

1. THE PREMIUM FOR THE GROUP WILL BE DETERMINED BY MULTIPLYING THE “GROUP’S NET PREMIUM” BY ANY CREDITS OR DEBITS ASSIGNED TO THE GROUP UNDER THE SCHEDULE RATING PLAN RULE, AFTER FACTORING IN ANY COMMISSION FEE OR OTHER EXPENSE VARIATIONS ASSOCIATED WITH THE GROUP. (THE COMPANY WILL NEGOTIATE AN APPROPRIATE COMMISSION WITH THE INSURED’S AGENT BASED UPON THE GROUP’S SIZE AND THE AMOUNT OF WORK TO BE PERFORMED BY THE AGENT. UPON REQUEST, THE COMPANY WILL WRITE THE GROUP ON A NET OF COMMISSION BASIS IF THE GROUP HAS NEGOTIATED A SEPARATE FEE AGREEMENT WITH ITS AGENT.)

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

PODIATRISTS

OCCURRENCE PROGRAM

GROUP RATING RULE (CON'T)

2. THE "GROUP'S NET PREMIUM" WILL EQUAL THE SUM OF THE "INDIVIDUAL NET PREMIUMS" FOR EACH INDIVIDUAL OR ENTITY RECEIVING SEPARATE LIMITS OF LIABILITY.

3. THE "INDIVIDUAL NET PREMIUMS" WILL EQUAL THE FILED RATE FOR THE INSURED AFTER BEING ADJUSTED FOR ANY APPLICABLE NON-DISCRETIONARY DEBITS OR CREDITS. HOWEVER, ONCE THE PREMIUM FOR THE GROUP HAS BEEN ESTABLISHED, THE COMPANY MAY ALLOCATE THAT PREMIUM AMOUNT TO THE INDIVIDUAL INSUREDS BASED UPON APPLICABLE UNDERWRITING CRITERIA.

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OPTOMETRISTS

STANDARD CLAIMS MADE PROGRAM

GROUP RATING RULE

WITHDRAWN

JUN 23 2010

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**HEALTHCARE PROFESSIONALS
OPTOMETRISTS**

**STANDARD CLAIMS MADE PROGRAM
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4. FOR INDIVIDUAL INSUREDS WITHIN THE GROUP, THE EXTENSION CONTRACT PREMIUM WILL BE CALCULATED PER THE FILED EXTENSION CONTRACT RATING RULE.

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HEALTHCARE PROFESSIONALS

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HEALTHCARE PROFESSIONALS

WITHDRAWN

CHIROPRACTORS

JUN 23 2010

STANDARD CLAIMS MADE PROGRAM

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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CHIROPRACTORS

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4. FOR INDIVIDUAL INSUREDS WITHIN THE GROUP, THE OPTIONAL EXTENDED REPORTING PERIOD PREMIUM WILL BE CALCULATED PER THE FILED OPTIONAL EXTENDED REPORTING PERIOD RATING RULE.

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

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THE MEDICAL PROTECTIVE COMPANY

ILLINOIS

OPTOMETRISTS, CHIROPRACTORS & PODIATRISTS

EXPLANATORY MEMORANDUM

The Medical Protective Company (MedPro) respectfully submits support for its new Optometrists, Chiropractors and Podiatrists Products. The attached exhibits support rates and rules for the stand alone products.

OPTOMETRISTS:

EXHIBIT I: CALCULATION OF INDICATED BASE RATE

The filing is based on the substantial data (\$42MM in earned premium over a ten year period) underlying the Chicago Insurance Company's (CIC) countrywide optometrist program. All loss experience and premium history for the Chicago Insurance Company are being reviewed on an aggregate level and are taken from 2009 publicly available rate filings. The indication is based on CIC's filed employed optometrist rate and the projected loss ratio underlying their rate. The indicated pure premium is then loaded for MedPro's expenses to determine the indicated base rate. The data underlying the indication is contained in the following exhibits.

EXHIBIT II: PROJECTED LOSS RATIO

The exhibit shows the calculation of the ultimate losses and loss expenses underlying the Chicago Insurance Company's filed rates. The resulting ultimate loss ratio is adjusted for the average countrywide rate change being filed by Chicago Insurance Company effective 12/01/2009. The resulting expected loss ratio is carried forward to Exhibit I and used to derive the indicated pure premium underlying the Optometrist rate.

EXHIBIT III: TARGET LOSS RATIO

This exhibit displays the expenses and resulting target loss ratio underlying MedPro's proposed rates.

EXHIBIT IV: LOSS DEVELOPMENT

Exhibit IV-A and IV-B display the historical paid and incurred losses and losses expenses for the Chicago Insurance Company's optometrists program on a paid and incurred basis, respectively. The selected loss development factors are carried forward to Exhibit II and used in the calculation of ultimate losses. Exhibit IV-C contains the historical

reported counts for the program. The selected development factors are carried back to Exhibit V and employed in the projected ultimate claim counts.

EXHIBIT V: TREND

Exhibit V outlines the frequency and severity underlying the loss projections. Projected frequencies by year were reviewed and a prospective frequency was selected. A frequency adjustment factor was calculated by year as the ratio of the prospective frequency divided by the projected historical frequency. Ultimate severities were reviewed by employing an analysis of exponential trends. Trend was calculated for a variety of time periods and a final severity trend was selected for the analysis. Both the frequency adjustment and severity trends are carried forward to Exhibit II and employed in the calculation of ultimate trended loss ratios.

EXHIBIT VI: RATE OF RETURN MODEL

The Rate of Return Model presents the internal rate of return model used to calculate the underwriting profit provision reflecting investment income. The model uses as inputs the anticipated rate of return on invested assets, federal income tax rates on underwriting profit/loss and investment income, the expense provisions from MedPro's rate filing, expected premium collection and LLAE payout patterns, and various leverage ratios.

EXHIBIT VII: FACTOR COMPARISON

Exhibit VII outlines the proposed MedPro rating factors and rules that are comparable to the factors on file for the Chicago Insurance Company. The exhibit outlines that the factors are often identical or nearly identical to the approved factors.

CHIROPRACTORS: RATE DEVELOPMENT:

The Medical Protective Company has reviewed the publicly available filings for the National Chiropractic Mutual Company (NCMIC). This company was chosen due to their market share and national presence. The enclosed analysis is based on a review of their nationwide experience in combination with the most recently approved rates in your state.

EXHIBIT C.I: INDICATED BASE RATE

Exhibit C.I displays the currently filed NCMIC base rate in the state, the projected ultimate loss ratio from Exhibit C.III and the permissible loss ratio from Exhibit C.II. These values are used to determine an indicated base rate.

EXHIBIT C.II: EXPENSES

The exhibit outlines the anticipated expenses for the program. The expenses were judgmentally selected based on MedPro's historical expense ratios and the marketing methods anticipated for the program. The profit provision of 5% produces a reasonable return as documented in Exhibit C.VI.

EXHIBIT C.III: PROJECTED LOSS RATIO

Exhibit C.III displays the historical premiums and losses (LAE) for the NCMIC program taken from publicly available rate filings and their annual statements. The analysis projects ultimate losses based on standard paid loss development, standard incurred loss development and Bornhuetter Ferguson methods. The selected ultimate loss ratios are trended forward to the period during which rates are proposed to be in effect and compared to MedPro's target loss ratio in Exhibit C.I to determine an indicated base rate.

EXHIBIT C.IV: LOSS DEVELOPMENT FACTORS

Exhibit C.IV-A and C.IV-B display the historical paid and incurred losses and allocated loss expenses (ALAE) from the NCMIC program. The selected loss development factors are carried forward to Exhibit C.III and employed in the development of Ultimate Loss and ALAE.

Exhibit C.IV-C displays the historical reported counts and the resulting age to age factors. These factors are carried forward to Exhibit C.V and used to project ultimate claim counts. These counts and projected ultimate losses are used to determine appropriate trend factors that are applied in Exhibit C.III.

EXHIBIT C.V: TREND

Exhibit C.V outlines a range of frequency and severity trends underlying the projected ultimate losses in Exhibit C.III. The selected severity trend and frequency adjustment was carried forward to Exhibit C.III and used in projecting prospective loss ratios.

EXHIBIT C.VI: RATE OF RETURN MODEL

The Rate of Return Model presents the internal rate of return model used to calculate the underwriting profit provision reflecting investment income. The model uses as inputs the anticipated rate of return on invested assets, federal income tax rates on underwriting profit/loss and investment income, the expense provisions from MedPro's rate filing, expected premium collection and LLAE payout patterns, and various leverage ratios.

EXHIBIT C.VII: RATING FACTOR COMPARISON

This Exhibit displays the NCMIC rating factors and the proposed MedPro factors.

PODIATRISTS:
RATE DEVELOPMENT:

The Medical Protective Company has reviewed the publicly available filings for the Podiatry Insurance Company of America (PICA). This company was chosen due to their market share and national presence. The enclosed analysis is based on a review of the countrywide experience in combination with the most recently approved rates in your state.

EXHIBIT P.I: RATE INDICATION

Exhibit P.I displays the historical premiums and losses (LAE) for the PICA program. The analysis projects ultimate losses based on standard paid loss development, standard incurred loss development and Bornhuetter Ferguson methods. The selected ultimate loss ratios are trended forward to the period during which rates are proposed to be in effect and compared to MedPro's target loss ratio. A rate redundancy of 1% is indicated for PICA rates.

MedPro proposes to adopt rating methods identical to those of PICA. The selected base rate is 1% lower to reflect the indicated redundancy. A direct comparison of MedPro's proposed rates and the currently effective PICA rates are contained in Exhibit P.VI-A for your review.

EXHIBIT P.II: EXPENSES

The exhibit outlines the anticipated expenses for the program. The expenses were judgmentally selected based on MedPro's historical expense ratios and the marketing methods anticipated for the program. The profit provision of 5% produces a reasonable return as documented in Exhibit P.V.

EXHIBIT P.III: TREND

Exhibit P.III outlines a range of frequency, severity and pure premium trends underlying the projected ultimate losses in Exhibit P.I and the PICA projected ultimate claim counts in their countrywide documentation. The selected trend was carried forward to Exhibit P.I and used in projecting prospective loss ratios.

EXHIBIT P.IV: LOSS DEVELOPMENT FACTORS

Exhibits P.IV-A and P.IV-B display the historical paid and incurred losses and allocated loss expenses (ALAE) from the PICA program. The selected loss development factors are carried forward to Exhibit P.I and employed in the development of Ultimate Loss and ALAE.

EXHIBIT P.V: RATE OF RETURN MODEL

The Rate of Return Model presents the internal rate of return model used to calculate the underwriting profit provision reflecting investment income. The model uses as inputs the anticipated rate of return on invested assets, federal income tax rates on underwriting profit/loss and investment income, the expense provisions from MedPro's rate filing, expected premium collection and LLAE payout patterns, and various leverage ratios.

EXHIBIT P.VI: RATE PROPOSAL SUMMARY

Exhibits P.VI-A and P.VI-B outline the proposed rates and rating factors for the proposed program and PICA's currently approved program. The rating factors are identical to PICA's and the rates vary by the redundancy indicated in Exhibit P.I.

REVISED MANUAL RULES

The Medical Protective Company proposes the following rating rules which conform to the countrywide template and largely do not constitute a substantive change in use or content from most rules currently on file for other Medical Protective products. As the Chiropractor, Optometrist and Podiatrist programs are new programs, there is no rate impact associated with these rating rules.

ADDITIONAL INSURED SHARED VICARIOUS LIABILITY RATING RULE

The Company proposes to introduce the Additional Insured Shared Vicarious Liability Rating Rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Programs. This rule outlines the methodology for adding vicarious liability coverage for the scheduled Additional Insured, on a shared limit basis. This rule conforms with the Company's countrywide template.

CLAIM FREE CREDIT RULE

The Company wishes to file the Claim Free Credit rule for its Chiropractor and Podiatrist Occurrence and Standard Claims Made Programs which allows the insured to qualify for a credit if they are claim free for a specified amount of time. This rule is consistent with the Company's countrywide template.

CONTRACTUAL ADDITIONAL INSURED

The Company wishes to file the Contractual Additional Insured Rule for its Optometrist Occurrence and Standard Claims Made Programs. In the event an individual contractually requires that they are named as an Additional Insured on the Healthcare Professionals policy, such may be added for a one time charge of \$150 irrespective of the number of individuals the Healthcare Professional is contractually required to name.

CONVERTIBLE CLAIMS MADE RATING RULE

The Company wishes to file the Convertible Claims Made Rating Plan for its Chiropractor, Optometrist and Podiatrist Standard Claims Made Program. This rule outlines the conditions on which an insured would be eligible for a free extension contract. This rule is consistent with the Company's countrywide template.

EMPLOYED OPTICIAN/OPHTHALMIC TECHNOLOGIST RULE

The Company wishes to introduce the Employed Optician/Ophthalmic Technologist Rule for its Optometrist Occurrence and Standard Claims Made Programs. The rule provides a 50% credit to those insureds performing professional services while employed by an entity that the Insured does not own.

EMPLOYED PODIATRIST RULE

The Company wishes to introduce the Employed Podiatrist Rule for its Podiatrist Occurrence and Standard Claims Made Programs. The rule provides a 25% credit to those insureds performing professional services while employed by an entity that the Insured does not own.

FULL TIME EQUIVALENCY RATING RULE

The Company proposes to file the Full Time Equivalency Rating Rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Programs. This rule outlines rating for coverage for multi-provider groups which is available, at the Company's option, on a full time equivalent (FTE) basis rather than on an individual healthcare provider basis. This rule is consistent with the Company's countrywide template.

GROUP SIZE CREDIT

The Company proposes to introduce the Group Size Credit for its Optometrist Occurrence and Standard Claims Made Programs. This rule outlines credits that may be available for particular group sizes.

GROUP RATING RULE

The Company proposes to file the Group Rating Rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Programs. The rule outlines the methodology in which a group of two hundred or more Healthcare Professionals will be rated. The rule also outlines how premium will be allocated to each member within such group. This rule is consistent with the Company's countrywide template.

LEAVE OF ABSENCE CREDIT RULE

The Company proposes to file the Leave of Absence Credit Rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Programs. The rule provides a credit for those insureds which have a "continuous" leave of absence of 45 days. This rule is consistent with the Company's countrywide template.

LOCUM TENENS RATING RULE

The Company proposes to file the Locum Tenens Rating Rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made programs. The rule outlines the rating methodology for substitute healthcare professionals. This rule is consistent with the Company's countrywide template.

MANIPULATION UNDER ANESTHESIA/MANIPULATION UNDER JOINT ANESTHESIA

The Company wishes to introduce the Manipulation Under Anesthesia/Manipulation Under Joint Anesthesia Rule for its Chiropractor Occurrence and Standard Claims Made Programs. This rule allows for coverage if the Healthcare Professional is performing manipulation under anesthesia or manipulation under joint anesthesia procedures. An additional charge of \$500 will apply.

MEMBERSHIP ASSOCIATION CREDIT RULE

The Company wishes to file the Membership Association Credit Rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Programs. This rule allows for a premium modification, due to unique characteristics of a healthcare practice and their membership in qualified professional associations. The rule is consistent with the Company's countrywide template.

MILITARY LEAVE OF ABSENCE CREDIT RULE

The Company proposes to file the Military Leave of Absence Credit Rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Programs. The rule provides a credit for those insureds which are on active military leave. This rule is consistent with the Company's countrywide template.

MINIMUM PREMIUM RULE

The Company wishes to file the Minimum Premium Rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Programs. This rule requires a minimum policy premium of \$50 and is consistent with the Company's countrywide template.

MOONLIGHTING RATING RULE

The Company wishes to file the Moonlighting Rating Rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Programs. This rule outlines the rating methodology that will be employed when providing coverage for moonlighting activities. This rule conforms with the Company's countrywide template.

NEW TO PRACTICE CREDIT RULE

The Company proposes to file the New to Practice Credit for the Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Programs. The rule provides credit for insureds in their first year(s) of practice. The rule is consistent with the Company's countrywide template.

OPTIONAL EXTENDED REPORTING PERIOD RATING

The Company proposes to file an Optional Extended Reporting Period Rating Rule for its Chiropractor, Optometrist and Podiatrist Standard Claims Made Program to clarify the modifications employed in the calculation of the Optional Extended Reporting Period (Extension Contract) premium. This rule is consistent with the Company's countrywide template.

PARTNERSHIP OR CORPORATION COVERAGE RULE

The Company proposes to file a Partnership or Corporation Rating Rule for the Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Programs. The rule outlines that separate limit coverage shall be calculated as a percentage of the individual insureds premium. This rule is consistent with the Company's countrywide template.

PART TIME PRACTICE RULE

The Company wishes to file a Part Time Practice Rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Programs. This rule outlines the credits available to insureds working less than 20 hours per week. This rule is consistent with the Company's countrywide template.

PRIOR ACTS COVERAGE

The Company proposes to file the Prior Acts Coverage Rule for its Chiropractor, Optometrist and Podiatrist Standard Claims Made Program. This rule outlines rating for prior acts coverage and clarifies that the retroactive date can only be advanced with the written acknowledgement of the insured and approval of the Company. This rule is consistent with the Company's countrywide template.

PRIOR ACTS / NOSE RATING PLAN

The Company wishes to introduce the Prior Acts / Nose Rating Plan for its Chiropractor, Optometrist and Podiatrist Occurrence Program. This rule outlines the basis for which an insured may convert from a Standard Claims Made to an Occurrence policy. This rule is consistent with the Company's countrywide template.

QUARTERLY INSTALLMENT OPTION RATING RULE

The Company wishes to file the Quarterly Installment Option Rating Rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Programs. This plan outlines the installment options and requirements. There is no rate impact associated with this rule.

RISK MANAGEMENT CREDIT RULE

The Company proposes to file a Risk Management Credit Rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Programs. This rule outlines that a 5% credit is available to insureds upon completion of Company approved Risk Management courses. Additionally, as the rule identifies that a 2.5% credit is available for the proper use of an electronic health record system. This rule is consistent with the Company's countrywide template.

SCHEDULE RATING PLAN

The Company proposes to file a Schedule Rating Plan rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Programs. The proposed rule allows for a discretionary rate modification for the recognition of unique risk characteristics not contemplated in the company's filed rate structure. The proposed rule also provides additional clarity regarding the characteristics underlying each criteria as well as modifications necessary as a result of reduction in expenses.

SERVICES TO ANIMALS

The Company wishes to introduce the Services to Animals Rule for its Chiropractor Occurrence and Standard Claims Made Programs. This rule outlines that a \$500 additional charge will apply to Chiropractors which perform procedures to animals.

SLOT RATING RULE

The Company proposes to file a Slot Rating Rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims Made Program. This rule outlines and identifies that coverage for multi-healthcare provider groups is available, at the Company's option, on a slot basis rather than on an individual Healthcare Provider basis. The slot endorsement will identify the individuals and practice settings that are covered. This rule is consistent with the Company's countrywide template.

SOLO CORPORATION RATING RULE

The Company wishes to file the Solo Corporation Rating Rule for its Chiropractor, Optometrist and Podiatrist Occurrence and Standard Claims programs. This rule outlines the rating methodology used to provide coverage for shared limit solo corporations/partnerships/associations. This rule conforms with the Company's countrywide template.

STUDENT RATING RULE

The Company wishes to file the Student Resident Rating Rule for its Chiropractor, Optometrist and Podiatrist Occurrence Program. This rule outlines the limit and rate for a Healthcare Professional student which includes coverage during an externship or licensing board exam prior to graduation. This rule is consistent with the Company's countrywide template.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT C.I INDICATED BASE RATE ILLINOIS CHIROPRACTORS

(1)	NCMIC Ins. Co. 100K/300K Occurrence Base Rate		2,239
(2)	Projected Loss Ratio (Exhibit C.III)		59.9%
(3)	100K/300K CM Pure Premium [(1)*(2)]	(1) x (2)	1,342
(4)	MedPro Permissible Loss & ALAE Ratio		65.6%
(5)	Indicated MedPro 100K/300K Mature Occurrence Base Rate	(3) / (4)	2,047
(6)	Selected MedPro 100K/300K Mature Occurrence Base Rate		2,047

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT C.II ILLINOIS TARGET LOSS RATIO CHIROPRACTORS

Commissions	17.0%
Taxes Licenses & Fees	2.5%
General Expenses	7.3%
Profit	5.0%
Total	31.8%
ULE	4.0%
Permissible Loss & ALAE Ratio	65.6%

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT C.III PROJECTED LOSS RATIO ILLINOIS CHIROPRACTORS

Filing Effective Date: 06/01/10

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Accident Year	On-Level Earned Premium	On-Level Factors	On-Level Earned Premium	To Date Paid Loss & ALAE	Paid LDFs	Paid LDF Method Ultimate Loss & ALAE	Incurred Loss & ALAE	Incurred Loss & ALAE	Incurred LDFs	Incurred LDF Method Ultimate Loss & ALAE	Incurred LDF Method Ultimate Loss & ALAE	Selected Ultimate Loss & ALAE	Ultimate Loss Ratio	Frequency Adjustment	Severity Trend Factors	Ultimate Trended Loss & ALAE	Ultimate Trended On-Level Loss Ratio
1999	44,570,000	1.161	51,735,073	20,643,000	1,002	20,684,286	20,690,000	20,731,360	1,002	20,731,360	20,731,360	20,707,833	40.0%	110.1%	1.266	28,866,543	55.8%
2000	42,449,000	1.189	50,480,775	28,750,000	1,005	28,893,923	29,328,000	29,474,816	1,005	29,474,816	29,184,369	29,184,369	57.8%	91.9%	1.241	33,304,092	66.0%
2001	51,136,000	1.190	60,869,635	29,218,000	1,022	29,866,262	31,678,000	31,551,357	0.996	31,551,357	30,708,810	30,708,810	50.5%	97.4%	1.217	36,396,213	59.8%
2002	63,717,000	1.190	75,845,404	36,521,000	1,130	41,251,265	40,800,000	42,872,360	1.051	42,872,360	42,322,188	41,644,456	54.9%	108.9%	1.193	54,129,463	71.4%
2003	89,441,000	1.186	82,342,860	34,895,000	1.194	41,672,199	42,296,000	45,128,240	1.067	45,128,240	44,659,897	43,120,241	52.4%	111.9%	1.170	56,449,281	68.6%
2004	79,819,000	1.138	90,834,022	27,320,000	1.351	36,918,507	33,372,000	35,484,280	1.063	35,484,280	35,876,639	36,634,680	40.3%	116.6%	1.147	48,967,685	53.9%
2005	99,107,000	1.000	99,107,000	30,971,000	1.731	53,600,217	41,301,000	45,274,885	1.096	45,274,885	45,541,729	48,946,434	49.4%	144.9%	1.124	79,723,562	80.4%
2006	87,896,000	1.000	87,896,000	13,509,000	2.706	36,560,228	39,703,823	35,227,288	1.158	34,227,288	35,227,645	37,465,734	42.6%	139.6%	1.102	57,672,283	65.6%
2007	84,179,000	1.000	84,179,000	4,810,000	5.983	28,827,973	20,028,000	33,508,607	1.673	33,508,607	35,026,134	35,448,243	42.1%	107.5%	1.081	41,176,763	48.9%
2008	82,728,000	1.000	82,728,000	867,000	27.469	23,816,003	10,784,000	36,774,754	3.410	36,774,754	37,057,831	36,873,392	44.6%	100.0%	1.059	39,066,701	47.2%
Total	705,042,000		766,017,769	227,504,000		342,090,862	283,043,965	299,826,000		355,027,967	275,712,064	360,734,192	47.1%			475,754,587	62.1%
5 Year	433,729,000		444,744,022	77,477,000		179,722,928	201,891,326	135,034,000		185,269,814	188,729,979	195,368,483	43.9%			266,606,994	59.9%

Selected Experience LALE Ratio: 59.9%

NOTES: Columns (2), (5) and (9) data are taken from NCMIC's 2008 annual statement, Sched P.
 Column (3) is from NCMIC's Florida rate filing, effective 9/1/04, adjusted for their 13.8% effective rate change earned in 2006.
 A Prior Loss Ratio in the Bornhuetter Ferguson Methods are the premium weighted average ultimate loss ratio from the prior three years.

Indication: -8.6%

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT C.IV - A
PAID LOSS DEVELOPMENT
ILLINOIS
CHIROPRACTORS
(Paid Loss & ALAE)

	12	24	36	48	60	72	84	96	108	120
1999	189,000	2,847,000	6,263,000	12,226,000	15,643,000	17,506,000	19,097,000	20,333,000	20,420,000	20,643,000
2000	217,000	3,627,000	8,644,000	14,993,000	18,237,000	21,800,000	24,521,000	27,915,000	28,750,000	
2001	572,000	3,877,000	9,853,000	18,286,000	23,928,000	26,794,000	26,278,000	29,218,000		
2002	1,509,000	6,143,000	15,252,000	24,827,000	30,965,000	34,552,000	36,521,000			
2003	2,563,000	7,311,000	15,787,000	24,168,000	31,014,000	34,895,000				
2004	1,405,000	5,846,000	13,894,000	20,376,000	27,320,000					
2005	2,618,000	11,086,000	21,064,000	30,971,000						
2006	1,212,000	6,350,000	13,508,000							
2007	1,038,000	4,810,000								
2008	867,000									
	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>	<u>120 to Ult</u>
1999	15,063	2,200	1,952	1,279	1,119	1,091	1,065	1,004	1,011	
2000	16,714	2,383	1,734	1,216	1,195	1,125	1,138	1,030		
2001	6,778	2,541	1,856	1,309	1,120	0,981	1,112			
2002	4,071	2,484	1,627	1,247	1,116	1,057				
2003	2,853	2,159	1,531	1,283	1,125					
2004	4,161	2,377	1,467	1,341						
2005	4,235	1,900	1,470							
2006	5,239	2,127								
2007	4,634									
All Years	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>	<u>120 to Ult</u>
Latest 3	7,083	2,272	1,662	1,279	1,135	1,063	1,105	1,017	1,011	
Ex. Hi-Lo	4,703	2,135	1,489	1,290	1,120	1,054	1,105	1,017		
Ex. Hi-Lo	6,312	2,288	1,644	1,280	1,121	1,074	1,105			
Wtd. Avg.	4,583	2,215	1,607	1,281	1,132	1,057	1,108	1,019		
Wtd. Last 5	4,007	2,165	1,564	1,281	1,132	1,057	1,108			
Wtd. Last 3	4,570	2,082	1,488	1,287	1,120	1,050	1,108	1,019		
Selected	4,583	2,215	1,564	1,281	1,132	1,057	1,105	1,017	1,003	1,002
Cumulative	27,469	5,893	2,706	1,731	1,351	1,194	1,130	1,022	1,005	1,002

SOURCE: Countrywide loss data is taken from NCMIC's 2008 annual statement, Sched P.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT C.IV - B
 INCURRED LOSS DEVELOPMENT
 ILLINOIS
 CHIROPRACTORS
 (Incurred Loss and ALAE)

	12	24	36	48	60	72	84	96	108	120
1999	3,175,000	10,483,000	15,802,000	19,291,000	19,660,000	19,267,000	20,379,000	20,882,000	20,657,000	20,690,000
2000	4,686,000	14,216,000	21,273,000	23,630,000	24,244,000	26,903,000	27,613,000	29,539,000	29,328,000	
2001	6,427,000	15,670,000	25,960,000	31,783,000	33,211,000	31,758,000	29,589,000	31,678,000		
2002	9,529,000	27,475,000	41,309,000	40,091,000	40,400,000	38,659,000	40,800,000			
2003	14,590,000	28,550,000	39,652,000	40,706,000	41,916,000	42,296,000				
2004	11,146,000	21,652,000	29,871,000	31,733,000	33,372,000					
2005	20,348,000	29,948,000	38,870,000	41,301,000						
2006	11,710,000	19,747,000	29,549,000							
2007	10,523,000	20,028,000								
2008	10,784,000									
	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>	<u>120 to Ult</u>
1999	3,302	1,507	1,221	1,019	0,980	1,058	1,025	0,989	1,002	
2000	3,034	1,496	1,111	1,026	1,110	1,026	1,070	0,993		
2001	2,438	1,657	1,224	1,045	0,956	0,932	1,071			
2002	2,883	1,504	0,971	1,008	0,957	1,055				
2003	1,958	1,389	1,027	1,030	1,009					
2004	1,943	1,360	1,062	1,052						
2005	1,472	1,298	1,063							
2006	1,686	1,496								
2007	1,903									
All Years	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>	<u>120 to Ult</u>
Latest 3	2,291	1,466	1,097	1,030	1,002	1,018	1,055	0,991	1,002	
Ex. Hi-Lo	1,687	1,391	1,050	1,030	0,974	1,004	1,055	0,991		
Wtd. Avg.	2,264	1,462	1,097	1,030	0,982	1,041	1,070	0,991		
Wtd.Last 5	2,038	1,444	1,074	1,030	0,997	1,015	1,058	0,991		
Wtd.Last 3	1,756	1,407	1,057	1,031	0,997	1,015	1,058	0,991		
	1,637	1,378	1,049	1,028	0,976	1,007	1,058	0,991		
Selected	2,038	1,444	1,057	1,031	0,997	1,015	1,055	0,991	1,003	1,002
Cumulative	3,410	1,673	1,158	1,096	1,063	1,067	1,051	0,996	1,005	1,002

SOURCE: Countrywide loss data is taken from NCMIC's 2008 annual statement, Sched P.

EXHIBIT C.IV - C
REPORTED COUNT DEVELOPMENT
CHIROPRACTORS
(Reported Claims)

	<u>12</u>	<u>24</u>	<u>36</u>	<u>48</u>	<u>60</u>	<u>72</u>	<u>84</u>	<u>96</u>	<u>108</u>	<u>120</u>
1999	108	247	349	391	395	395	411	413	413	418
2000	183	343	427	455	461	481	482	483	487	
2001	231	364	481	512	537	545	548	552		
2002	239	404	521	588	597	601	612			
2003	296	449	585	602	611	637				
2004	280	539	612	633	660					
2005	328	455	533	564						
2006	271	403	489							
2007	335	503								
2008	370									
	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>	<u>120 to Ult</u>
1999	2,287	1,413	1,120	1,010	1,000	1,041	1,005	1,000	1,012	
2000	1,874	1,245	1,066	1,013	1,043	1,002	1,002	1,008		
2001	1,576	1,321	1,064	1,049	1,015	1,006	1,007			
2002	1,690	1,290	1,129	1,015	1,007	1,018				
2003	1,517	1,303	1,029	1,015	1,043					
2004	1,925	1,135	1,034	1,015						
2005	1,387	1,171	1,058	1,043						
2006	1,487	1,213								
2007	1,501									
	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>	<u>120 to Ult</u>
All Years	1,694	1,262	1,072	1,024	1,022	1,017	1,005	1,004	1,012	
Latest 3	1,459	1,173	1,041	1,024	1,021	1,009	1,005	1,004		
Ex. Hi-Lo	1,653	1,257	1,069	1,022	1,021	1,012	1,005			
Wtd. Avg.	1,632	1,248	1,068	1,025	1,022	1,015	1,005	1,004		
Wtd. Last 5	1,556	1,218	1,061	1,027	1,022	1,015	1,005			
Wtd. Last 3	1,457	1,170	1,040	1,025	1,022	1,009	1,005	1,004		
Selected	1,632	1,248	1,061	1,027	1,022	1,015	1,005	1,004	1,003	1,002
Cumulative	2,336	1,431	1,147	1,081	1,052	1,030	1,014	1,009	1,005	1,002

SOURCE: Countrywide loss data is taken from NCMIC's 2008 annual statement, Sched P.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT C.V TREND ILLINOIS CHIROPRACTORS

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Reported Counts	Reported LDFs	(2) x (3) Ultimate Reported Counts	On-Level Earned Premium	Ultimate Loss & ALAE	(4) x 1000 / (5) Freq Per \$1,000 Premium	(11) / (7) Frequency Adjustment	(6) / (4) Ultimate Severity
1999	418	1.00	419	51,735,073	20,707,833	0.810%	1.101	49,441
2000	487	1.01	489	50,480,775	29,184,369	0.970%	0.919	59,628
2001	552	1.01	557	60,869,635	30,708,810	0.915%	0.974	55,127
2002	612	1.01	621	75,845,404	41,644,456	0.818%	1.089	67,110
2003	637	1.03	656	82,342,860	43,120,241	0.796%	1.119	65,753
2004	660	1.05	695	90,834,022	36,634,680	0.765%	1.166	52,740
2005	564	1.08	610	99,107,000	48,946,434	0.615%	1.449	80,272
2006	489	1.15	561	87,896,000	37,465,734	0.638%	1.396	66,785
2007	503	1.43	698	84,179,000	35,448,243	0.829%	1.075	50,784
2008	370	2.34	737	82,728,000	36,873,392	0.891%	1.000	50,008
(11) Prospective Frequency:						0.891%		
								Severity Trend
								1999 to 2005
								1999 to 2006
								2000 to 2005
								2000 to 2006
								2001 to 2006
								<u>2001 to 2007</u>
								Selected
								Selected:

NOTE: Column (5) and (6) are from Exhibit C.III.
Column (2) and (3) are from NCMIC's 2008 annual statement, Sched P.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT C.VI-A
RATE OF RETURN MODEL

CALCULATION OF UNDERWRITING PROFIT PROVISION
REFLECTING INVESTMENT INCOME

		Time	Premium Collection Pattern	Time	LLAE Payment Pattern
Investment Income Rate	3.68%				
Investment Income Tax Rate	18.85%				
Underwriting Tax Rate	35.00%	0.00	70.0%	0.00	0.0%
		0.25	10.0%	0.25	3.6%
UEPR/Surplus Ratio	2.44	0.50	10.0%	1.25	13.0%
LLAE Reserve/Surplus Ratio	2.32	0.75	10.0%	2.25	20.3%
		1.00	0.0%	3.25	20.8%
Variable Expense Ratio	26.80%			4.25	16.2%
Fixed Expense Ratio	0.00%			5.25	9.7%
				6.25	4.8%
LLAE Ratio	68.20%			7.25	9.3%
				8.25	1.7%
Combined Ratio	95.00%			9.25	0.3%
				10.25	0.2%
				11.25	0.0%
Underwriting Profit Provision	5.00%			12.25	0.0%
				13.25	0.0%
				14.25	0.0%
Total Return on Surplus	9.25%			15.25	0.0%

Time	(1) Collected Premium	(2) Earned Premium	(3) UEPR	(4) Change in UEPR	(5) Written Expenses	(6) Earned Expenses	(7) Incurred LLAE	(8) Paid LLAE	(9) LLAE Reserve	(10) Change in LLAE Reserve	(11) Tax Code Reserve Discount Factors	(12) Discounted LLAE Reserve	(13) Change in Discounted LLAE Reserve	(14) Tax Code UW Profit/Loss	(15) Tax on Tax Code UW Profit/Loss
0.00	\$ 70.00	\$ -	\$ 100.00	\$ 100.00	\$ 26.80	\$ -	\$ -	\$ -	\$ -	\$ -	0.9343	\$ -	\$ -	\$ (6.80)	\$ (2.38)
0.25	\$ 10.00	\$ 25.00	\$ 75.00	\$ (25.00)	\$ -	\$ -	\$ 17.05	\$ 2.48	\$ 14.57	\$ 14.57	0.9343	\$ 13.61	\$ 13.61	\$ 3.91	\$ 1.37
0.50	\$ 10.00	\$ 25.00	\$ 50.00	\$ (25.00)	\$ -	\$ -	\$ 17.05	\$ -	\$ 31.62	\$ 17.05	0.9343	\$ 29.54	\$ 15.93	\$ 4.07	\$ 1.42
0.75	\$ 10.00	\$ 25.00	\$ 25.00	\$ (25.00)	\$ -	\$ -	\$ 17.05	\$ -	\$ 48.67	\$ 17.05	0.9343	\$ 45.47	\$ 15.93	\$ 4.07	\$ 1.42
1.00	\$ -	\$ 25.00	\$ -	\$ (25.00)	\$ -	\$ -	\$ 17.05	\$ -	\$ 65.72	\$ 17.05	0.9343	\$ 61.40	\$ 15.93	\$ 4.07	\$ 1.42
1.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8.90	\$ 56.82	\$ (8.90)	0.9487	\$ 53.91	\$ (7.49)	\$ (1.41)	\$ (0.49)
2.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13.82	\$ 43.00	\$ (13.82)	0.9160	\$ 39.39	\$ (14.52)	\$ 0.70	\$ 0.24
3.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14.21	\$ 28.79	\$ (14.21)	0.9358	\$ 26.95	\$ (12.44)	\$ (1.77)	\$ (0.62)
4.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11.06	\$ 17.73	\$ (11.06)	0.9251	\$ 16.40	\$ (10.54)	\$ (0.52)	\$ (0.18)
5.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6.64	\$ 11.09	\$ (6.64)	0.8592	\$ 9.53	\$ (6.87)	\$ 0.23	\$ 0.08
6.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3.27	\$ 7.82	\$ (3.27)	0.8985	\$ 7.03	\$ (2.50)	\$ (0.77)	\$ (0.27)
7.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6.34	\$ 1.48	\$ (6.34)	0.9497	\$ 1.41	\$ (5.62)	\$ (0.72)	\$ (0.25)
8.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1.14	\$ 0.34	\$ (1.14)	0.1645	\$ 0.06	\$ (1.35)	\$ 0.21	\$ 0.07
9.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.20	\$ 0.14	\$ (0.20)	0.9699	\$ 0.13	\$ 0.08	\$ (0.28)	\$ (0.10)
10.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.14	\$ -	\$ (0.14)	0.9698	\$ -	\$ (0.13)	\$ (0.00)	\$ (0.00)
11.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
12.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
13.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
14.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
15.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
Totals	\$ 100.00	\$ 100.00	\$ -	\$ -	\$ 26.80	\$ -	\$ 68.20	\$ 68.20	\$ -	\$ -		\$ (0.00)	\$ 5.00	\$ 1.75	

Time	From Reserves			From Required Surplus				Cash Flow	9.25% Discount Factors	Discounted Cash Flow
	Total Reserves	Investment Income	Investment Income Net of Tax	Required Surplus	Change in Required Surplus	Investment Income	Investment Income Net of Tax			
0.00	\$ 100.00	\$ -	\$ -	\$ 71.00	\$ 71.00	\$ -	\$ -	\$ (125.42)	1.0000	\$ (125.42)
0.25	\$ 89.57	\$ 0.91	\$ 0.74	\$ 57.04	\$ (13.96)	\$ 0.64	\$ 0.52	\$ 31.80	0.9781	\$ 31.11
0.50	\$ 81.62	\$ 0.81	\$ 0.66	\$ 44.14	\$ (12.89)	\$ 0.52	\$ 0.42	\$ 30.50	0.9567	\$ 29.18
0.75	\$ 73.67	\$ 0.74	\$ 0.60	\$ 31.25	\$ (12.89)	\$ 0.40	\$ 0.32	\$ 30.34	0.9358	\$ 28.39
1.00	\$ 65.72	\$ 0.67	\$ 0.54	\$ 28.36	\$ (2.89)	\$ 0.28	\$ 0.23	\$ 10.19	0.9153	\$ 9.33
1.25	\$ 56.82	\$ 0.60	\$ 0.48	\$ 24.52	\$ (3.84)	\$ 0.26	\$ 0.21	\$ 5.02	0.8953	\$ 4.50
2.25	\$ 43.00	\$ 2.09	\$ 1.70	\$ 18.56	\$ (5.96)	\$ 0.90	\$ 0.73	\$ 8.15	0.8194	\$ 6.68
3.25	\$ 28.79	\$ 1.58	\$ 1.28	\$ 12.43	\$ (6.13)	\$ 0.68	\$ 0.55	\$ 8.59	0.7500	\$ 6.44
4.25	\$ 17.73	\$ 1.06	\$ 0.86	\$ 7.65	\$ (4.77)	\$ 0.46	\$ 0.37	\$ 6.19	0.6865	\$ 4.25
5.25	\$ 11.09	\$ 0.65	\$ 0.53	\$ 4.79	\$ (2.87)	\$ 0.28	\$ 0.23	\$ 3.54	0.6283	\$ 2.22
6.25	\$ 7.82	\$ 0.41	\$ 0.33	\$ 3.38	\$ (1.41)	\$ 0.18	\$ 0.14	\$ 2.15	0.5751	\$ 1.24
7.25	\$ 1.48	\$ 0.29	\$ 0.23	\$ 0.64	\$ (2.74)	\$ 0.12	\$ 0.10	\$ 3.32	0.5264	\$ 1.75
8.25	\$ 0.34	\$ 0.05	\$ 0.04	\$ 0.15	\$ (0.49)	\$ 0.02	\$ 0.02	\$ 0.48	0.4818	\$ 0.23
9.25	\$ 0.14	\$ 0.01	\$ 0.01	\$ 0.06	\$ (0.09)	\$ 0.01	\$ 0.00	\$ 0.20	0.4410	\$ 0.09
10.25	\$ -	\$ 0.01	\$ 0.00	\$ -	\$ (0.06)	\$ 0.00	\$ 0.00	\$ 0.07	0.4036	\$ 0.03
11.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.3694	\$ -
12.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.3381	\$ -
13.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.3095	\$ -
14.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.2833	\$ -
15.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.2593	\$ -
Totals	\$ -	\$ 9.87	\$ 8.01	\$ -	\$ 4.75	\$ 3.86	\$ 15.12	\$ 0.00		

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT C.VI-B RATE OF RETURN MODEL

CALCULATION OF INVESTMENT INCOME RATE AND EFFECTIVE FEDERAL INCOME TAX RATE ON INVESTMENT INCOME

The rate of return is the ratio of net investment income earned to mean cash and invested assets as determined from the Annual Statement.

Year	Prior Year Cash and Invested Assets	Current Year Cash and Invested Assets	Mean Cash and Invested Assets	Net Investment Income	Rate of Return
2006	\$ 2,101,581,058	\$ 1,510,286,537	\$ 1,805,933,798	\$ 56,193,970	3.11%
2007	\$ 1,510,286,537	\$ 1,609,655,711	\$ 1,559,971,124	\$ 57,887,667	3.71%
2008	\$ 1,609,655,711	\$ 1,756,057,973	\$ 1,682,856,842	\$ 71,516,856	4.25%
Selected					3.68%

The effective rate of Federal Income Tax was determined by applying current tax rates to the distribution of Annual Statement investment income.

Asset Type	Net Investment Income	FIT Rate
Bonds		
Taxable	\$ 23,577,379	35.00% (a)
Nontaxable	\$ 31,114,053	5.25% (b)
Subtotal	\$ 54,691,432	18.08%
Stocks		
Affiliates	\$ -	
Nonaffiliates	\$ 11,004,390	
Subtotal	\$ 11,004,390	14.18% (c)
Other		
Mortgage loans	\$ -	
Real estate	\$ 1,000,000	
Cash and short-term investments	\$ 6,521,813	
All other	\$ -	
Subtotal	\$ 7,521,813	35.00% (a)
Total Gross Investment Income	\$ 73,217,635	19.23%
Total Investment Deductions	\$ 1,700,779	35.00% (a)
Total Net Investment Income	\$ 71,516,856	18.85%

Notes:

- (a) Full corporate tax rate of 35%.
 (b) 100% of the income on tax-exempt bonds is subject to proration. That is, 15% of that income is taxed at the full corporate tax rate of 35%. The applicable tax rate is $(15\%)(35\%) = 5.25\%$.
 (c) 30% of the dividend income on stock is subject to the full corporate tax rate of 35%. The remaining 70% of dividend income on stock is subject to proration. That is, 15% of that income is taxed at the full corporate tax rate of 35%. The applicable tax rate is $[(30\%)(35\%) + (70\%)(15\%)(35\%)] = 14.18\%$.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT C.VII RATING FACTOR COMPARISON ILLINOIS CHIROPRACTORS

<u>CMA</u>	NCMIC Ins. Co. <u>Factor</u>	MedPro <u>Factor</u>
Step 1	0.350	0.350
Step 2	0.655	0.650
Step 3	0.900	0.900
Step 4	0.975	0.970
Step 5	1.000	1.000
MCM to OCC Factor:	0.96	0.96

<u>Limit</u>	NCMIC Ins. Co. <u>Factor</u>	MedPro <u>Factor</u>
100/300	1.000	1.00
200/600	1.159	1.16
250/750	1.215	1.22
500/1000	1.408	1.45
500/1500	N/A	1.50
1000/1000	N/A	1.53
1000/3000	1.590	1.59
2000/2000	N/A	1.69
2000/4000	1.741	1.74
2000/6000	N/A	1.79
3000/3000	N/A	1.85
3000/5000	N/A	1.90
4000/4000	N/A	2.01
4000/6000	N/A	2.06
5000/5000	N/A	2.17
5000/7000	N/A	2.22

SOURCES:

NCMIC Ins. Co. data is from their FL rate filing effective 9/1/04

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT I INDICATED BASE RATE ILLINOIS OPTOMETRISTS

(1)	Chicago Insurance Company 1M/3M Self-Employed Base Rate 12/01/09		563
(2)	Projected Loss Ratio (Exhibit 2)		60.2%
(3)	1M/3M Pure Premium	(1) x (2)	339
(4)	MedPro Permissible Loss Ratio		60.8%
(5)	Indicated MedPro 1M/3M Self-Employed Base Rate	(3) / (4)	558
(6)	Selected MedPro 1M/3M Self-Employed Base Rate		558

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT II PROJECTED LOSS RATIO ILLINOIS OPTOMETRISTS

Filing Effective Date: 03/01/10

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Accident Year	On-Level Earned Premium	On-Level Factors	On-Level Earned Premium	To Date Paid Loss & ALAE	Paid LDF Method Ultimate Loss & ALAE	Paid BF Method Ultimate Loss & ALAE	Incurred Loss & ALAE	Incurred Loss & ALAE	Incurred LDF Method Ultimate Loss & ALAE	Incurred BF Method Ultimate Loss & ALAE	Selected Ultimate Loss & ALAE	Ultimate Loss Ratio	Frequency Adjustment	Severity Trend Factors	Ultimate Trended Loss & ALAE	Ultimate Trended Loss Ratio	
1999	2,251,757	1.269	2,857,480	2,440,878	2,453,082	2,445,165	2,440,878	1,001	2,443,319	2,441,940	2,446,127	85.6%	81.5%	1.143	2,277,493	79.7%	
2000	2,565,098	1.223	3,137,115	2,134,020	2,151,124	2,143,980	2,284,020	1.001	2,286,304	2,285,259	2,216,642	70.7%	56.8%	1.130	1,422,633	45.3%	
2001	2,983,162	1.223	3,648,407	2,510,560	2,578,089	2,550,095	2,525,660	1.017	2,597,626	2,550,330	2,561,535	70.2%	75.6%	1.117	2,161,418	59.2%	
2002	2,904,073	1.223	3,551,681	2,128,084	2,240,049	2,205,005	2,128,084	1.037	2,206,821	2,182,991	2,208,717	62.2%	74.8%	1.104	1,824,308	51.4%	
2003	3,104,438	1.223	3,796,728	2,723,200	3,081,752	2,922,253	3,436,200	1.091	3,748,581	3,579,189	3,333,194	87.8%	63.2%	1.092	2,300,539	60.6%	
2004	3,631,609	1.164	4,227,193	2,002,878	2,819,831	2,579,812	2,220,389	1.203	2,670,844	2,558,247	2,656,684	62.8%	89.3%	1.079	2,560,206	60.6%	
2005	4,800,772	1.081	5,189,635	1,229,337	2,652,040	2,622,454	1,824,357	1.549	2,825,499	2,744,497	2,711,123	52.2%	84.2%	1.067	2,436,927	47.0%	
2006	5,590,179	1.062	5,936,770	1,224,446	4,760,990	3,489,775	1,574,023	2.122	3,340,615	3,186,745	3,338,260	56.2%	92.5%	1.055	3,255,797	54.8%	
2007	7,018,846	1.004	7,046,921	95,987	1,405,269	3,682,610	396,041	4.726	1,871,774	3,431,094	3,556,852	50.5%	118.3%	1.043	4,387,157	62.3%	
2008	7,784,003	1.000	7,784,003	16,222	654,565	4,319,907	553,957	13.948	7,726,645	4,650,620	4,485,264	57.6%	100.8%	1.031	4,659,770	59.9%	
Total	42,633,937		47,175,932	16,505,612	24,796,791	28,961,957	19,383,609		31,689,026	29,608,912	29,514,395	62.6%			27,286,248	57.8%	
5 Year	28,825,409		30,184,522	4,568,870	12,292,694	16,694,559	6,568,767		18,435,376	16,569,203	16,748,182	55.5%			17,299,857	57.3%	

Selected Experience LALE Ratio: 57.3%
Chicago Insurance Company Countrywide Filing 12/01/2009: -4.8%
Expected LALE Ratio: 60.2%

NOTES: Columns (2), (3), (5) and (9) data are taken from Chicago Insurance Company filing, effective 12/01/2009, New Jersey SERFF # FFDC-12653524.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT III ILLINOIS TARGET LOSS RATIO OPTOMETRISTS

(1) Commissions		22.0%
(2) Taxes Licenses & Fees		2.5%
(3) General Expenses		7.3%
(4) Profit		5.0%
(5) Total	Sum of (1) to (4):	36.8%
(6) ULE as a Percent of Loss and ALE		4.0%
(7) Permissible Loss Ratio	(5) / [1.0 + (6)]:	60.8%

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT IV - A
PAID LOSS DEVELOPMENT
ILLINOIS
OPTOMETRIST
(Paid Loss & ALAE)

	<u>12</u>	<u>24</u>	<u>36</u>	<u>48</u>	<u>60</u>	<u>72</u>	<u>84</u>	<u>96</u>	<u>108</u>	<u>120</u>
1999	125,421	744,064	3,021,273	9,917,690	12,891,141	15,032,287	16,664,938	17,027,258	17,346,922	17,400,751
2000	77,767	661,237	5,068,564	10,427,797	13,061,828	15,274,481	16,054,633	16,501,466	16,809,909	
2001	220,934	2,056,098	4,480,461	8,143,269	11,948,608	14,805,790	16,309,725	16,726,461		
2002	170,852	1,216,658	4,252,547	7,970,790	14,838,155	16,602,224	17,320,341			
2003	119,520	2,355,145	6,081,178	9,080,702	14,272,883	21,654,682				
2004	100,206	753,983	3,666,448	8,671,557	13,749,897					
2005	259,730	1,080,761	5,191,952	8,800,884						
2006	107,047	553,351	3,248,147							
2007	2,458,444	3,649,062								
2008	138,533									
	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>	<u>120 to Ult</u>
1999	5,933	4,061	3,283	1,300	1,166	1,109	1,022	1,019	1,003	
2000	8,503	7,696	2,049	1,253	1,169	1,051	1,028	1,019		
2001	9,306	2,179	1,818	1,467	1,239	1,102	1,026			
2002	7,121	3,495	1,874	1,862	1,119	1,043				
2003	19,705	2,582	1,493	1,572	1,517					
2004	7,524	4,863	2,365	1,586						
2005	4,161	4,804	1,695							
2006	5,169	5,870								
2007	1,484									
All Years	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>	<u>120 to Ult</u>
Latest 3	7,656	4,444	2,082	1,506	1,242	1,076	1,025	1,019	1,003	
Ex. Hi-Lo	3,605	5,179	1,851	1,673	1,292	1,065	1,025	1,019		
Wtd. Avg.	6,817	4,279	1,960	1,481	1,192	1,076	1,026	1,019		
Wtd.Last 5	3,591	3,718	1,983	1,490	1,244	1,075	1,025	1,019		
Wtd.Last 3	2,756	3,765	1,802	1,532	1,244	1,075	1,025	1,019		
	1,870	5,070	1,777	1,666	1,292	1,064	1,025	1,019		
Selected	2,756	3,765	1,802	1,532	1,244	1,075	1,025	1,019	1,003	1,005
Cumulative	40,350	14,640	3,888	2,157	1,408	1,132	1,053	1,027	1,008	1,005

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT IV - B
 INCURRED LOSS DEVELOPMENT
 ILLINOIS
 OPTOMETRIST
 (Incurred Loss and ALAE)

	<u>12</u>	<u>24</u>	<u>36</u>	<u>48</u>	<u>60</u>	<u>72</u>	<u>84</u>	<u>96</u>	<u>108</u>	<u>120</u>
1999	894,558	3,168,772	5,706,346	13,398,750	14,394,291	16,161,897	16,935,038	17,559,767	17,691,922	17,630,751
2000	1,241,142	2,884,766	8,469,660	13,848,121	15,600,839	16,518,202	16,674,848	17,041,467	17,444,909	
2001	1,241,982	5,395,473	8,665,796	12,007,542	14,622,335	16,313,390	17,216,325	17,238,061		
2002	1,230,002	3,632,611	9,422,091	13,600,032	17,890,032	17,303,725	18,936,347			
2003	1,125,449	6,047,835	9,848,816	12,410,701	19,031,061	23,586,633				
2004	1,194,545	3,400,889	8,996,741	12,021,922	15,114,828					
2005	1,006,252	3,546,861	7,877,769	11,366,632						
2006	711,853	2,745,012	6,996,496							
2007	3,305,969	5,933,371								
2008	1,153,069									
	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>	<u>120 to Ult</u>
1999	3,542	1,801	2,348	1,074	1,123	1,048	1,037	1,008	1,007	0,997
2000	2,324	2,936	1,635	1,127	1,059	1,022	1,022	1,024		
2001	4,344	1,606	1,386	1,218	1,116	1,055	1,001			
2002	2,953	2,594	1,443	1,315	0,967	1,094				
2003	5,374	1,628	1,260	1,533	1,239					
2004	2,847	2,645	1,336	1,257						
2005	3,525	2,221	1,443							
2006	3,856	2,549								
2007	1,795									
	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>	<u>120 to Ult</u>
All Years	3,396	2,248	1,550	1,254	1,101	1,052	1,020	1,016	1,016	0,997
Latest 3	3,059	2,472	1,346	1,369	1,107	1,053	1,020	1,016		
Ex. HI-Lo	3,342	2,240	1,449	1,229	1,099	1,022	1,022			
Wtd. Avg.	3,075	2,141	1,503	1,251	1,102	1,052	1,020	1,015		
Wtd.Last 5	2,951	2,227	1,370	1,288	1,102	1,052	1,020			
Wtd.Last 3	2,433	2,463	1,340	1,368	1,110	1,054	1,020	1,015		
Selected	2,951	2,227	1,370	1,288	1,102	1,052	1,020	1,016	1,000	1,001
Cumulative	13,948	4,726	2,122	1,549	1,203	1,091	1,037	1,017	1,001	1,001

SOURCE: Countrywide loss data is taken from Chicago Insurance Company filing, effective 12/01/2009, New Jersey SERFF # FFDC-12653524.

EXHIBIT IV - C
REPORTED COUNT DEVELOPMENT
OPTOMETRIST
(Reported Claims)

	<u>12</u>	<u>24</u>	<u>36</u>	<u>48</u>	<u>60</u>	<u>72</u>	<u>84</u>	<u>96</u>	<u>108</u>	<u>120</u>
1999	169	332	404	451	474	481	484	486	486	489
2000	190	342	424	454	471	482	485	489	491	
2001	182	296	396	443	453	454	457	457		
2002	154	347	409	434	445	450	455			
2003	199	356	435	473	494	496				
2004	185	323	394	413	425					
2005	201	321	388	420						
2006	203	314	386							
2007	219	344								
2008	188									
	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>	<u>120 to Ult</u>
1999	1.964	1.217	1.116	1.051	1.015	1.006	1.004	1.000	1.006	
2000	1.800	1.240	1.071	1.037	1.023	1.006	1.008	1.004	1.004	
2001	1.626	1.338	1.119	1.023	1.002	1.007	1.000			
2002	2.253	1.179	1.061	1.025	1.011	1.011				
2003	1.789	1.222	1.087	1.044	1.004					
2004	1.746	1.220	1.048	1.029						
2005	1.597	1.209	1.082							
2006	1.547	1.229								
2007	1.571									
All Years	<u>1.766</u>	<u>1.232</u>	<u>1.084</u>	<u>1.035</u>	<u>1.011</u>	<u>1.008</u>	<u>1.004</u>	<u>1.002</u>	<u>1.006</u>	
Latest 3	1.572	1.219	1.073	1.033	1.006	1.008	1.004	1.002		
Ex. Hi-Lo	1.728	1.223	1.084	1.034	1.010	1.006	1.004			
Wtd. Avg.	1.748	1.230	1.084	1.035	1.011	1.007	1.004	1.002		
Wtd.Last 5	1.646	1.211	1.080	1.032	1.011	1.007				
Wtd.Last 3	1.571	1.219	1.073	1.033	1.006	1.008	1.004	1.002		
Selected	1.646	1.211	1.080	1.032	1.011	1.007	1.004	1.002	1.002	
Cumulative	2.287	1.389	1.147	1.062	1.029	1.018	1.010	1.006	1.004	1.002

SOURCE: Countrywide loss data is taken from Chicago Insurance Company filing, effective 12/01/2009, New Jersey SERFF # FFDC-12663524.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT V TREND ILLINOIS OPTOMETRISTS

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	<u>Reported Counts</u>	<u>Reported LDFs</u>	<u>(2) x (3)* Ultimate Reported Counts</u>	<u>On-Level Earned Premium</u>	<u>Ultimate Loss & ALAE</u>	<u>(4) x 1000 / (5) Freq Per \$1,000 Premium</u>	<u>(11) / (7) Frequency Adjustment</u>	<u>(6) / (4) Ultimate Severity</u>
1999	35	1.00	35	2,857,480	2,446,127	1.227%	0.815	69,750
2000	55	1.00	55	3,137,115	2,216,642	1.760%	0.568	40,142
2001	48	1.01	48	3,648,407	2,561,535	1.324%	0.756	53,044
2002	47	1.01	47	3,551,681	2,208,717	1.337%	0.748	46,519
2003	59	1.02	60	3,796,728	3,333,194	1.582%	0.632	55,508
2004	46	1.03	47	4,227,193	2,656,684	1.120%	0.893	56,120
2005	58	1.06	62	5,189,635	2,711,123	1.187%	0.842	44,012
2006	54	1.15	64	5,936,770	3,338,260	1.082%	0.925	51,992
2007	34	1.39	60	7,046,921	3,556,852	0.845%	1.183	59,701
2008	24	2.29	77	7,784,003	4,485,264	0.992%	1.008	58,066
(11) Prospective Frequency:						1.000%		
								Severity Trend
								1999 to 2006
								-1%
								2000 to 2007
								3%
								2001 to 2008
								2%
								All Years
								1%
								Selected
								1%
								Selected:
								1%

NOTE: Column (2) is taken from Chicago Insurance Company filing, effective 12/01/2009, New Jersey SERFF # FFDC-12653524. Column (4) is a Bornhuetter Ferguson approach for years '06 to '08. The aprior is the average frequency of all prior years. Column (5) and (6) are from MedPro Exhibit I.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT VI-A
RATE OF RETURN MODEL

CALCULATION OF UNDERWRITING PROFIT PROVISION
REFLECTING INVESTMENT INCOME

		Time	Premium Collection Pattern	Time	LLAE Payment Pattern
Investment Income Rate	3.68%				
Investment Income Tax Rate	18.85%				
Underwriting Tax Rate	35.00%	0.00	70.0%	0.00	0.0%
		0.25	10.0%	0.25	2.5%
UEPR/Surplus Ratio	2.44	0.50	10.0%	1.25	4.4%
LLAE Reserve/Surplus Ratio	2.32	0.75	10.0%	2.25	18.9%
		1.00	0.0%	3.25	20.6%
Variable Expense Ratio	31.80%			4.25	24.7%
Fixed Expense Ratio	0.00%			5.25	17.3%
				6.25	6.6%
LLAE Ratio	63.20%			7.25	2.4%
				8.25	1.8%
Combined Ratio	95.00%			9.25	0.3%
				10.25	0.5%
				11.25	0.0%
Underwriting Profit Provision	5.00%			12.25	0.0%
				13.25	0.0%
				14.25	0.0%
Total Return on Surplus	9.13%			15.25	0.0%

Time	(1) Collected Premium	(2) Earned Premium	(3) UEPR	(4) Change in UEPR	(5) Written Expenses	(6) Earned Expenses	(7) Incurred LLAE	(8) Paid LLAE	(9) LLAE Reserve	(10) Change in LLAE Reserve	(11) Tax Code Reserve Discount Factors	(12) Discounted LLAE Reserve	(13) Change in Discounted LLAE Reserve	(14) Tax Code UW Profit/Loss	(15) Tax Code UW Profit/Loss
0.00	\$ 70.00	\$ -	\$ 100.00	\$ 100.00	\$ 31.80	\$ -	\$ -	\$ -	\$ -	\$ -	0.9343	\$ -	\$ -	\$ (11.80)	\$ (4.13)
0.25	\$ 10.00	\$ 25.00	\$ 75.00	\$ (25.00)	\$ -	\$ -	\$ 15.80	\$ 1.57	\$ 14.23	\$ 14.23	0.9343	\$ 13.30	\$ 13.30	\$ 5.14	\$ 1.80
0.50	\$ 10.00	\$ 25.00	\$ 50.00	\$ (25.00)	\$ -	\$ -	\$ 15.80	\$ -	\$ 30.03	\$ 15.80	0.9343	\$ 28.06	\$ 14.76	\$ 5.24	\$ 1.83
0.75	\$ 10.00	\$ 25.00	\$ 25.00	\$ (25.00)	\$ -	\$ -	\$ 15.80	\$ -	\$ 45.83	\$ 15.80	0.9343	\$ 42.82	\$ 14.76	\$ 5.24	\$ 1.83
1.00	\$ -	\$ 25.00	\$ -	\$ (25.00)	\$ -	\$ -	\$ 15.80	\$ -	\$ 61.63	\$ 15.80	0.9343	\$ 57.58	\$ 14.76	\$ 5.24	\$ 1.83
1.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2.75	\$ 58.88	\$ (2.75)	0.9487	\$ 55.86	\$ (1.72)	\$ (1.03)	\$ (0.36)
2.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11.94	\$ 46.95	\$ (11.94)	0.9160	\$ 43.00	\$ (12.86)	\$ 0.92	\$ 0.32
3.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13.04	\$ 33.90	\$ (13.04)	0.9358	\$ 31.73	\$ (11.27)	\$ (1.77)	\$ (0.62)
4.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15.59	\$ 18.31	\$ (15.59)	0.9251	\$ 16.94	\$ (14.79)	\$ (0.80)	\$ (0.28)
5.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10.96	\$ 7.35	\$ (10.96)	0.8592	\$ 6.32	\$ (10.62)	\$ (0.34)	\$ (0.12)
6.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4.19	\$ 3.16	\$ (4.19)	0.8985	\$ 2.84	\$ (3.48)	\$ (0.71)	\$ (0.25)
7.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1.50	\$ 1.66	\$ (1.50)	0.9497	\$ 1.57	\$ (1.27)	\$ (0.24)	\$ (0.08)
8.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1.15	\$ 0.50	\$ (1.15)	0.1645	\$ 0.08	\$ (1.49)	\$ 0.34	\$ 0.12
9.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.19	\$ 0.31	\$ (0.19)	0.9699	\$ 0.30	\$ 0.22	\$ (0.41)	\$ (0.14)
10.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.31	\$ -	\$ (0.31)	0.9698	\$ -	\$ (0.30)	\$ (0.01)	\$ (0.00)
11.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
12.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
13.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
14.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
15.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
Totals	\$ 100.00	\$ 100.00	\$ -	\$ -	\$ 31.80	\$ -	\$ 63.20	\$ 63.20	\$ -	\$ -			\$ (0.00)	\$ 5.00	\$ 1.75

Time	From Reserves			From Required Surplus				Cash Flow	9.13% Discount Factors	Discounted Cash Flow
	Total Reserves	Investment Income	Investment Income Net of Tax	Required Surplus	Change in Required Surplus	Investment Income	Investment Income Net of Tax			
0.00	\$ 100.00	\$ -	\$ -	\$ 71.00	\$ 71.00	\$ -	\$ -	\$ (128.67)	1.0000	\$ (128.67)
0.25	\$ 89.23	\$ 0.91	\$ 0.74	\$ 56.89	\$ (14.11)	\$ 0.64	\$ 0.52	\$ 32.77	0.9784	\$ 32.06
0.50	\$ 80.03	\$ 0.81	\$ 0.66	\$ 43.46	\$ (13.43)	\$ 0.52	\$ 0.42	\$ 31.87	0.9572	\$ 30.51
0.75	\$ 70.83	\$ 0.73	\$ 0.59	\$ 30.03	\$ (13.43)	\$ 0.39	\$ 0.32	\$ 31.71	0.9366	\$ 29.69
1.00	\$ 61.63	\$ 0.64	\$ 0.52	\$ 26.60	\$ (3.43)	\$ 0.27	\$ 0.22	\$ 11.54	0.9163	\$ 10.57
1.25	\$ 56.88	\$ 0.56	\$ 0.45	\$ 25.41	\$ (1.19)	\$ 0.24	\$ 0.20	\$ 2.20	0.8965	\$ 1.97
2.25	\$ 46.95	\$ 2.16	\$ 1.76	\$ 20.26	\$ (5.15)	\$ 0.93	\$ 0.76	\$ 7.34	0.8215	\$ 6.03
3.25	\$ 33.90	\$ 1.73	\$ 1.40	\$ 14.63	\$ (5.63)	\$ 0.74	\$ 0.60	\$ 8.25	0.7527	\$ 6.21
4.25	\$ 18.31	\$ 1.25	\$ 1.01	\$ 7.90	\$ (6.73)	\$ 0.54	\$ 0.44	\$ 8.46	0.6897	\$ 5.83
5.25	\$ 7.35	\$ 0.67	\$ 0.55	\$ 3.17	\$ (4.73)	\$ 0.29	\$ 0.24	\$ 5.63	0.6320	\$ 3.56
6.25	\$ 3.16	\$ 0.27	\$ 0.22	\$ 1.36	\$ (1.81)	\$ 0.12	\$ 0.09	\$ 2.37	0.5791	\$ 1.38
7.25	\$ 1.66	\$ 0.12	\$ 0.09	\$ 0.71	\$ (0.65)	\$ 0.05	\$ 0.04	\$ 0.87	0.5307	\$ 0.46
8.25	\$ 0.50	\$ 0.06	\$ 0.05	\$ 0.22	\$ (0.50)	\$ 0.03	\$ 0.02	\$ 0.45	0.4863	\$ 0.22
9.25	\$ 0.31	\$ 0.02	\$ 0.01	\$ 0.14	\$ (0.08)	\$ 0.01	\$ 0.01	\$ 0.25	0.4456	\$ 0.11
10.25	\$ -	\$ 0.01	\$ 0.01	\$ -	\$ (0.14)	\$ 0.00	\$ 0.00	\$ 0.15	0.4083	\$ 0.06
11.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.3741	\$ -
12.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.3428	\$ -
13.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.3141	\$ -
14.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.2878	\$ -
15.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.2637	\$ -
Totals		\$ 9.93	\$ 8.06		\$ (0.00)	\$ 4.76	\$ 3.88	\$ 15.19		\$ 0.00

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT VI-B RATE OF RETURN MODEL

CALCULATION OF INVESTMENT INCOME RATE AND EFFECTIVE FEDERAL INCOME TAX RATE ON INVESTMENT INCOME

The rate of return is the ratio of net investment income earned to mean cash and invested assets as determined from the Annual Statement.

Year	Prior Year Cash and Invested Assets	Current Year Cash and Invested Assets	Mean Cash and Invested Assets	Net Investment Income	Rate of Return
2006	\$ 2,101,581,058	\$ 1,510,286,537	\$ 1,805,933,798	\$ 56,193,970	3.11%
2007	\$ 1,510,286,537	\$ 1,609,655,711	\$ 1,559,971,124	\$ 57,887,667	3.71%
2008	\$ 1,609,655,711	\$ 1,756,057,973	\$ 1,682,856,842	\$ 71,516,856	4.25%
Selected					3.68%

The effective rate of Federal Income Tax was determined by applying current tax rates to the distribution of Annual Statement investment income.

Asset Type	Net Investment Income	FIT Rate
Bonds		
Taxable	\$ 23,577,379	35.00% (a)
Nontaxable	\$ 31,114,053	5.25% (b)
Subtotal	\$ 54,691,432	18.08%
Stocks		
Affiliates	\$ -	
Nonaffiliates	\$ 11,004,390	
Subtotal	\$ 11,004,390	14.18% (c)
Other		
Mortgage loans	\$ -	
Real estate	\$ 1,000,000	
Cash and short-term investments	\$ 6,521,813	
All other	\$ -	
Subtotal	\$ 7,521,813	35.00% (a)
Total Gross Investment Income	\$ 73,217,635	19.23%
Total Investment Deductions	\$ 1,700,779	35.00% (a)
Total Net Investment Income	\$ 71,516,856	18.85%

Notes:

- (a) Full corporate tax rate of 35%.
- (b) 100% of the income on tax-exempt bonds is subject to proration. That is, 15% of that income is taxed at the full corporate tax rate of 35%. The applicable tax rate is $(15\%)(35\%) = 5.25\%$.
- (c) 30% of the dividend income on stock is subject to the full corporate tax rate of 35%. The remaining 70% of dividend income on stock is subject to proration. That is, 15% of that income is taxed at the full corporate tax rate of 35%. The applicable tax rate is $[(30\%)(35\%) + (70\%)(15\%)(35\%)] = 14.18\%$.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT VII-A FACTOR COMPARISON

<u>CMA</u>	Chicago Ins. Co. <u>Factor</u>	MedPro <u>Factor</u>
Step 1	NA	0.35
Step 2	NA	0.60
Step 3	NA	0.75
Step 4	NA	0.85
Step 5	NA	1.00
MCM to OCC Factor:	NA	0.95

<u>Limit</u>	Chicago Ins. Co. <u>Factor</u>	MedPro <u>Factor</u>
100/300	1.00	1.00
200/600	1.06	1.06
250/750	NA	1.11
500/1000	1.24	1.24
500/1500	NA	1.29
1000/1000	1.49	1.49
1000/3000	NA	1.55
2000/2000	NA	1.70
2000/4000	1.75	1.75
2000/6000	NA	1.80
3000/3000	NA	1.93
3000/5000	NA	1.98
4000/4000	NA	2.18
4000/6000	NA	2.23
5000/5000	NA	2.45
5000/7000	NA	2.50

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT VII-B FACTOR COMPARISON

NEW TO PRACTICE

	Chicago Ins. Co. <u>Credit</u>	MedPro <u>Credit</u>
1st Year	25%	25%

GROUP SIZE

	Chicago Ins. Co. <u>Credit</u>	MedPro <u>Credit</u>
2 - 9	4%	4%
10 - 14	8%	8%
15+	12%	12%

PART TIME

	Chicago Ins. Co. <u>Credit</u>	MedPro <u>Credit</u>
20 hours or less	23%	25%

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT P.I RATE INDICATION PODIATRISTS

Report Year	(1) Earned Premium ¹	(2) On-Level Factors	(3) On-Level Earned Premium ¹	(4) Apriori Loss & ALAE Ratio ²	(5) To Date Paid Loss & ALAE ³	(5) Paid LDFs ³	(6) Paid Method Ultimate Loss & ALAE ⁴	(7) Paid Bornhuetter Ferguson Ultimate Loss & ALAE ⁴	(8) Incurred Loss & ALAE ⁴	(9) Incurred LDFs ³	(10) Incurred Method Ultimate Loss & ALAE ⁴	(11) Incurred Bornhuetter Ferguson Ultimate Loss & ALAE ⁴	(12) Selected Ultimate Loss & ALAE ⁵	(13) Trend Factors ⁵	(14) Ultimate Trended Loss & ALAE ⁵	(15) Ultimate Trended On-Level Loss Ratio
1996					12,739,642	1,000	12,739,642	12,739,642	12,739,642	1,000	12,739,642	12,739,642	12,739,642	1.431	18,227,484	
1997					12,831,279	1,008	12,934,302	12,831,279	12,831,279	1,000	12,831,279	12,882,790	12,882,790	1.396	17,982,728	
1998					15,394,674	1,013	15,600,017	15,394,674	15,394,674	1,000	15,394,674	15,497,346	15,497,346	1.362	21,104,695	
1999					16,381,511	1,019	16,698,309	16,381,511	16,381,511	1,000	16,381,511	16,630,154	16,630,154	1.329	22,095,008	
2000					19,528,442	1,055	20,600,772	19,528,442	19,528,442	1,000	19,528,442	20,201,599	20,201,599	1.296	26,185,434	
2001	24,995,066	1.54971	38,735,059	53.7%	16,399,642	1,114	18,275,817	17,777,298	17,136,378	1,000	17,136,378	17,456,838	17,456,838	1.265	22,075,765	57.0%
2002	31,277,508	1.45321	45,452,670	56.5%	22,563,463	1,187	26,777,692	25,344,412	25,843,553	1,012	26,152,159	26,052,072	26,102,115	1.284	32,203,421	70.9%
2003	42,120,745	1.26398	53,240,060	57.8%	22,178,937	1,410	31,266,397	29,259,196	30,971,593	1,044	32,320,022	31,987,906	31,627,152	1.204	38,068,216	71.5%
2004	50,841,950	1.08707	55,377,282	62.5%	12,289,048	2,283	28,052,650	30,169,185	25,981,895	1,186	30,816,173	30,973,523	30,492,679	1.174	35,807,513	64.7%
2005	59,953,904	0.99624	59,728,537	66.7%	2,142,116	10,662	22,839,961	38,353,982	17,610,631	1,749	30,803,099	34,724,680	32,763,889	1.146	37,536,187	62.8%
'01 to '05	209,289,173		252,633,609		75,574,406		127,212,516	140,994,073	117,544,050		137,227,831	140,874,558	138,442,673		165,691,102	65.6%

Permissible LAE Ratio: 66.3%
Rate Indication: -1.0%
Selected Change: -1.0%

SOURCE: 1) Data derived from PICA Washington filing effective 03/01/2007 Appendix Exhibit 13 and compilation of subsequent rate changes.

2) Data derived from PICA Washington filing effective 03/01/2007 Appendix Exhibit 11.

3) Data from Exhibit P. IV.

4) Ultimates are the median of all methods.

5) Data from Exhibit P. III.

6) Assumed filing effective date.

01/01/10

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT P.II EXPENSES PODIATRISTS

Expenses Category

(1) Commissions		15.0%
(2) Taxes Licenses & Fees		2.5%
(3) General Expenses		10.0%
(4) <u>Profit</u>		<u>5.0%</u>
(5) Total	[Sum of (1) to (4)]	32.5%
(6) ULE		1.8%
(7) Permissible Loss Ratio	$[(1.0 - (5))/(1.0 + (6))]$	66.3%

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT P.III TREND PODIATRISTS

Report Year	Insured Counts ¹	On-Level Premium	To date Reported Counts ¹	Selected Ultimate LALE ²	Frequency	Severity	PP
1996	3,173	-	206	12,739,642	6.5%	61,843	4,015.01
1997	3,337	-	175	12,882,790	5.2%	73,616	3,860.59
1998	3,501	-	184	15,497,346	5.3%	84,225	4,426.55
1999	3,983	-	219	16,630,154	5.5%	75,937	4,175.28
2000	4,875	-	232	20,201,599	4.8%	87,076	4,143.92
2001	5,043	38,735,059	263	17,456,838	5.2%	66,376	3,461.60
2002	6,319	45,452,670	355	26,102,115	5.6%	73,527	4,130.74
2003	7,205	53,240,060	361	31,627,152	5.0%	87,610	4,389.61
2004	7,162	55,377,282	379	30,492,679	5.3%	80,456	4,257.56
2005	7,637	59,728,537	367	32,763,889	4.8%	89,275	4,290.15
Total	52,235		2,741				
					Trend	Trend	Trend
				1996 to 2005	-1.6%	2.3%	0.6%
				1997 to 2005	-0.6%	1.3%	0.7%
				1998 to 2005	-0.7%	1.0%	0.3%
				1999 to 2005	-0.8%	2.2%	1.3%
				2000 to 2005	-0.1%	2.5%	2.5%
				2001 to 2005	-2.2%	7.1%	4.7%
				Selected:			2.5%

NOTE: 1) Data from PICA Washington filing effective 03/01/2007 Appendix, Exhibit 7.
2) Ultimates are from Exhibit P.I.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT P.IV - A PAID LOSS DEVELOPMENT PODIATRISTS

	Paid Loss & ALAE									
	<u>12</u>	<u>24</u>	<u>36</u>	<u>48</u>	<u>60</u>	<u>72</u>	<u>84</u>	<u>96</u>	<u>108</u>	<u>120</u>
1987										7,240,132
1988									5,573,375	5,585,243
1989								5,673,999	5,674,131	5,674,131
1990							7,673,465	7,743,809	7,842,797	7,865,826
1991						8,999,340	9,473,252	9,485,718	9,566,241	9,574,680
1992					10,684,320	10,810,876	10,893,317	10,901,380	10,920,478	10,918,810
1993				10,693,077	12,673,791	14,018,673	15,107,065	15,153,042	15,158,967	15,363,787
1994			8,118,821	9,348,785	11,092,709	11,795,525	11,937,030	12,315,843	12,359,600	12,858,902
1995		3,730,416	8,011,132	11,664,626	12,041,410	12,741,485	12,848,430	12,958,493	13,217,887	13,217,887
1996	570,560	3,450,262	7,008,744	8,227,111	9,528,419	10,913,270	12,718,696	12,728,515	12,738,315	12,739,642
1997	336,537	2,452,555	6,253,787	10,103,213	12,469,729	12,716,053	12,817,737	12,823,309	12,831,279	
1998	528,331	4,498,050	8,678,595	12,410,016	13,947,271	15,366,743	15,391,209	15,394,674		
1999	762,180	6,165,269	10,498,574	14,973,872	15,790,240	16,241,786	16,381,511			
2000	1,526,254	9,998,465	14,838,895	17,826,342	19,279,592	19,528,442				
2001	1,449,065	8,381,941	13,075,670	15,530,272	16,399,842					
2002	1,925,625	11,596,546	19,163,392	22,563,463						
2003	2,346,037	13,627,173	22,179,937							
2004	3,759,574	12,289,048								
2005	2,142,116									
	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>	
1987										
1988										1.002
1989								1.000		1.000
1990							1.009	1.013		1.003
1991						1.053	1.001	1.008		1.001
1992					1.012	1.008	1.001	1.002		1.000
1993				1.185	1.106	1.078	1.003	1.000		1.014
1994			1.151	1.187	1.063	1.012	1.032	1.004		1.040
1995		2.148	1.456	1.032	1.058	1.008	1.009	1.020		1.000
1996	6.047	2.031	1.174	1.158	1.145	1.165	1.001	1.001		1.000
1997	7.288	2.550	1.616	1.234	1.020	1.008	1.000	1.001		
1998	8.514	1.929	1.430	1.124	1.102	1.002	1.000			
1999	8.089	1.703	1.426	1.055	1.029	1.009				
2000	6.551	1.484	1.201	1.082	1.013					
2001	5.784	1.560	1.188	1.056						
2002	6.022	1.653	1.177							
2003	5.809	1.628								
2004	3.269									
	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>	
All Years	6.375	1.854	1.313	1.124	1.061	1.038	1.006	1.005		1.007
Latest 3	5.033	1.613	1.189	1.064	1.048	1.006	1.000	1.007		1.014
Ex. Hi-Lo	6.513	1.807	1.293	1.121	1.056	1.025	1.003	1.004		1.003
Wtd. Avg.	5.488	1.717	1.282	1.112	1.056	1.035	1.006	1.005		1.008
Wtd. Last 5	5.078	1.603	1.257	1.099	1.053	1.032	1.008	1.005		1.011
Wtd. Last 3	4.671	1.619	1.188	1.065	1.043	1.006	1.000	1.007		1.013
Selected	4.671	1.619	1.188	1.065	1.056	1.035	1.006	1.005	1.008	1.000
Cumulative	10.662	2.283	1.410	1.187	1.114	1.055	1.019	1.013	1.008	1.000

SOURCE: PICA Washington filing effective 03/01/2007 Appendix, Exhibit 5.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT P.IV - B INCURRED LOSS DEVELOPMENT PODIATRISTS

Incurred Loss & ALAE

	<u>12</u>	<u>24</u>	<u>36</u>	<u>48</u>	<u>60</u>	<u>72</u>	<u>84</u>	<u>96</u>	<u>108</u>	<u>120</u>
1987										7,346,235
1988									5,765,018	5,707,150
1989								5,715,755	5,684,342	5,684,342
1990							8,499,765	8,470,663	8,231,636	8,581,636
1991						10,366,223	9,977,027	9,594,776	9,618,358	9,576,797
1992					11,400,783	11,231,169	11,057,671	11,051,802	10,921,703	10,918,810
1993				15,915,643	16,117,610	15,683,382	15,659,640	15,298,767	15,352,630	15,363,787
1994			11,986,269	12,590,966	12,663,201	12,604,376	12,967,245	13,081,435	12,959,916	12,858,902
1995		13,387,705	13,321,847	13,914,933	13,115,289	13,215,332	12,957,311	12,981,446	13,217,887	13,217,887
1996	7,762,424	14,331,100	12,813,451	12,055,806	11,753,767	11,599,663	12,836,634	12,817,796	12,759,691	12,739,642
1997	8,242,792	12,943,231	12,261,365	12,869,495	13,087,343	13,286,438	13,022,285	12,823,309	12,831,279	
1998	12,474,059	14,734,586	13,892,162	13,874,650	15,628,946	15,454,774	15,391,209	15,394,674		
1999	12,224,680	18,945,374	15,771,375	16,535,299	16,719,344	16,683,889	16,561,999			
2000	13,557,841	18,956,728	18,145,596	19,801,093	19,796,247	19,802,425				
2001	10,661,248	12,869,325	16,193,309	16,682,462	17,136,378					
2002	17,427,060	24,138,994	26,101,059	25,843,553						
2003	16,404,345	27,453,488	30,971,593							
2004	18,771,132	25,981,895								
2005	17,610,631									

	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>
1987									
1988									0.990
1989								0.995	1.000
1990							0.997	0.972	1.043
1991						0.962	0.962	1.002	0.996
1992					0.985	0.985	0.999	0.988	1.000
1993				1.013	0.973	0.998	0.977	1.004	1.001
1994			1.050	1.006	0.995	1.029	1.009	0.991	0.992
1995		0.995	1.045	0.943	1.008	0.980	1.002	1.018	1.000
1996	1.846	0.894	0.941	0.975	0.987	1.107	0.999	0.995	0.998
1997	1.570	0.947	1.050	1.017	1.015	0.980	0.985	1.001	
1998	1.181	0.943	0.999	1.126	0.989	0.996	1.000		
1999	1.550	0.832	1.048	1.011	0.998	0.993			
2000	1.398	0.957	1.091	1.000	1.000				
2001	1.207	1.258	1.030	1.027					
2002	1.385	1.081	0.990						
2003	1.674	1.128							
2004	1.384								

	<u>12 to 24</u>	<u>24 to 36</u>	<u>36 to 48</u>	<u>48 to 60</u>	<u>60 to 72</u>	<u>72 to 84</u>	<u>84 to 96</u>	<u>96 to 108</u>	<u>108 to 120</u>
All Years	1.466	1.004	1.027	1.013	0.994	1.003	0.992	0.996	1.002
Latest 3	1.481	1.156	1.037	1.013	0.996	0.990	0.994	1.005	0.997
Ex. Hi-Lo	1.453	0.992	1.030	1.007	0.995	0.994	0.994	0.997	0.998
Wtd. Avg.	1.450	1.011	1.026	1.013	0.994	1.003	0.992	0.997	1.001
Wtd. Last 5	1.424	1.047	1.029	1.033	0.998	1.008	0.999	1.002	0.998
Wtd. Last 3	1.475	1.137	1.031	1.012	0.996	0.990	0.995	1.005	0.997
Selected	1.475	1.137	1.031	1.012	1.000	1.000	1.000	1.000	1.000
Cumulative	1.749	1.186	1.044	1.012	1.000	1.000	1.000	1.000	1.000

SOURCE: PICA Washington filing effective 03/01/2007 Appendix, Exhibit 6.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT P.V-A
RATE OF RETURN MODEL

CALCULATION OF UNDERWRITING PROFIT PROVISION
REFLECTING INVESTMENT INCOME

		Time	Premium Collection Pattern	Time	LLAE Payment Pattern
Investment Income Rate	3.68%				
Investment Income Tax Rate	18.85%				
Underwriting Tax Rate	35.00%	0.00	70.0%	0.00	0.0%
			0.25	10.0%	9.4%
UEPR/Surplus Ratio	2.44	0.50	10.0%	1.25	34.4%
LLAE Reserve/Surplus Ratio	2.32	0.75	10.0%	2.25	27.1%
		1.00	0.0%	3.25	13.3%
Variable Expense Ratio	27.50%			4.25	5.5%
Fixed Expense Ratio	0.00%			5.25	5.1%
				6.25	3.3%
LLAE Ratio	67.50%			7.25	0.6%
				8.25	0.5%
Combined Ratio	95.00%			9.25	0.8%
				10.25	0.0%
				11.25	0.0%
Underwriting Profit Provision	5.00%			12.25	0.0%
				13.25	0.0%
				14.25	0.0%
Total Return on Surplus	9.21%			15.25	0.0%

Time	(1) Collected Premium	(2) Earned Premium	(3) UEPR	(4) Change in UEPR	(5) Written Expenses	(6) Earned Expenses	(7) Incurred LLAE	(8) Paid LLAE	(9) LLAE Reserve	(10) Change in LLAE Reserve	(11) Tax Code Reserve Discount Factors	(12) Discounted LLAE Reserve	(13) Change in Discounted LLAE Reserve	(14) Tax Code UW Profit/Loss	(15) Tax on Tax Code UW Profit/Loss
0.00	\$ 70.00	\$ -	\$ 100.00	\$ 100.00	\$ 27.50	\$ -	\$ -	\$ -	\$ -	\$ -	0.9343	\$ -	\$ -	\$ (7.50)	\$ (2.63)
0.25	\$ 10.00	\$ 25.00	\$ 75.00	\$ (25.00)	\$ -	\$ -	\$ 16.88	\$ 6.33	\$ 10.54	\$ 10.54	0.9343	\$ 9.85	\$ 9.85	\$ 3.82	\$ 1.34
0.50	\$ 10.00	\$ 25.00	\$ 50.00	\$ (25.00)	\$ -	\$ -	\$ 16.88	\$ -	\$ 27.42	\$ 16.88	0.9343	\$ 25.62	\$ 15.77	\$ 4.23	\$ 1.48
0.75	\$ 10.00	\$ 25.00	\$ 25.00	\$ (25.00)	\$ -	\$ -	\$ 16.88	\$ -	\$ 44.29	\$ 16.88	0.9343	\$ 41.38	\$ 15.77	\$ 4.23	\$ 1.48
1.00	\$ -	\$ 25.00	\$ -	\$ (25.00)	\$ -	\$ -	\$ 16.88	\$ -	\$ 61.17	\$ 16.88	0.9343	\$ 57.15	\$ 15.77	\$ 4.23	\$ 1.48
1.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 23.24	\$ 37.93	\$ (23.24)	0.9487	\$ 35.98	\$ (21.16)	\$ (2.08)	\$ (0.73)
2.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18.31	\$ 19.62	\$ (18.31)	0.9160	\$ 17.97	\$ (18.02)	\$ (0.30)	\$ (0.10)
3.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8.99	\$ 10.62	\$ (8.99)	0.9356	\$ 9.94	\$ (8.03)	\$ (0.97)	\$ (0.34)
4.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3.69	\$ 6.93	\$ (3.69)	0.9251	\$ 6.41	\$ (3.53)	\$ (0.16)	\$ (0.06)
5.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3.42	\$ 3.51	\$ (3.42)	0.8592	\$ 3.02	\$ (3.39)	\$ (0.02)	\$ (0.01)
6.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2.23	\$ 1.28	\$ (2.23)	0.8985	\$ 1.15	\$ (1.87)	\$ (0.36)	\$ (0.13)
7.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.39	\$ 0.89	\$ (0.39)	0.9497	\$ 0.84	\$ (0.31)	\$ (0.09)	\$ (0.03)
8.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.35	\$ 0.54	\$ (0.35)	0.1645	\$ 0.09	\$ (0.76)	\$ 0.40	\$ 0.14
9.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.54	\$ -	\$ (0.54)	0.9699	\$ -	\$ (0.09)	\$ (0.45)	\$ (0.16)
10.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
11.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
12.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
13.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
14.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
15.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.9698	\$ -	\$ -	\$ -	\$ -
Totals	\$ 100.00	\$ 100.00	\$ -	\$ 27.50	\$ -	\$ -	\$ 67.50	\$ 67.50	\$ -	\$ -			\$ (0.00)	\$ 5.00	\$ 1.75

Time	From Reserves			From Required Surplus				Cash Flow	9.21% Discount Factors	Discounted Cash Flow
	Total Reserves	Investment Income	Investment Income Net of Tax	Required Surplus	Change in Required Surplus	Investment Income	Investment Income Net of Tax			
0.00	\$ 100.00	\$ -	\$ -	\$ 71.00	\$ 71.00	\$ -	\$ -	\$ (125.87)	1.0000	\$ (125.87)
0.25	\$ 85.54	\$ 0.91	\$ 0.74	\$ 55.30	\$ (15.70)	\$ 0.64	\$ 0.52	\$ 33.75	0.9782	\$ 33.01
0.50	\$ 77.42	\$ 0.78	\$ 0.63	\$ 42.33	\$ (12.97)	\$ 0.50	\$ 0.41	\$ 30.85	0.9569	\$ 29.33
0.75	\$ 69.29	\$ 0.70	\$ 0.57	\$ 29.37	\$ (12.97)	\$ 0.38	\$ 0.31	\$ 30.49	0.9361	\$ 28.54
1.00	\$ 61.17	\$ 0.63	\$ 0.51	\$ 26.40	\$ (2.97)	\$ 0.27	\$ 0.22	\$ 10.34	0.9157	\$ 9.46
1.25	\$ 37.93	\$ 0.55	\$ 0.45	\$ 16.37	\$ (10.03)	\$ 0.24	\$ 0.19	\$ 11.40	0.8958	\$ 10.21
2.25	\$ 19.62	\$ 1.39	\$ 1.13	\$ 8.47	\$ (7.90)	\$ 0.60	\$ 0.49	\$ 9.63	0.8202	\$ 7.90
3.25	\$ 10.62	\$ 0.72	\$ 0.59	\$ 4.58	\$ (3.88)	\$ 0.31	\$ 0.25	\$ 5.06	0.7511	\$ 3.80
4.25	\$ 6.93	\$ 0.39	\$ 0.32	\$ 2.99	\$ (1.59)	\$ 0.17	\$ 0.14	\$ 2.10	0.6878	\$ 1.45
5.25	\$ 3.51	\$ 0.25	\$ 0.21	\$ 1.52	\$ (1.47)	\$ 0.11	\$ 0.09	\$ 1.78	0.6298	\$ 1.12
6.25	\$ 1.28	\$ 0.13	\$ 0.10	\$ 0.55	\$ (0.96)	\$ 0.06	\$ 0.05	\$ 1.24	0.5767	\$ 0.72
7.25	\$ 0.89	\$ 0.05	\$ 0.04	\$ 0.38	\$ (0.17)	\$ 0.02	\$ 0.02	\$ 0.25	0.5281	\$ 0.13
8.25	\$ 0.54	\$ 0.03	\$ 0.03	\$ 0.23	\$ (0.15)	\$ 0.01	\$ 0.01	\$ 0.05	0.4836	\$ 0.02
9.25	\$ -	\$ 0.02	\$ 0.02	\$ -	\$ (0.23)	\$ 0.01	\$ 0.01	\$ 0.41	0.4428	\$ 0.18
10.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.4055	\$ -
11.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.3713	\$ -
12.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.3400	\$ -
13.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.3113	\$ -
14.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.2851	\$ -
15.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.2611	\$ -
Totals		\$ 6.56	\$ 5.32	\$ -	\$ 3.32	\$ 2.70	\$ 11.27	\$ 0.00		

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT P.V-B RATE OF RETURN MODEL

CALCULATION OF INVESTMENT INCOME RATE AND EFFECTIVE FEDERAL INCOME TAX RATE ON INVESTMENT INCOME

The rate of return is the ratio of net investment income earned to mean cash and invested assets as determined from the Annual Statement.

Year	Prior Year Cash and Invested Assets	Current Year Cash and Invested Assets	Mean Cash and Invested Assets	Net Investment Income	Rate of Return
2006	\$ 2,101,581,058	\$ 1,510,286,537	\$ 1,805,933,798	\$ 56,193,970	3.11%
2007	\$ 1,510,286,537	\$ 1,609,655,711	\$ 1,559,971,124	\$ 57,887,667	3.71%
2008	\$ 1,609,655,711	\$ 1,756,057,973	\$ 1,682,856,842	\$ 71,516,856	4.25%
Selected					3.68%

The effective rate of Federal Income Tax was determined by applying current tax rates to the distribution of Annual Statement investment income.

Asset Type	Net Investment Income	FIT Rate
Bonds		
Taxable	\$ 23,577,379	35.00% (a)
Nontaxable	\$ 31,114,053	5.25% (b)
Subtotal	\$ 54,691,432	18.08%
Stocks		
Affiliates	\$ -	
Nonaffiliates	\$ 11,004,390	
Subtotal	\$ 11,004,390	14.18% (c)
Other		
Mortgage loans	\$ -	
Real estate	\$ 1,000,000	
Cash and short-term investments	\$ 6,521,813	
All other	\$ -	
Subtotal	\$ 7,521,813	35.00% (a)
Total Gross Investment Income	\$ 73,217,635	19.23%
Total Investment Deductions	\$ 1,700,779	35.00% (a)
Total Net Investment Income	\$ 71,516,856	18.85%

Notes:

- (a) Full corporate tax rate of 35%.
- (b) 100% of the income on tax-exempt bonds is subject to proration. That is, 15% of that income is taxed at the full corporate tax rate of 35%. The applicable tax rate is $(15\%)(35\%) = 5.25\%$.
- (c) 30% of the dividend income on stock is subject to the full corporate tax rate of 35%. The remaining 70% of dividend income on stock is subject to proration. That is, 15% of that income is taxed at the full corporate tax rate of 35%. The applicable tax rate is $[(30\%)(35\%) + (70\%)(15\%)(35\%)] = 14.18\%$.

THE MEDICAL PROTECTIVE COMPANY

EXHIBIT P.VI-B RATING FACTOR COMPARISON Illinois

<u>CMA</u>	<u>PICA Factor</u>	<u>MedPro Factor</u>
Step 1	0.40	0.40
Step 2	0.60	0.60
Step 3	0.85	0.85
Step 4	1.00	1.00
MCM to OCC Factor:		0.95

<u>Limit</u>	<u>PICA Factor</u>	<u>MedPro Factor</u>
100/300	1.00	1.00
200/600	1.20	1.20
250/750	1.29	1.29
500/1000	1.40	1.40
500/1500	1.44	1.44
1000/1000	1.55	1.55
1000/3000	1.70	1.70
2000/2000	Refer to Co.	1.97
2000/4000	Refer to Co.	2.04
2000/6000	Refer to Co.	2.09
3000/3000	Refer to Co.	2.45
3000/5000	Refer to Co.	2.51
4000/4000	Refer to Co.	2.99
4000/6000	Refer to Co.	3.05
5000/5000	Refer to Co.	3.58
5000/7000	Refer to Co.	3.64

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HEALTHCARE PROFESSIONALS

OPTOMETRISTS

OCCURRENCE PROGRAM

GROUP SIZE CREDIT RULE

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR GROUPS OF INSURED, WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING:

CLASS O1	PERCENTAGE OF CREDIT
2-9	4%
10-14	8%
15 -199	12%
200 OR MORE	SEE GROUP RATING RULE

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OPTOMETRISTS

STANDARD CLAIMS MADE PROGRAM

GROUP SIZE CREDIT RULE

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THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING:

CLASS O1	PERCENTAGE OF CREDIT
2-9	4%
10-14	8%
15 - 199	12%
200 OR MORE	SEE GROUP RATING RULE

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CHIROPRACTORS

OCCURRENCE PROGRAM

CLASS PLAN

CLASS C1

INDIVIDUAL CHIROPRACTORS.

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MAY 24 2010

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Edition Date: 01/01/2010

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HEALTHCARE PROFESSIONALS
CHIROPRACTORS
STANDARD CLAIMS MADE PROGRAM
CLASS PLAN

CLASS C1

INDIVIDUAL CHIROPRACTORS.

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HEALTHCARE PROFESSIONALS

OPTOMETRISTS

OCCURRENCE PROGRAM

CLASS PLAN

CLASS 01

OPTOMETRISTS.

CLASS 02

OPHTHALMIC TECHNOLOGISTS.

CLASS 03

OPTICIANS.

CLASS 04

OPTOMETRIC TECHNICIANS.

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HEALTHCARE PROFESSIONALS
OPTOMETRISTS
STANDARD CLAIMS MADE PROGRAM
CLASS PLAN

CLASS 01

OPTOMETRISTS.

CLASS 02

OPHTHALMIC TECHNOLOGISTS.

CLASS 03

OPTICIANS.

CLASS 04

OPTOMETRIC TECHNICIANS.

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PODIATRISTS

OCCURRENCE PROGRAM

CLASS PLAN

CLASS F1

PODIATRISTS PERFORMING NON-SURGICAL PROCEDURES. NON-SURGICAL PROCEDURES FOR THE PURPOSES OF CLASSIFICATION SHALL INCLUDE; LOCAL ANESTHETIC INJECTIONS, THERAPEUTIC INJECTIONS, SURGICAL PROCEDURES INVOLVING THE NAILS, EXCISION OF SKIN LESIONS, AND THE TREATMENT OF ABSCESSSES OR ULCERS.

CLASS F2

PODIATRISTS PERFORMING SURGICAL PROCEDURES OR ASSISTING IN SURGICAL PROCEDURES REQUIRING ANESTHESIA.

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HEALTHCARE PROFESSIONALS

PODIATRISTS

STANDARD CLAIMS MADE PROGRAM

CLASS PLAN

CLASS F1

PODIATRISTS PERFORMING NON-SURGICAL PROCEDURES. NON-SURGICAL PROCEDURES FOR THE PURPOSES OF CLASSIFICATION SHALL INCLUDE; LOCAL ANESTHETIC INJECTIONS, THERAPEUTIC INJECTIONS, SURGICAL PROCEDURES INVOLVING THE NAILS, EXCISION OF SKIN LESIONS, AND THE TREATMENT OF ABSCESSSES OR ULCERS.

CLASS F2

PODIATRISTS PERFORMING SURGICAL PROCEDURES OR ASSISTING IN SURGICAL PROCEDURES REQUIRING ANESTHESIA.

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ILLINOIS

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

EXTENSION CONTRACT RATING FACTORS

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
LESS THAN 1	0.654
1	0.975
2	1.062
3	1.082
MATURE	1.082

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HEALTHCARE PROFESSIONALS

OPTOMETRISTS

STANDARD CLAIMS MADE PROGRAM

EXTENSION CONTRACT RATING FACTORS

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
LESS THAN 1	0.900
1	1.300
2	1.550
3	1.700
MATURE	1.700

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HEALTHCARE PROFESSIONALS

PODIATRISTS

STANDARD CLAIMS MADE PROGRAM

EXTENSION CONTRACT RATING FACTORS

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
LESS THAN 1	1.000
1	1.550
2	1.750
MATURE	1.800

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ILLINOIS

CHIROPRACTORS

STANDARD CLAIMS-MADE

CLAIMS MADE FACTORS

YEARS SINCE RETROACTIVE DATE	FACTOR
0	0.350
1	0.650
2	0.900
3	0.970
4 OR MORE	1.000
 MATURE CLAIMS MADE TO OCCURRENCE FACTOR	 0.960

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OPTOMETRISTS

STANDARD CLAIMS-MADE

CLAIMS MADE FACTORS

YEARS SINCE RETROACTIVE DATE	FACTOR
0	0.350
1	0.600
2	0.750
3	0.850
4 OR MORE	1.000
MATURE CLAIMS MADE TO OCCURRENCE FACTOR	0.950

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

IL-10-1

CMF-IL

**The
Medical Protective Company
Fort Wayne, Indiana 46835**

Professional Protection Exclusively Since 1899

ILLINOIS

PODIATRISTS

STANDARD CLAIMS-MADE

CLAIMS MADE FACTORS

YEARS SINCE RETROACTIVE DATE	FACTOR
0	0.400
1	0.600
2	0.850
3 OR MORE	1.000
 MATURE CLAIMS MADE TO OCCURRENCE FACTOR	 0.950

FILED

MAY 24 2010

IL-10-1

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

CMF-IL

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CHIROPRACTORS
OCCURRENCE PROGRAM
RATING TERRITORY RULE

- AREA 1: CANE, COOK, DUPAGE, KENDAL, LAKE, MCHENRY AND
WILL COUNTIES.
- AREA 2: CLINTON, JERSEY, MONROE, MADISON, RANDOLPH, ST.
CLAIR AND WASHINGTON COUNTIES.
- AREA 3: REMAINDER OF STATE.

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
CHIROPRACTORS
STANDARD CLAIMS MADE PROGRAM
RATING TERRITORY RULE

- AREA 1: CANE, COOK, DUPAGE, KENDAL, LAKE, MCHENRY AND
WILL COUNTIES.
- AREA 2: CLINTON, JERSEY, MONROE, MADISON, RANDOLPH, ST.
CLAIR AND WASHINGTON COUNTIES.
- AREA 3: REMAINDER OF STATE.

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS
HEALTHCARE PROFESSIONALS
OPTOMETRISTS
OCCURRENCE PROGRAM
RATING TERRITORY RULE

AREA 1: COOK COUNTY.

AREA 2: REMAINDER OF STATE.

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

HEALTHCARE PROFESSIONALS

OPTOMETRISTS

STANDARD CLAIMS MADE PROGRAM

RATING TERRITORY RULE

AREA 1: COOK COUNTY.

AREA 2: REMAINDER OF STATE.

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835
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ILLINOIS

HEALTHCARE PROFESSIONALS

PODIATRISTS

OCCURRENCE PROGRAM

RATING TERRITORY RULE

AREA 1: COOK COUNTY.

AREA 2: REMAINDER OF STATE.

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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ILLINOIS

HEALTHCARE PROFESSIONALS

PODIATRISTS

STANDARD CLAIMS MADE PROGRAM

RATING TERRITORY RULE

AREA 1: COOK COUNTY.

AREA 2: REMAINDER OF STATE.

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1
CHIROPRACTORS
OCCURRENCE RATES

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	2,129	2,470	2,597	3,087	3,194	3,257	3,385	3,598

FILED

MAY 24 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1
CHIROPRACTORS
OCCURRENCE RATES

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,704	3,811	3,939	4,045	4,279	4,386	4,620	4,726

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2
CHIROPRACTORS
OCCURRENCE RATES

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	2,334	2,707	2,847	3,384	3,501	3,571	3,711	3,944

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2
CHIROPRACTORS
OCCURRENCE RATES

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	4,061	4,178	4,318	4,435	4,691	4,808	5,065	5,181

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

IL-10-1

RTS-OCC

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3
CHIROPRACTORS
OCCURRENCE RATES

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	2,047	2,375	2,497	2,968	3,071	3,132	3,255	3,459

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

IL-10-1

RTS-OCC

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3
CHIROPRACTORS
OCCURRENCE RATES

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,562	3,664	3,787	3,889	4,114	4,217	4,442	4,544

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	715	829	872	1,037	1,073	1,094	1,137	1,208

FILED

MAY 24 2010

The
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Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	1,244	1,280	1,323	1,359	1,437	1,473	1,552	1,587

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,329	1,542	1,621	1,927	1,994	2,033	2,113	2,246

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	2,312	2,379	2,459	2,525	2,671	2,738	2,884	2,950

FILED

MAY 24 2010

IL-10-1

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RTS-CM1

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,840	2,134	2,245	2,668	2,760	2,815	2,926	3,110

FILED

MAY 24 2010

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,202	3,294	3,404	3,496	3,698	3,790	3,993	4,085

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,983	2,300	2,419	2,875	2,975	3,034	3,153	3,351

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835
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ILLINOIS - AREA 1
CHIROPRACTORS
STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,450	3,550	3,669	3,768	3,986	4,085	4,303	4,402

FILED

MAY 24 2010

IL-10-1

RTS-CM3

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1
CHIROPRACTORS
STANDARD CLAIMS MADE RATES
MATURE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	2,044	2,371	2,494	2,964	3,066	3,127	3,250	3,454

FILED

MAY 24 2010

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1
CHIROPRACTORS
STANDARD CLAIMS MADE RATES

MATURE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,557	3,659	3,781	3,884	4,108	4,211	4,435	4,538

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	784	909	956	1,137	1,176	1,200	1,247	1,325

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RTS-CM0

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2
CHIROPRACTORS
STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	1,364	1,403	1,450	1,490	1,576	1,615	1,701	1,740

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,456	1,689	1,776	2,111	2,184	2,228	2,315	2,461

FILED

MAY 24 2010

IL-10-1

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RTS-CM1

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2
CHIROPRACTORS
STANDARD CLAIMS MADE RATES
1 YEAR SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	2,533	2,606	2,694	2,766	2,927	2,999	3,160	3,232

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

IL-10-1

RTS-CM1

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	2,016	2,339	2,460	2,923	3,024	3,084	3,205	3,407

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

IL-10-1

RTS-CM2

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,508	3,609	3,730	3,830	4,052	4,153	4,375	4,476

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	2,173	2,521	2,651	3,151	3,260	3,325	3,455	3,672

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,781	3,890	4,020	4,129	4,368	4,476	4,715	4,824

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2
CHIROPRACTORS
STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	2,240	2,598	2,733	3,248	3,360	3,427	3,562	3,786

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

IL-10-1

RTS-CM4

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2
CHIROPRACTORS
STANDARD CLAIMS MADE RATES

MATURE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,898	4,010	4,144	4,256	4,502	4,614	4,861	4,973

FILED

MAY 24 2010

RTS-CM4

IL-10-1

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	688	798	839	998	1,032	1,053	1,094	1,163

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	1,197	1,232	1,273	1,307	1,383	1,417	1,493	1,527

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RTS-CM0

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,277	1,481	1,558	1,852	1,916	1,954	2,030	2,158

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

IL-10-1

RTS-CM1

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3
CHIROPRACTORS
STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	2,222	2,286	2,362	2,426	2,567	2,631	2,771	2,835

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,769	2,052	2,158	2,565	2,654	2,707	2,813	2,990

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,078	3,167	3,273	3,361	3,556	3,644	3,839	3,927

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3
CHIROPRACTORS
STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,906	2,211	2,325	2,764	2,859	2,916	3,031	3,221

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 3

CHIROPRACTORS

STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,316	3,412	3,526	3,621	3,831	3,926	4,136	4,231

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835
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ILLINOIS - AREA 3
CHIROPRACTORS
STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,965	2,279	2,397	2,849	2,948	3,006	3,124	3,321

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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ILLINOIS - AREA 3
CHIROPRACTORS
STANDARD CLAIMS MADE RATES
MATURE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,419	3,517	3,635	3,734	3,950	4,048	4,264	4,362

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1
OPTOMETRISTS
OCCURRENCE RATES

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	572	606	635	709	738	852	887	972
O2	538	570	597	667	694	802	834	915
O3	359	381	398	445	463	535	556	610
O4	102	108	113	126	132	152	158	173

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

IL-10-1

ORTS-OCC

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Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1
OPTOMETRISTS
OCCURRENCE RATES

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	1,001	1,030	1,104	1,133	1,247	1,276	1,401	1,430
O2	942	968	1,038	1,065	1,173	1,200	1,318	1,345
O3	628	646	693	711	783	801	880	898
O4	179	184	197	202	222	227	250	255

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2
OPTOMETRISTS
OCCURRENCE RATES

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	360	382	400	446	464	536	558	612
O2	339	359	376	420	437	505	525	576
O3	226	240	251	280	292	337	350	384
O4	64	68	71	79	83	95	99	109

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
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ILLINOIS - AREA 2
OPTOMETRISTS
OCCURRENCE RATES

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	630	648	695	713	785	803	882	900
O2	593	610	654	671	739	756	831	848
O3	396	407	436	447	493	504	554	565
O4	112	115	124	127	140	143	157	160

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS - AREA 1

OPTOMETRISTS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	190	201	211	236	245	283	295	323
O2	179	190	199	222	231	267	277	304
O3	119	126	132	148	154	177	184	202
O4	34	36	38	42	44	51	53	58

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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OPTOMETRISTS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	333	342	367	376	414	424	466	475
O2	313	322	345	354	390	399	439	448
O3	208	214	230	236	259	265	292	298
O4	60	61	66	67	74	76	83	85

FILED

MAY 24 2010

STATE OF ILLINOIS
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SPRINGFIELD, ILLINOIS

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OPTOMETRISTS

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	326	346	362	404	421	486	505	554
O2	307	325	341	381	396	457	476	522
O3	205	217	228	254	264	305	318	349
O4	58	61	64	72	75	86	90	99

FILED

MAY 24 2010

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STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	571	587	629	645	711	727	799	815
O2	537	553	593	608	669	685	752	768
O3	359	369	396	406	447	457	502	513
O4	102	104	112	115	126	129	142	145

FILED

MAY 24 2010

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OPTOMETRISTS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	408	432	453	506	526	608	632	694
O2	384	407	426	476	495	572	595	653
O3	256	271	284	317	330	381	397	435
O4	73	77	81	91	94	109	113	124

FILED

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STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	714	734	787	808	889	910	1,000	1,020
O2	672	691	741	760	837	856	941	960
O3	448	461	494	507	558	571	627	640
O4	128	131	141	145	159	163	179	183

FILED

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OPTOMETRISTS

STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	462	490	513	573	596	688	716	785
O2	435	461	483	539	561	648	674	740
O3	290	307	322	360	374	432	450	493
O4	82	87	91	102	106	122	127	139

FILED

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STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	809	832	892	915	1,007	1,030	1,132	1,155
O2	761	783	840	861	948	970	1,066	1,088
O3	508	522	560	574	632	647	711	725
O4	144	148	158	162	179	183	201	205

FILED

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OPTOMETRISTS

STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	544	577	604	675	702	811	843	925
O2	512	543	568	635	660	763	794	870
O3	341	361	379	423	440	508	529	580
O4	97	103	108	120	125	145	150	165

FILED

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OPTOMETRISTS

STANDARD CLAIMS MADE RATES

MATURE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	952	979	1,050	1,077	1,186	1,213	1,333	1,360
O2	896	922	988	1,014	1,116	1,142	1,254	1,280
O3	597	614	658	675	743	760	835	853
O4	170	175	187	192	211	216	238	243

FILED

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STATE OF ILLINOIS
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OPTOMETRISTS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	120	127	133	149	155	179	186	204
O2	113	120	125	140	146	168	175	192
O3	75	80	83	93	97	112	116	128
O4	21	22	23	26	27	31	33	36

FILED

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0 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	210	216	232	238	262	268	294	300
O2	198	203	218	224	246	252	277	283
O3	131	135	145	149	164	167	184	188
O4	37	38	41	42	46	47	51	53

FILED

MAY 24 2010

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OPTOMETRISTS

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	205	217	228	254	264	305	318	349
O2	193	205	214	239	249	288	299	328
O3	128	136	142	159	165	191	198	218
O4	37	39	41	46	48	55	57	63

FILED

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OPTOMETRISTS

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	359	369	396	406	447	457	502	513
O2	338	347	372	382	421	430	473	483
O3	224	230	247	253	279	285	314	320
O4	65	67	71	73	81	83	91	93

FILED

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OPTOMETRISTS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	257	272	285	319	332	383	398	437
O2	242	257	269	300	312	361	375	411
O3	161	171	179	200	208	240	250	274
O4	46	49	51	57	59	69	71	78

FILED

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OPTOMETRISTS

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2 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	450	463	496	509	560	573	630	643
O2	424	436	467	479	528	540	593	605
O3	282	290	311	319	351	359	394	403
O4	81	83	89	91	100	103	113	115

FILED

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STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	291	308	323	361	375	434	451	495
O2	274	290	304	340	353	408	425	466
O3	182	193	202	226	235	271	282	309
O4	52	55	58	64	67	77	81	88

FILED

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STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	509	524	562	576	634	649	713	728
O2	480	493	529	543	597	611	671	685
O3	319	328	351	360	397	406	446	455
O4	91	94	100	103	113	116	127	130

FILED

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OPTOMETRISTS

STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	342	363	380	424	441	510	530	581
O2	322	341	357	399	415	480	499	547
O3	214	227	238	265	276	319	332	364
O4	61	65	68	76	79	91	95	104

FILED

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OPTOMETRISTS

STANDARD CLAIMS MADE RATES

MATURE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	599	616	660	677	746	763	838	855
O2	564	580	621	638	702	718	789	805
O3	375	385	413	424	467	477	524	535
O4	107	110	118	121	133	136	149	153

FILED

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ILLINOIS - AREA 1
PODIATRISTS
OCCURRENCE RATES

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	6,901	8,281	8,902	9,661	9,937	10,697	11,732	13,595
F2	10,001	12,001	12,901	14,001	14,401	15,502	17,002	19,702

FILED

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ILLINOIS - AREA 1
PODIATRISTS
OCCURRENCE RATES

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	14,078	14,423	16,907	17,322	20,634	21,048	24,706	25,120
F2	20,402	20,902	24,502	25,103	29,903	30,503	35,804	36,404

FILED

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PODIATRISTS
OCCURRENCE RATES

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	4,379	5,255	5,649	6,131	6,306	6,787	7,444	8,627
F2	6,346	7,615	8,186	8,884	9,138	9,836	10,788	12,502

FILED

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PODIATRISTS
OCCURRENCE RATES

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	8,933	9,152	10,729	10,991	13,093	13,356	15,677	15,940
F2	12,946	13,263	15,548	15,928	18,975	19,355	22,719	23,099

FILED

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PODIATRISTS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	2,622	3,146	3,382	3,671	3,776	4,064	4,457	5,165
F2	3,801	4,561	4,903	5,321	5,473	5,892	6,462	7,488

FILED

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PODIATRISTS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	5,349	5,480	6,424	6,581	7,840	7,997	9,387	9,544
F2	7,754	7,944	9,312	9,541	11,365	11,593	13,608	13,836

FILED

MAY 24 2010

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PODIATRISTS

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	3,934	4,721	5,075	5,508	5,665	6,098	6,688	7,750
F2	5,701	6,841	7,354	7,981	8,209	8,837	9,692	11,231

FILED

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STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	8,025	8,222	9,638	9,874	11,763	11,999	14,084	14,320
F2	11,630	11,915	13,967	14,310	17,046	17,388	20,410	20,752

FILED

MAY 24 2010

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PODIATRISTS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	5,573	6,688	7,189	7,802	8,025	8,638	9,474	10,979
F2	8,077	9,692	10,419	11,308	11,631	12,519	13,731	15,912

FILED

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STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	11,369	11,648	13,654	13,988	16,663	16,998	19,951	20,286
F2	16,477	16,881	19,789	20,273	24,150	24,635	28,916	29,400

FILED

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PODIATRISTS

STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	6,556	7,867	8,457	9,178	9,441	10,162	11,145	12,915
F2	9,502	11,402	12,258	13,303	13,683	14,728	16,153	18,719

FILED

MAY 24 2010

IL-10-1

STATE OF ILLINOIS
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SPRINGFIELD, ILLINOIS

RTS-CM3

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ILLINOIS - AREA 1

PODIATRISTS

STANDARD CLAIMS MADE RATES

MATURE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	13,374	13,702	16,062	16,456	19,602	19,996	23,470	23,864
F2	19,384	19,859	23,280	23,850	28,411	28,981	34,017	34,587

FILED

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STATE OF ILLINOIS
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ILLINOIS - AREA 2

PODIATRISTS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	1,664	1,997	2,147	2,330	2,396	2,579	2,829	3,278
F2	2,412	2,894	3,111	3,377	3,473	3,739	4,100	4,752

FILED

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PODIATRISTS

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	3,395	3,478	4,077	4,177	4,975	5,075	5,957	6,057
F2	4,920	5,041	5,909	6,054	7,212	7,357	8,635	8,780

FILED

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PODIATRISTS

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	2,496	2,995	3,220	3,494	3,594	3,869	4,243	4,917
F2	3,617	4,340	4,666	5,064	5,208	5,606	6,149	7,125

FILED

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PODIATRISTS

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	5,092	5,217	6,115	6,265	7,463	7,613	8,936	9,085
F2	7,379	7,560	8,862	9,079	10,815	11,032	12,949	13,166

FILED

MAY 24 2010

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PODIATRISTS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	3,536	4,243	4,561	4,950	5,092	5,481	6,011	6,966
F2	5,125	6,150	6,611	7,175	7,380	7,944	8,713	10,096

FILED

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PODIATRISTS

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	7,213	7,390	8,663	8,875	10,573	10,785	12,659	12,871
F2	10,455	10,711	12,556	12,864	15,324	15,631	18,348	18,655

FILED

MAY 24 2010

IL-10-1

RTS-CM2

STATE OF ILLINOIS
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SPRINGFIELD, ILLINOIS

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ILLINOIS - AREA 2

PODIATRISTS

STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	4,160	4,992	5,366	5,824	5,990	6,448	7,072	8,195
F2	6,029	7,235	7,777	8,441	8,682	9,345	10,249	11,877

FILED

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STATE OF ILLINOIS
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RTS-CM3

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Professional Protection Exclusively Since 1899

ILLINOIS - AREA 2

PODIATRISTS

STANDARD CLAIMS MADE RATES

MATURE

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	8,486	8,694	10,192	10,442	12,438	12,688	14,893	15,142
F2	12,299	12,601	14,771	15,133	18,027	18,388	21,584	21,946

FILED

MAY 24 2010

IL-10-1

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RTS-CM3

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

**ADDITIONAL INSURED SHARED ENTITY VICARIOUS
LIABILITY COVERAGE**

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

THIS ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER OCCURRENCE OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

CLAIM FREE CREDIT

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

IF NO CLAIM HAS BEEN ATTRIBUTED TO AN INSURED, THE INSURED WILL BE ELIGIBLE FOR A PREMIUM CREDIT BASED ON THE FOLLOWING SCHEDULE:

1. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 3 YEARS BUT LESS THAN 5 YEARS, A 5% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
2. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 5 YEARS BUT LESS THAN 10 YEARS, A 10% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
3. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 10 YEARS OR MORE, A CREDIT OF 20% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.

A CLAIM UNDER THIS POLICY SHALL NOT, FOR THE PURPOSE OF THIS PREMIUM CREDIT PROGRAM, BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

INSUREDS CONVERTING COVERAGE TO THE MEDICAL PROTECTIVE COMPANY SHALL QUALIFY FOR CREDIT AT THE POLICY INCEPTION DATE IN ACCORDANCE WITH THE COMPANY'S GUIDELINES.

The
Medical Protective Company
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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

FULL TIME EQUIVALENCY RATING RULE

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

COVERAGE FOR A HEALTHCARE PROFESSIONAL GROUP IS AVAILABLE, AT THE COMPANY'S OPTION, ON A FULL TIME EQUIVALENT (FTE) BASIS RATHER THAN ON AN INDIVIDUAL INSURED BASIS. COVERAGE IS PROVIDED ON AN INDIVIDUAL LIMIT OR SHARED LIMIT BASIS. FULL TIME EQUIVALENCY IS BASED ON EACH HEALTHCARE PROFESSIONAL'S NUMBER OF HOURS OF PRACTICE PER YEAR. THE DEFINITION OF ONE FTE IS BASED ON THE FOLLOWING NUMBER OF HOURS PER YEAR:

2,000	GROUP PRACTICE
1,800	TRAINING/RESIDENCY PROGRAMS

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL HEALTHCARE PROFESSIONAL IS .10 (200 HOURS), SUBJECT TO A TOTAL FTE PER POLICY OF NO LESS THAN 1.0. TRAINING/RESIDENCY PROGRAMS (AND OTHER SIMILAR PROGRAMS) ARE NOT SUBJECT TO THE GROUP PRACTICE MINIMUMS.

THE PREMIUM DEVELOPED BY APPLYING THE APPLICABLE HEALTHCARE PROFESSIONAL RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE STANDARD RATES.

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FULL TIME EQUIVALENCY RATING RULE (CON'T)

THE FOLLOWING TABLE IDENTIFIES THE APPLICABLE PREMIUM MODIFICATION PER THE NUMBER OF FTE'S IN THE POLICY FOR A SHARED LIMIT:

FTE* PER POLICY	PREMIUM MODIFICATION
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25+	-15.0%

* THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .50 ROUNDING RULE.

PREMIUM MODIFICATIONS FOR CLAIM FREE, PART TIME PRACTICE, NEW TO PRACTICE, MOONLIGHTING AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

FTE POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MID-TERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

The
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**HEALTHCARE PROFESSIONALS
CHIROPRACTORS
OCCURRENCE PROGRAM
LEAVE OF ABSENCE CREDIT RULE**

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

A HEALTHCARE PROFESSIONAL WHO IS ON A LEAVE OF ABSENCE FOR A CONTINUOUS PERIOD OF 45 DAYS OR MORE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE, IF REPORTED TO THE COMPANY WITHIN 30 DAYS. ONLY ONE APPLICATION OF THIS CREDIT MAY BE APPLIED TO AN ANNUAL POLICY PERIOD. LEAVE OF ABSENCE MAY INCLUDE THE FOLLOWING:

- THE BIRTH OF INSUREDS NEWBORN, PLACEMENT OF FOSTER CHILDREN OR INSURED ADOPTS A CHILD, PROVIDED THE LEAVE IS COMPLETED WITHIN 12 MONTHS OF THE BIRTH, PLACEMENT OR ADOPTION.
- TO CARE FOR A SPOUSE, CHILD OR PARENT WHO HAS A SERIOUS HEALTH CONDITION.
- TO CARE FOR INSUREDS OWN HEALTH CONDITION WHICH PREVENTS INSURED FROM WORKING.
- TIME TO ENHANCE THE INSUREDS EDUCATION OR OTHER REASON WHILE NOT PRACTICING.

THIS CREDIT IS NOT AVAILABLE TO AN INSUREDS LEAVE OF ABSENCE FOR VACATION PURPOSES. THE MINIMUM PREMIUM RATING RULE APPLIES TO INSUREDS ELIGIBLE FOR THE LEAVE OF ABSENCE CREDIT.

The
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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

LOCUM TENENS

COVERAGE FOR A HEALTHCARE PROFESSIONAL SUBSTITUTING FOR AN INSURED HEALTHCARE PROFESSIONAL WILL BE LIMITED TO COVER ONLY PROFESSIONAL SERVICES RENDERED ON BEHALF OF THE INSURED HEALTHCARE PROFESSIONAL FOR THE SPECIFIED TIME PERIOD. LOCUM TENENS WILL SHARE IN THE INSURED HEALTHCARE PROFESSIONAL'S LIMIT OF LIABILITY. NO ADDITIONAL CHARGE WILL APPLY FOR THIS COVERAGE.

THE LOCUM TENENS HEALTHCARE PROFESSIONAL MUST COMPLETE AN APPLICATION AND SUBMIT IT TO THE COMPANY IN ADVANCE FOR APPROVAL PRIOR TO THE REQUESTED EFFECTIVE DATE OF COVERAGE.

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

**MANIPULATION UNDER ANESTHESIA/MANIPULATION
UNDER JOINT ANESTHESIA**

COVERAGE IS AVAILABLE, SUBJECT TO UNDERWRITING APPROVAL, FOR HEALTHCARE PROFESSIONALS CERTIFIED AND LICENSED IN CHIROPRACTIC MANIPULATION UNDER ANESTHESIA OR MANIPULATION UNDER JOINT ANESTHESIA. AN ADDITIONAL CHARGE OF \$500 WILL APPLY.

FILED

MAY 24 2010

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

MEMBERSHIP ASSOCIATION CREDIT

A PREMIUM CREDIT OF 5% SHALL BE GIVEN TO THOSE INSURED WHO ARE MEMBERS OF DESIGNATED MEDICAL PROTECTIVE HEALTHCARE PROFESSIONAL ASSOCIATIONS.

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Edition Date: 01/01/10

MAC-CW

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROFESSIONAL WHO IS ON A MILITARY LEAVE OF ABSENCE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE.

THE MINIMUM PREMIUM RATING RULE DOES NOT APPLY TO INSUREDS THAT ARE ELIGIBLE FOR THE MILITARY LEAVE OF ABSENCE CREDIT.

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

MINIMUM PREMIUM REQUIREMENT RULE

ALL PREMIUM BEARING INSUREDS ARE SUBJECT TO A MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE COVERAGE IS CANCELED AS OF THE INCEPTION DATE.

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

MOONLIGHTING RATING RULE

MOONLIGHTING PRACTITIONERS MAY BE ELIGIBLE FOR COVERAGE AT A REDUCED RATE.

MOONLIGHTING PRACTITIONERS MEANS ANY INDEPENDENT CONTRACTOR OR HEALTHCARE PROFESSIONAL WHO DOES NOT HAVE COVERAGE UNDER ANY OTHER VALID AND COLLECTIBLE INSURANCE OR ANY SELF-INSURANCE PLAN FOR THE MOONLIGHTING ACTIVITIES. THE MOONLIGHTING PRACTITIONER MUST PROVIDE MOONLIGHTING SERVICES LESS THAN 10 HOURS PER WEEK OR A MAXIMUM OF 520 HOURS ANNUALLY TO BE ELIGIBLE FOR A 60% CREDIT.

THIS RATING RULE CANNOT BE USED IN CONJUNCTION WITH NEW TO PRACTICE, CLAIM FREE CREDIT OR PART TIME CREDITS.

FILED

MAY 24 2010

STATE OF ILLINOIS
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SPRINGFIELD, ILLINOIS

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

NEW TO PRACTICE CREDIT

A PRACTITIONER IN THEIR FIRST YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 75% CREDIT APPLIED TO CURRENTLY FILED RATES.

A PRACTITIONER IN THEIR SECOND YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 40% CREDIT APPLIED TO CURRENTLY FILED RATES.

A PRACTITIONER IN THEIR THIRD YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 25% CREDIT APPLIED TO CURRENTLY FILED RATES.

A PRACTITIONER IN THEIR FOURTH YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 10% CREDIT APPLIED TO CURRENTLY FILED RATES.

NEW TO PRACTICE CREDITS CANNOT BE APPLIED IN COMBINATION WITH MOONLIGHTING OR PART TIME CREDITS.

FILED

MAY 24 2010

STATE OF ILLINOIS
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SPRINGFIELD, ILLINOIS

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

THE PREMIUM WILL EQUAL 10% OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS, AND EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION.

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS OR EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS.

THE PREMIUM WILL BE WAIVED FOR ENTITIES ELECTING TO SHARE LIMITS FOR CLAIMS LISTING THE INDIVIDUAL HEALTHCARE PROFESSIONAL AND ENTITY AS DEFENDANTS.

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835
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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,040 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK	MAX. AGGREGATE HOURS PER YEAR	CREDIT
0-20	1,040	50%

THIS RATING RULE CANNOT BE USED IN CONJUNCTION WITH NEW TO PRACTICE, CLAIM FREE CREDIT OR MOONLIGHTING CREDITS.

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MAY 24 2010

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

PRIOR ACTS/NOSE RATING PLAN

A HEALTHCARE PROFESSIONAL THAT IS CURRENTLY INSURED UNDER A CLAIMS-MADE POLICY WITH ANOTHER CARRIER AND SEEKS TO CONVERT TO AN OCCURRENCE POLICY MAY BE ELIGIBLE FOR PRIOR ACTS/NOSE COVERAGE. THE RATING FOR SUCH COVERAGE SHALL BE DETERMINED BY APPLYING THE EXTENSION CONTRACT RATING FACTORS CONTAINED IN THE RATE SECTION OF THIS MANUAL.

THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE IN ADDITION TO THE HEALTHCARE PROFESSIONAL'S OCCURRENCE PREMIUM.

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MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

QUARTERLY INSTALLMENT OPTION

THE FOLLOWING INTEREST FREE INSTALLMENT PAYMENT PLANS ARE AVAILABLE, AT THE INSURED'S REQUEST.

- 4 PAY - 25% DOWN, 3 EQUAL QUARTERLY PAYMENTS THEREAFTER

IF MANUAL PREMIUM IS OVER \$150,000

- 25% Down, 9 EQUAL MONTHLY PAYMENTS THEREAFTER

THE COMPANY MAY ASSESS INSTALLMENT FEES. SUCH FEES WILL NOT EXCEED \$25 OR 1% OF THE TOTAL POLICY PREMIUM, WHICHEVER IS LESS, AND WILL NOT EXCEED A TOTAL FEE PAYMENT OF \$100 OVER ANY ONE POLICY TERM.

PREMIUM BEARING ADJUSTMENTS WILL BE SPREAD ACROSS REMAINING INSTALLMENTS IN EQUAL AMOUNTS.

FILED

MAY 24 2010

The
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Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE A FIVE PERCENT (5%) PREMIUM CREDIT APPLIED FOR UP TO THREE YEARS FOR A RISK MANAGEMENT COURSE APPROVED FOR CREDIT BY THE MEDICAL PROTECTIVE COMPANY.

ADDITIONALLY, THE INSURED WILL RECEIVE A TWO AND ONE HALF PERCENT (2.5%) PREMIUM CREDIT APPLIED FOR THREE YEARS FOR THE PROPER USE OF AN ELECTRONIC HEALTH RECORD SYSTEM WITHIN THEIR PRACTICE. THE CREDIT WILL BE PROVIDED FOR PROGRAMS MEETING THE CRITERIA OF THE MEDICAL PROTECTIVE COMPANY AND ISSUED AT THE BEGINNING OF THE NEXT POLICY PERIOD CONTINGENT UPON RECEIPT OF THE REQUIRED DOCUMENTATION OF SYSTEM CAPABILITIES AND PRACTICE USAGE.

FILED

MAY 24 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

SERVICES TO ANIMALS

COVERAGE IS AVAILABLE, SUBJECT TO UNDERWRITING APPROVAL, FOR HEALTHCARE PROFESSIONALS CERTIFIED AND LICENSED TO PERFORM CHIROPRACTIC PROCEDURES ON ANIMALS. AN ADDITIONAL CHARGE OF \$500 WILL APPLY.

LIMITS OF LIABILITY: \$25,000 PER WRONGFUL ACT
 \$50,000 AGGREGATE.

THE LIMIT OF LIABILITY FOR THIS COVERAGE IS PART OF, AND NOT IN ADDITION TO THE TOTAL LIMIT OF LIABILITY OF THE POLICY.

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

SLOT RATING RULE

COVERAGE FOR GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS. THE SLOT ENDORSEMENT WILL IDENTIFY THE INDIVIDUALS AND SETTINGS THAT ARE COVERED. COVERAGE WILL BE PROVIDED ON A SHARED LIMIT BASIS FOR THOSE INSUREDS MOVING THROUGH THE SLOT OR POSITION. A MAXIMUM OF TEN (10) INDIVIDUALS SHALL BE NAMED IN A SINGLE SLOT AND HAVE 2000 HOURS OR LESS PER ANNUAL POLICY TERM.

THE APPLICABLE MANUAL RATE WILL BE DETERMINED BY THE CLASSIFICATION, LIMITS AND TERRITORY OF THE SLOT.

PREMIUM MODIFICATIONS FOR CLAIM FREE CREDIT, NEW TO PRACTICE, PART TIME PRACTICE, MOONLIGHTING AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RAITNG RULE.

SLOT POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MIDTERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

FILED

MAY 24 2010

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSURED(S), OR GROUPS OF INSURED(S), WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -25% / +25%, TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

1. **HISTORICAL LOSS EXPERIENCE:**

THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

FILED

The
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Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN (CON'T)

2. **CUMULATIVE YEARS OF PATIENT EXPERIENCE:**
THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE, LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.

3. **CLASSIFICATION ANOMALIES:**
CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.

4. **CLAIM ANOMALIES:**
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHARGES OR TRENDS THAT WILL POSITIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).

5. **MANAGEMENT CONTROL PROCEDURES:**
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

FILED

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN (CON'T)

6. **NUMBER/TYPE OF PATIENT EXPOSURES:**
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSITIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.
7. **ORGANIZATIONAL SIZE/STRUCTURE:**
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSURED ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.
8. **HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:**
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE; (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTHCARE SERVICES BEING RENDERED; AND/OR, (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.
9. **OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:**
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY AND SEVERITY OF CLAIMS.

FILED

The
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Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN (CON'T)

10. **TRAINING, ACCREDITATION AND CREDENTIALING:**
THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.

11. **RECORD KEEPING PRACTICES:**
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

12. **UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:**
DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

FILED

The
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Fort Wayne, Indiana 46835
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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

SOLO CORPORATION COVERAGE

SOLO INDIVIDUAL PROFESSIONAL CORPORATIONS OR ASSOCIATIONS MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

THE ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER OCCURRENCE OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

FILED

MAY 24 2010

Edition Date: 01/01/10

SCC-CW

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company
Fort Wayne, Indiana 46835
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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

OCCURRENCE PROGRAM

STUDENT RATING RULE

RESTRICTED COVERAGE IS AVAILABLE FOR HEALTHCARE PROFESSIONAL STUDENTS AT THE FOLLOWING RATES:

LIMIT	RATE (ANNUAL)
\$1,000,000/\$3,000,000	\$150

STUDENT COVERAGE INCLUDES SERVICES RENDERED BY THE CHIROPRACTIC STUDENT DURING AN ACCREDITED CHIROPRACTIC TRAINING PROGRAM, EXTERNSHIP OR LICENSING BOARD EXAMS PRIOR TO GRADUATION.

NO OTHER CREDITS OR DEBITS SHALL APPLY WITH THIS RATING PROGRAM EXCEPT FOR SCHEDULE RATING MODIFICATIONS.

FILED

MAY 24 2010

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

**HEALTHCARE PROFESSIONALS
CHIROPRACTORS**

STANDARD CLAIMS MADE PROGRAM

**ADDITIONAL INSURED SHARED ENTITY VICARIOUS
LIABILITY COVERAGE**

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

THIS ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Edition Date: 01/01/10

SVL-CW

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

CLAIM FREE CREDIT

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

IF NO CLAIM HAS BEEN ATTRIBUTED TO AN INSURED, THE INSURED WILL BE ELIGIBLE FOR A PREMIUM CREDIT BASED ON THE FOLLOWING SCHEDULE:

1. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 3 YEARS BUT LESS THAN 5 YEARS, A 5% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
2. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 5 YEARS BUT LESS THAN 10 YEARS, A 10% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
3. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 10 YEARS OR MORE, A CREDIT OF 20% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.

A CLAIM UNDER THIS POLICY SHALL NOT, FOR THE PURPOSE OF THIS PREMIUM CREDIT PROGRAM, BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

INSUREDS CONVERTING COVERAGE TO THE MEDICAL PROTECTIVE COMPANY SHALL QUALIFY FOR CREDIT AT THE POLICY INCEPTION DATE IN ACCORDANCE WITH THE COMPANY'S GUIDELINES.

The
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Professional Protection Exclusively Since 1899

**HEALTHCARE PROFESSIONALS
CHIROPRACTORS
STANDARD CLAIMS MADE PROGRAM
CONVERTIBLE COVERAGE RATING PLAN**

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

INSUREDS SHALL BE PROVIDED THE OPTION, SUBJECT TO UNDERWRITING GUIDELINES, TO CONVERT FROM STANDARD CLAIMS MADE TO OCCURRENCE COVERAGE. THE INSURED SHALL BE ELIGIBLE FOR CONVERSION AFTER THE FOLLOWING CONDITIONS HAVE BEEN MET:

- 1) PAYMENT TO THE COMPANY OF THE APPLICABLE PREMIUM FOR A MINIMUM OF THREE ANNUAL CLAIMS MADE POLICIES.
- 2) ACHIEVE THREE YEARS OF CONTINUOUS CLAIMS MADE COVERAGE UNDER THIS PLAN WITH NO CLAIMS ATTRIBUTED TO THE INSURED.

* A CLAIM UNDER THIS PLAN SHALL NOT BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

AT THE TIME THE AFOREMENTIONED CONDITIONS ARE MET, AND THE INSURED ELECTS TO PURCHASE OCCURRENCE COVERAGE, THE COMPANY WILL ISSUE AN OPTIONAL EXTENDED REPORTING PERIOD ENDORSEMENT, COVERING SERVICES SUBSEQUENT TO THE RETROACTIVE DATE AND PRIOR TO THE EXPIRATION OF THE STANDARD CLAIMS MADE POLICY, AND WILL WAIVE ANY PREMIUM THAT WOULD NORMALLY BE DUE FOR SUCH EXTENSION.

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

CONVERTIBLE COVERAGE RATING PLAN

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE EQUAL TO 100% OF THE MANUAL PREMIUM THAT WOULD OTHERWISE BE DERIVED FOR THE INSURED UNDER THE OCCURRENCE PROGRAM.

SHOULD THE INSURED BE UNABLE TO MEET THE CONDITIONS FOR CONVERSION, THE INSURED MAY ELECT TO PURCHASE AN OPTIONAL EXTENDED REPORTING PERIOD SUBJECT TO POLICY PROVISIONS. REFER TO THE OPTIONAL EXTENDED REPORTING PERIOD RATING RULE TO DETERMINE THE APPLICABLE PREMIUM.

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

OPTIONAL EXTENDED REPORTING PERIOD RATING

THE PREMIUM FOR THE OPTIONAL EXTENDED REPORTING PERIOD ENDORSEMENT SHALL BE DETERMINED BY APPLYING THE EXTENSION CONTRACT RATING FACTORS CONTAINED IN THE RATES SECTION OF THIS MANUAL TO THE APPLICABLE STANDARD MATURE CLAIMS MADE RATE, SUBJECT TO EXPIRING PART TIME, MOONLIGHTING AND SCHEDULE RATING MODIFICATIONS.

PARTNERSHIP / CORPORATION OPTIONAL EXTENDED REPORTING PERIOD RATING SHALL BE BASED ON THE NUMBER OF SHAREHOLDERS, PARTNERS AND INDEPENDENT CONTRACTORS AT THE INCEPTION DATE OF THE MOST RECENT POLICY.

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MAY 24 2010

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**HEALTHCARE PROFESSIONALS
CHIROPRACTORS**

**STANDARD CLAIMS MADE PROGRAM
FULL TIME EQUIVALENCY RATING RULE**

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

COVERAGE FOR A HEALTHCARE PROFESSIONAL GROUP IS AVAILABLE, AT THE COMPANY'S OPTION, ON A FULL TIME EQUIVALENT (FTE) BASIS RATHER THAN ON AN INDIVIDUAL INSURED BASIS. COVERAGE IS PROVIDED ON AN INDIVIDUAL LIMIT OR SHARED LIMIT BASIS. FULL TIME EQUIVALENCY IS BASED ON EACH HEALTHCARE PROFESSIONAL'S NUMBER OF HOURS OF PRACTICE PER YEAR. THE DEFINITION OF ONE FTE IS BASED ON THE FOLLOWING NUMBER OF HOURS PER YEAR:

2,000	GROUP PRACTICE
1,800	TRAINING/RESIDENCY PROGRAMS

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL HEALTHCARE PROFESSIONAL IS .10 (200 HOURS), SUBJECT TO A TOTAL FTE PER POLICY OF NO LESS THAN 1.0. TRAINING/RESIDENCY PROGRAMS (AND OTHER SIMILAR PROGRAMS) ARE NOT SUBJECT TO THE GROUP PRACTICE MINIMUMS.

THE PREMIUM DEVELOPED BY APPLYING THE APPLICABLE HEALTHCARE PROFESSIONAL RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE STANDARD RATES.

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HEALTHCARE PROFESSIONALS

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CHIROPRACTORS

MAY 24 2010

STANDARD CLAIMS MADE PROGRAM

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FULL TIME EQUIVALENCY RATING RULE (CON'T)

THE FOLLOWING TABLE IDENTIFIES THE APPLICABLE PREMIUM MODIFICATION PER THE NUMBER OF FTE'S IN THE POLICY FOR A SHARED LIMIT:

FTE* PER POLICY	PREMIUM MODIFICATION
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25+	-15.0%

* THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .50 ROUNDING RULE.

PREMIUM MODIFICATIONS FOR CLAIM FREE, PART TIME PRACTICE, NEW TO PRACTICE, MOONLIGHTING AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

FTE POLICIES ~~ARE~~ SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MID-TERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

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HEALTHCARE PROFESSIONALS
CHIROPRACTORS
STANDARD CLAIMS MADE PROGRAM
LEAVE OF ABSENCE CREDIT RULE

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

A HEALTHCARE PROFESSIONAL WHO IS ON A LEAVE OF ABSENCE FOR A CONTINUOUS PERIOD OF 45 DAYS OR MORE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE, IF REPORTED TO THE COMPANY WITHIN 30 DAYS. ONLY ONE APPLICATION OF THIS CREDIT MAY BE APPLIED TO AN ANNUAL POLICY PERIOD. LEAVE OF ABSENCE MAY INCLUDE THE FOLLOWING:

- THE BIRTH OF INSURED'S NEWBORN, PLACEMENT OF FOSTER CHILDREN OR INSURED ADOPTS A CHILD, PROVIDED THE LEAVE IS COMPLETED WITHIN 12 MONTHS OF THE BIRTH, PLACEMENT OR ADOPTION.
- TO CARE FOR A SPOUSE, CHILD OR PARENT WHO HAS A SERIOUS HEALTH CONDITION.
- TO CARE FOR INSURED'S OWN HEALTH CONDITION WHICH PREVENTS INSURED FROM WORKING.
- TIME TO ENHANCE THE INSURED'S EDUCATION OR OTHER REASON WHILE NOT PRACTICING.

THIS CREDIT IS NOT AVAILABLE TO AN INSURED'S LEAVE OF ABSENCE FOR VACATION PURPOSES. THE MINIMUM PREMIUM RATING RULE APPLIES TO INSURED'S ELIGIBLE FOR THE LEAVE OF ABSENCE CREDIT.

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STANDARD CLAIMS MADE PROGRAM

LOCUM TENENS

COVERAGE FOR A HEALTHCARE PROFESSIONAL SUBSTITUTING FOR AN INSURED HEALTHCARE PROFESSIONAL WILL BE LIMITED TO COVER ONLY PROFESSIONAL SERVICES RENDERED ON BEHALF OF THE INSURED HEALTHCARE PROFESSIONAL FOR THE SPECIFIED TIME PERIOD. LOCUM TENENS WILL SHARE IN THE INSURED HEALTHCARE PROFESSIONAL'S LIMIT OF LIABILITY. NO ADDITIONAL CHARGE WILL APPLY FOR THIS COVERAGE.

THE LOCUM TENENS HEALTHCARE PROFESSIONAL MUST COMPLETE AN APPLICATION AND SUBMIT IT TO THE COMPANY IN ADVANCE FOR APPROVAL PRIOR TO THE REQUESTED EFFECTIVE DATE OF COVERAGE.

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**HEALTHCARE PROFESSIONALS
CHIROPRACTORS**

STANDARD CLAIMS MADE PROGRAM

**MANIPULATION UNDER ANESTHESIA/MANIPULATION
UNDER JOINT ANESTHESIA**

COVERAGE IS AVAILABLE, SUBJECT TO UNDERWRITING APPROVAL, FOR HEALTHCARE PROFESSIONALS CERTIFIED AND LICENSED IN CHIROPRACTIC MANIPULATION UNDER ANESTHESIA OR MANIPULATION UNDER JOINT ANESTHESIA. AN ADDITIONAL CHARGE OF \$500 WILL APPLY.

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

MEMBERSHIP ASSOCIATION CREDIT

A PREMIUM CREDIT OF 5% SHALL BE GIVEN TO THOSE INSUREDS WHO ARE MEMBERS OF DESIGNATED MEDICAL PROTECTIVE HEALTHCARE PROFESSIONAL ASSOCIATIONS.

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STANDARD CLAIMS MADE PROGRAM

MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROFESSIONAL WHO IS ON A MILITARY LEAVE OF ABSENCE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE.

THE MINIMUM PREMIUM RATING RULE DOES NOT APPLY TO INSURED THAT ARE ELIGIBLE FOR THE MILITARY LEAVE OF ABSENCE CREDIT.

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SPRINGFIELD, ILLINOIS

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

MINIMUM PREMIUM REQUIREMENT RULE

ALL PREMIUM BEARING INSUREDS ARE SUBJECT TO A MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE COVERAGE IS CANCELED AS OF THE INCEPTION DATE.

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

MOONLIGHTING RATING RULE

MOONLIGHTING PRACTITIONERS MAY BE ELIGIBLE FOR COVERAGE AT A REDUCED RATE.

MOONLIGHTING PRACTITIONERS MEANS ANY INDEPENDENT CONTRACTOR OR HEALTHCARE PROFESSIONAL WHO DOES NOT HAVE COVERAGE UNDER ANY OTHER VALID AND COLLECTIBLE INSURANCE OR ANY SELF-INSURANCE PLAN FOR THE MOONLIGHTING ACTIVITIES. THE MOONLIGHTING PRACTITIONER MUST PROVIDE MOONLIGHTING SERVICES LESS THAN 10 HOURS PER WEEK OR A MAXIMUM OF 520 HOURS ANNUALLY TO BE ELIGIBLE FOR THE 60% CREDIT.

THIS RATING RULE CANNOT BE USED IN CONJUNCTION WITH NEW TO PRACTICE, CLAIM FREE CREDIT OR PART TIME CREDITS.

THE MOONLIGHTING CREDIT WILL NOT BE APPLIED TO THE OPTIONAL EXTENDED REPORTING PERIOD RATING UNLESS THE MOONLIGHTING DID NOT EXCEED AN AVERAGE OF 520 HOURS/YEAR OVER THE PREVIOUS FIVE CONSECUTIVE POLICY YEARS WITH THE COMPANY.

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

NEW TO PRACTICE CREDIT

A PRACTITIONER IN THEIR FIRST YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 75% CREDIT APPLIED TO CURRENTLY FILED RATES.

A PRACTITIONER IN THEIR SECOND YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 40% CREDIT APPLIED TO CURRENTLY FILED RATES.

A PRACTITIONER IN THEIR THIRD YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 25% CREDIT APPLIED TO CURRENTLY FILED RATES.

A PRACTITIONER IN THEIR FOURTH YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 10% CREDIT APPLIED TO CURRENTLY FILED RATES.

NEW TO PRACTICE CREDITS CANNOT BE APPLIED IN COMBINATION WITH MOONLIGHTING OR PART TIME CREDITS.

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DEPARTMENT OF INSURANCE
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CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

THE PREMIUM WILL BE BASED ON THE NUMBER OF YEARS THAT THE RETROACTIVE DATE OF THE PARTNERSHIP OR CORPORATION POLICY PRECEDES THE POLICY EXPIRATION DATE. AT THIS MATURITY LEVEL, THE PREMIUM WILL EQUAL 10% OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS, AND EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION.

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS OR EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS.

THE PREMIUM WILL BE WAIVED FOR ENTITIES ELECTING TO SHARE LIMITS FOR CLAIMS LISTING THE INDIVIDUAL HEALTHCARE PROFESSIONAL AND ENTITY AS DEFENDANTS.

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CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,040 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK	MAX. AGGREGATE HOURS PER YEAR	CREDIT
0-20	1,040	50%

THIS RATING RULE CANNOT BE USED IN CONJUNCTION WITH NEW TO PRACTICE, CLAIM FREE CREDIT OR MOONLIGHTING CREDITS.

THE PART TIME PRACTICE CREDIT WILL NOT BE APPLIED TO THE OPTIONAL EXTENDED REPORTING PERIOD RATING UNLESS THE PART TIME PRACTICE DID NOT EXCEED AN AVERAGE OF 1,040 HOURS/YEAR OVER THE PREVIOUS FIVE CONSECUTIVE POLICY YEARS WITH THE COMPANY.

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CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

PRIOR ACTS COVERAGE

THE POLICY SHALL BE EXTENDED TO PROVIDE PRIOR ACTS COVERAGE IN ACCORDANCE WITH THE APPLICABLE RETROACTIVE DATE(S). THE RETROACTIVE DATE CAN BE ADVANCED ONLY WITH THE WRITTEN ACKNOWLEDGEMENT OF THE INSURED AND THE APPROVAL BY THE COMPANY.

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MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Edition Date: 01/01/10

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STANDARD CLAIMS MADE PROGRAM

QUARTERLY INSTALLMENT OPTION

THE FOLLOWING INTEREST FREE INSTALLMENT PAYMENT PLANS ARE AVAILABLE, AT THE INSURED'S REQUEST.

- 4 PAY - 25% DOWN, 3 EQUAL QUARTERLY PAYMENTS THEREAFTER

IF MANUAL PREMIUM IS OVER \$150,000

- 25% DOWN, 9 EQUAL MONTHLY PAYMENTS THEREAFTER

THE COMPANY MAY ASSESS INSTALLMENT FEES. SUCH FEES WILL NOT EXCEED \$25 OR 1% OF THE TOTAL POLICY PREMIUM, WHICHEVER IS LESS, AND WILL NOT EXCEED A TOTAL FEE PAYMENT OF \$100 OVER ANY ONE POLICY TERM.

PREMIUM BEARING ADJUSTMENTS WILL BE SPREAD ACROSS REMAINING INSTALLMENTS IN EQUAL AMOUNTS.

INSTALLMENTS ARE NOT AVAILABLE FOR EXTENSION CONTRACT PREMIUM.

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE A FIVE PERCENT (5%) PREMIUM CREDIT APPLIED FOR UP TO THREE YEARS FOR A RISK MANAGEMENT COURSE APPROVED FOR CREDIT BY THE MEDICAL PROTECTIVE COMPANY.

ADDITIONALLY, THE INSURED WILL RECEIVE A TWO AND ONE HALF PERCENT (2.5%) PREMIUM CREDIT APPLIED FOR THREE YEARS FOR THE PROPER USE OF AN ELECTRONIC HEALTH RECORD SYSTEM WITHIN THEIR PRACTICE. THE CREDIT WILL BE PROVIDED FOR PROGRAMS MEETING THE CRITERIA OF THE MEDICAL PROTECTIVE COMPANY AND ISSUED AT THE BEGINNING OF THE NEXT POLICY PERIOD CONTINGENT UPON RECEIPT OF THE REQUIRED DOCUMENTATION OF SYSTEM CAPABILITIES AND PRACTICE USAGE.

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

FILED

STANDARD CLAIMS MADE PROGRAM

MAY 24 2010

SLOT RATING RULE

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

COVERAGE FOR GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS. THE SLOT ENDORSEMENT WILL IDENTIFY THE INDIVIDUALS AND SETTINGS THAT ARE COVERED. COVERAGE WILL BE PROVIDED ON A SHARED LIMIT BASIS FOR THOSE INSURED MOVING THROUGH THE SLOT OR POSITION. A MAXIMUM OF TEN (10) INDIVIDUALS SHALL BE NAMED IN A SINGLE SLOT AND HAVE 2000 HOURS OR LESS PER ANNUAL POLICY TERM.

THE APPLICABLE MANUAL RATE WILL BE DETERMINED BY THE CLASSIFICATION OF THE SLOT. SLOT POLICIES WILL BE RATED AS A STANDARD CLAIMS MADE POLICY, UTILIZING THE RETROACTIVE DATE OF THE SLOT. EXTENSION CONTRACT COVERAGE MAY BE PURCHASED FOR THE SLOT BASED ON THE APPLICABLE RETROACTIVE DATE, CLASSIFICATION, TERRITORY AND LIMITS.

PREMIUM MODIFICATIONS FOR CLAIM FREE CREDIT, NEW TO PRACTICE, PART TIME PRACTICE, MOONLIGHTING AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RAITNG RULE.

SLOT POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MIDTERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSURED(S), OR GROUPS OF INSURED(S), WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -25% / +25%, TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

1. **HISTORICAL LOSS EXPERIENCE:**

THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN (CON'T)

FILED

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SPRINGFIELD, ILLINOIS

2. **CUMULATIVE YEARS OF PATIENT EXPERIENCE:**
THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE, LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.

3. **CLASSIFICATION ANOMALIES:**
CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.

4. **CLAIM ANOMALIES:**
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHARGES OR TRENDS THAT WILL POSITIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).

5. **MANAGEMENT CONTROL PROCEDURES:**
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN (CON'T)

FILED

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SPRINGFIELD, ILLINOIS

6. **NUMBER/TYPE OF PATIENT EXPOSURES:**
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSITIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.
7. **ORGANIZATIONAL SIZE/STRUCTURE:**
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSURED ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.
8. **HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:**
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE; (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTHCARE SERVICES BEING RENDERED; AND/OR, (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.
9. **OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:**
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY AND SEVERITY OF CLAIMS.

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN (CON'T)

FILED

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

10. **TRAINING, ACCREDITATION AND CREDENTIALING:**
THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.

11. **RECORD KEEPING PRACTICES:**
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

12. **UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:**
DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

SERVICES TO ANIMALS

COVERAGE IS AVAILABLE, SUBJECT TO UNDERWRITING APPROVAL, FOR HEALTHCARE PROFESSIONALS CERTIFIED AND LICENSED TO PERFORM CHIROPRACTIC PROCEDURES ON ANIMALS. AN ADDITIONAL CHARGE OF \$500 WILL APPLY.

LIMITS OF LIABILITY: \$25,000 PER WRONGFUL ACT
 \$50,000 AGGREGATE.

THE LIMIT OF LIABILITY FOR THIS COVERAGE IS PART OF, AND NOT IN ADDITION TO THE TOTAL LIMIT OF LIABILITY OF THE POLICY.

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MAY 24 2010

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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Fort Wayne, Indiana 46835
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HEALTHCARE PROFESSIONALS

CHIROPRACTORS

STANDARD CLAIMS MADE PROGRAM

SOLO CORPORATION COVERAGE

SOLO INDIVIDUAL PROFESSIONAL CORPORATIONS OR ASSOCIATIONS MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

THE ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

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MAY 24 2010

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HEALTHCARE PROFESSIONALS

OPTOMETRISTS

OCCURRENCE PROGRAM

**ADDITIONAL INSURED SHARED ENTITY VICARIOUS
LIABILITY COVERAGE**

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

THIS ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER OCCURRENCE OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

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HEALTHCARE PROFESSIONALS

OPTOMETRISTS

OCCURRENCE PROGRAM

CONTRACTUAL ADDITIONAL INSURED

AN ADDITIONAL INSURED, OTHER THAN THE INSURED'S OWN PRACTICE CORPORATIONS/PARTNERSHIPS (EG. HOSPITALS, SURGICAL CENTERS, MANAGED CARE ORGANIZATIONS, ETC.), THAT CONTRACTUALLY REQUIRES THE INSURED TO NAME THEM AS AN ADDITIONAL INSURED, MAY BE ADDED TO THE POLICY FOR A PREMIUM CHARGE OF \$150. THIS COVERAGE IS LIMITED TO PROFESSIONAL LIABILITY IMPUTED TO THE ADDITIONAL INSURED SOLELY FOR THE PROFESSIONAL NEGLIGENCE OF AN INSURED UNDER THE POLICY.

THIS CHARGE IS APPLIED ONE TIME, PER POLICY PERIOD, IRRESPECTIVE OF THE NUMBER OF LOCATION OWNERS WHICH REQUIRE TO BE LISTED AS ADDITIONAL INSUREDS.

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HEALTHCARE PROFESSIONALS

OPTOMETRISTS

OCCURRENCE PROGRAM

EMPLOYED

OPTICIAN / OPHTHALMIC TECHNOLOGIST RULE

INSUREDS PERFORMING PROFESSIONAL SERVICES WHILE EMPLOYED BY AN ENTITY THAT THE INSURED DOES NOT OWN, SHALL BE ELIGIBLE FOR A 50% CREDIT. THE PARTNERSHIP/CORPORATION RATING RULE CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

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OPTOMETRISTS

OCCURRENCE PROGRAM

FULL TIME EQUIVALENCY RATING RULE

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COVERAGE FOR A HEALTHCARE PROFESSIONAL GROUP IS AVAILABLE, AT THE COMPANY'S OPTION, ON A FULL TIME EQUIVALENT (FTE) BASIS RATHER THAN ON AN INDIVIDUAL INSURED BASIS. COVERAGE IS PROVIDED ON AN INDIVIDUAL LIMIT OR SHARED LIMIT BASIS. FULL TIME EQUIVALENCY IS BASED ON EACH HEALTHCARE PROFESSIONAL'S NUMBER OF HOURS OF PRACTICE PER YEAR. THE DEFINITION OF ONE FTE IS BASED ON THE FOLLOWING NUMBER OF HOURS PER YEAR:

2,000	GROUP PRACTICE
1,800	TRAINING/RESIDENCY PROGRAMS

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL HEALTHCARE PROFESSIONAL IS .10 (200 HOURS), SUBJECT TO A TOTAL FTE PER POLICY OF NO LESS THAN 1.0. TRAINING/RESIDENCY PROGRAMS (AND OTHER SIMILAR PROGRAMS) ARE NOT SUBJECT TO THE GROUP PRACTICE MINIMUMS.

THE PREMIUM DEVELOPED BY APPLYING THE APPLICABLE HEALTHCARE PROFESSIONAL RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE STANDARD RATES.

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OPTOMETRISTS

OCCURRENCE PROGRAM

FULL TIME EQUIVALENCY RATING RULE (CON'T)

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THE FOLLOWING TABLE IDENTIFIES THE APPLICABLE PREMIUM MODIFICATION PER THE NUMBER OF FTE'S IN THE POLICY FOR A SHARED LIMIT:

FTE* PER POLICY	PREMIUM MODIFICATION
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25+	-15.0%

* THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .50 ROUNDING RULE.

PREMIUM MODIFICATIONS FOR PART TIME PRACTICE, NEW TO PRACTICE, MOONLIGHTING AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

FTE POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MID-TERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

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HEALTHCARE PROFESSIONALS

OPTOMETRISTS

OCCURRENCE PROGRAM

GROUP SIZE CREDIT RULE

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR GROUPS OF INSURED WHO QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK SHALL BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING:

CLASS O1	PERCENTAGE OF CREDIT
2-9	4%
10-14	8%
15 OR MORE	12%

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OPTOMETRISTS

OCCURRENCE PROGRAM

LEAVE OF ABSENCE CREDIT RULE

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

A HEALTHCARE PROFESSIONAL WHO IS ON A LEAVE OF ABSENCE FOR A CONTINUOUS PERIOD OF 45 DAYS OR MORE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE, IF REPORTED TO THE COMPANY WITHIN 30 DAYS. ONLY ONE APPLICATION OF THIS CREDIT MAY BE APPLIED TO AN ANNUAL POLICY PERIOD. LEAVE OF ABSENCE MAY INCLUDE THE FOLLOWING:

- THE BIRTH OF INSUREDS NEWBORN, PLACEMENT OF FOSTER CHILDREN OR INSURED ADOPTS A CHILD, PROVIDED THE LEAVE IS COMPLETED WITHIN 12 MONTHS OF THE BIRTH, PLACEMENT OR ADOPTION.
- TO CARE FOR A SPOUSE, CHILD OR PARENT WHO HAS A SERIOUS HEALTH CONDITION.
- TO CARE FOR INSUREDS OWN HEALTH CONDITION WHICH PREVENTS INSURED FROM WORKING.
- TIME TO ENHANCE THE INSUREDS EDUCATION OR OTHER REASON WHILE NOT PRACTICING.

THIS CREDIT IS NOT AVAILABLE TO AN INSUREDS LEAVE OF ABSENCE FOR VACATION PURPOSES. THE MINIMUM PREMIUM RATING RULE APPLIES TO INSUREDS ELIGIBLE FOR THE LEAVE OF ABSENCE CREDIT.

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OPTOMETRISTS

OCCURRENCE PROGRAM

LOCUM TENENS

COVERAGE FOR A HEALTHCARE PROFESSIONAL SUBSTITUTING FOR AN INSURED HEALTHCARE PROFESSIONAL WILL BE LIMITED TO COVER ONLY PROFESSIONAL SERVICES RENDERED ON BEHALF OF THE INSURED HEALTHCARE PROFESSIONAL FOR THE SPECIFIED TIME PERIOD. LOCUM TENENS WILL SHARE IN THE INSURED HEALTHCARE PROFESSIONAL'S LIMIT OF LIABILITY. NO ADDITIONAL CHARGE WILL APPLY FOR THIS COVERAGE.

THE LOCUM TENENS HEALTHCARE PROFESSIONAL MUST COMPLETE AN APPLICATION AND SUBMIT IT TO THE COMPANY IN ADVANCE FOR APPROVAL PRIOR TO THE REQUESTED EFFECTIVE DATE OF COVERAGE.

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OCCURRENCE PROGRAM

MEMBERSHIP ASSOCIATION CREDIT

A PREMIUM CREDIT OF 5% SHALL BE GIVEN TO THOSE INSUREDS WHO ARE MEMBERS OF DESIGNATED MEDICAL PROTECTIVE HEALTHCARE PROFESSIONAL ASSOCIATIONS.

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HEALTHCARE PROFESSIONALS

OPTOMETRISTS

OCCURRENCE PROGRAM

MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROFESSIONAL WHO IS ON A MILITARY LEAVE OF ABSENCE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE.

THE MINIMUM PREMIUM RATING RULE DOES NOT APPLY TO INSUREDS THAT ARE ELIGIBLE FOR THE MILITARY LEAVE OF ABSENCE CREDIT.

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OCCURRENCE PROGRAM

MINIMUM PREMIUM REQUIREMENT RULE

ALL PREMIUM BEARING INSURED ARE SUBJECT TO A MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE COVERAGE IS CANCELED AS OF THE INCEPTION DATE.

MINIMUM PREMIUM DOES NOT APPLY TO THE STUDENT RATING RULE.

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OCCURRENCE PROGRAM

MOONLIGHTING RATING RULE

MOONLIGHTING PRACTITIONERS IN CLASS O1 OR O2 MAY BE ELIGIBLE FOR COVERAGE AT A REDUCED RATE.

MOONLIGHTING PRACTITIONERS MEANS ANY INDEPENDENT CONTRACTOR OR HEALTHCARE PROFESSIONAL WHO DOES NOT HAVE COVERAGE UNDER ANY OTHER VALID AND COLLECTIBLE INSURANCE OR ANY SELF-INSURANCE PLAN FOR THE MOONLIGHTING ACTIVITIES. THE MOONLIGHTING PRACTITIONER MUST PROVIDE MOONLIGHTING SERVICES LESS THAN 10 HOURS PER WEEK OR A MAXIMUM OF 520 HOURS ANNUALLY TO BE ELIGIBLE FOR A 60% CREDIT.

THIS RATING RULE CANNOT BE USED IN CONJUNCTION WITH THE EMPLOYED OPTICIAN/OPHTHALMIC TECHNOLOGIST, NEW TO PRACTICE OR PART TIME CREDITS.

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OCCURRENCE PROGRAM

NEW TO PRACTICE CREDIT

AN INSURED IN CLASS O1 OR O2 IN THEIR FIRST YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 25% CREDIT APPLIED TO CURRENTLY FILED RATES.

THE NEW TO PRACTICE CREDIT CANNOT BE APPLIED IN COMBINATION WITH THE EMPLOYED OPTICIAN/OPHTHALMIC TECHNOLOGIST, MOONLIGHTING OR PART TIME CREDITS.

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OCCURRENCE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

THE PREMIUM WILL EQUAL 10% OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS, AND EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION.

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS OR EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS.

THE PREMIUM WILL BE WAIVED FOR ENTITIES ELECTING TO SHARE LIMITS FOR CLAIMS LISTING THE INDIVIDUAL HEALTHCARE PROFESSIONAL AND ENTITY AS DEFENDANTS.

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OPTOMETRISTS

OCCURRENCE PROGRAM

PART TIME PRACTICE RULE

AN INSURED IN CLASS O1 OR O2 WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,040 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK	MAX. AGGREGATE HOURS PER YEAR	CREDIT
0-20	1,040	25%

THIS RATING RULE CANNOT BE USED IN CONJUNCTION WITH THE EMPLOYED OPTICIAN/OPHTHALMIC TECHNOLOGIST, NEW TO PRACTICE OR MOONLIGHTING CREDITS.

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OPTOMETRISTS

OCCURRENCE PROGRAM

PRIOR ACTS/NOSE RATING PLAN

A HEALTHCARE PROFESSIONAL THAT IS CURRENTLY INSURED UNDER A CLAIMS-MADE POLICY WITH ANOTHER CARRIER AND SEEKS TO CONVERT TO AN OCCURRENCE POLICY MAY BE ELIGIBLE FOR PRIOR ACTS/NOSE COVERAGE. THE RATING FOR SUCH COVERAGE SHALL BE DETERMINED BY APPLYING THE EXTENSION CONTRACT RATING FACTORS CONTAINED IN THE RATE SECTION OF THIS MANUAL.

THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE IN ADDITION TO THE HEALTHCARE PROFESSIONAL'S OCCURRENCE PREMIUM.

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OPTOMETRISTS

OCCURRENCE PROGRAM

QUARTERLY INSTALLMENT OPTION

THE FOLLOWING INTEREST FREE INSTALLMENT PAYMENT PLANS ARE AVAILABLE, AT THE INSURED'S REQUEST.

- 4 PAY - 25% DOWN, 3 EQUAL QUARTERLY PAYMENTS THEREAFTER

IF MANUAL PREMIUM IS OVER \$150,000

- 25% Down, 9 EQUAL MONTHLY PAYMENTS THEREAFTER

THE COMPANY MAY ASSESS INSTALLMENT FEES. SUCH FEES WILL NOT EXCEED \$25 OR 1% OF THE TOTAL POLICY PREMIUM, WHICHEVER IS LESS, AND WILL NOT EXCEED A TOTAL FEE PAYMENT OF \$100 OVER ANY ONE POLICY TERM.

PREMIUM BEARING ADJUSTMENTS WILL BE SPREAD ACROSS REMAINING INSTALLMENTS IN EQUAL AMOUNTS.

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OCCURRENCE PROGRAM

RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE A FIVE PERCENT (5%) PREMIUM CREDIT APPLIED FOR UP TO THREE YEARS FOR A RISK MANAGEMENT COURSE APPROVED FOR CREDIT BY THE MEDICAL PROTECTIVE COMPANY.

ADDITIONALLY, THE INSURED WILL RECEIVE A TWO AND ONE HALF PERCENT (2.5%) PREMIUM CREDIT APPLIED FOR THREE YEARS FOR THE PROPER USE OF AN ELECTRONIC HEALTH RECORD SYSTEM WITHIN THEIR PRACTICE. THE CREDIT WILL BE PROVIDED FOR PROGRAMS MEETING THE CRITERIA OF THE MEDICAL PROTECTIVE COMPANY AND ISSUED AT THE BEGINNING OF THE NEXT POLICY PERIOD CONTINGENT UPON RECEIPT OF THE REQUIRED DOCUMENTATION OF SYSTEM CAPABILITIES AND PRACTICE USAGE.

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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HEALTHCARE PROFESSIONALS

OPTOMETRISTS

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN

FILED

MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSURED(S), OR GROUPS OF INSURED(S), WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -25% / +25%, TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

1. **HISTORICAL LOSS EXPERIENCE:**

THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

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SCHEDULE RATING PLAN (CON'T)

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2. **CUMULATIVE YEARS OF PATIENT EXPERIENCE:**
THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE, LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.

3. **CLASSIFICATION ANOMALIES:**
CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.

4. **CLAIM ANOMALIES:**
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHARGES OR TRENDS THAT WILL POSITIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).

5. **MANAGEMENT CONTROL PROCEDURES:**
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

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6. **NUMBER/TYPE OF PATIENT EXPOSURES:**
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSITIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.
7. **ORGANIZATIONAL SIZE/STRUCTURE:**
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSURED ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.
8. **HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:**
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE; (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTHCARE SERVICES BEING RENDERED; AND/OR, (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.
9. **OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:**
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY AND SEVERITY OF CLAIMS.

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OPTOMETRISTS

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN (CON'T)

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10. **TRAINING, ACCREDITATION AND CREDENTIALING:**
THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.

11. **RECORD KEEPING PRACTICES:**
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

12. **UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:**
DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

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OPTOMETRISTS

OCCURRENCE PROGRAM

SLOT RATING RULE

COVERAGE FOR GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS. THE SLOT ENDORSEMENT WILL IDENTIFY THE INDIVIDUALS AND SETTINGS THAT ARE COVERED. COVERAGE WILL BE PROVIDED ON A SHARED LIMIT BASIS FOR THOSE INSURED MOVING THROUGH THE SLOT OR POSITION. A MAXIMUM OF TEN (10) INDIVIDUALS SHALL BE NAMED IN A SINGLE SLOT AND HAVE 2000 HOURS OR LESS PER ANNUAL POLICY TERM.

THE APPLICABLE MANUAL RATE WILL BE DETERMINED BY THE CLASSIFICATION, LIMITS AND TERRITORY OF THE SLOT.

PREMIUM MODIFICATIONS FOR NEW TO PRACTICE, PART TIME PRACTICE, MOONLIGHTING AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

SLOT POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MIDTERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

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OCCURRENCE PROGRAM

SOLO CORPORATION COVERAGE

SOLO INDIVIDUAL PROFESSIONAL CORPORATIONS OR ASSOCIATIONS MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

THE ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER OCCURRENCE OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

FILED

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OCCURRENCE PROGRAM

STUDENT RATING RULE

RESTRICTED COVERAGE IS AVAILABLE FOR HEALTHCARE PROFESSIONAL STUDENTS AT THE FOLLOWING RATES:

LIMIT	RATE (ANNUAL)
\$1,000,000/\$3,000,000	\$25

STUDENT COVERAGE INCLUDES SERVICES RENDERED BY THE OPTOMETRIC STUDENT DURING AN ACCREDITED OPTOMETRIC TRAINING PROGRAM, EXTERNSHIP OR LICENSING BOARD EXAMS PRIOR TO GRADUATION

NO OTHER CREDITS OR DEBITS SHALL APPLY WITH THIS RATING PROGRAM EXCEPT FOR SCHEDULE RATING MODIFICATIONS.

THIS RATING RULE IS NOT SUBJECT TO THE MINIMUM PREMIUM RATING RULE.

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OPTOMETRISTS

STANDARD CLAIMS MADE PROGRAM

**ADDITIONAL INSURED SHARED ENTITY VICARIOUS
LIABILITY COVERAGE**

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

THIS ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

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OPTOMETRISTS

STANDARD CLAIMS MADE PROGRAM

CONTRACTUAL ADDITIONAL INSURED

AN ADDITIONAL INSURED, OTHER THAN THE INSURED'S OWN PRACTICE CORPORATIONS/PARTNERSHIPS (EG. HOSPITALS, SURGICAL CENTERS, MANAGED CARE ORGANIZATIONS, ETC.), THAT CONTRACTUALLY REQUIRES THE INSURED TO NAME THEM AS AN ADDITIONAL INSURED, MAY BE ADDED TO THE POLICY FOR A PRMEIUM CHARGE OF \$150. THIS COVERAGE IS LIMITED TO PROFESSIONAL LIABILITY IMPUTED TO THE ADDITIONAL INSURED SOLELY FOR THE PROFESSIONAL NEGLIGENCE OF AN INSURED UNDER THE POLICY.

THIS CHARGE IS APPLIED ONE TIME, PER POLICY PERIOD, IRRESPECTIVE OF THE NUMBER OF LOCATION OWNERS WHICH REQUIRE TO BE LISTED AS ADDITIONAL INSUREDS.

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MAY 24 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

OPTOMETRISTS

STANDARD CLAIMS MADE PROGRAM

CONVERTIBLE COVERAGE RATING PLAN

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SPRINGFIELD, ILLINOIS

INSUREDS SHALL BE PROVIDED THE OPTION, SUBJECT TO UNDERWRITING GUIDELINES, TO CONVERT FROM STANDARD CLAIMS MADE TO OCCURRENCE COVERAGE. THE INSURED SHALL BE ELIGIBLE FOR CONVERSION AFTER THE FOLLOWING CONDITIONS HAVE BEEN MET:

- 1) PAYMENT TO THE COMPANY OF THE APPLICABLE PREMIUM FOR A MINIMUM OF THREE ANNUAL CLAIMS MADE POLICIES.
 - 2) ACHIEVE THREE YEARS OF CONTINUOUS CLAIMS MADE COVERAGE UNDER THIS PLAN WITH NO CLAIMS ATTRIBUTED TO THE INSURED.
- * A CLAIM UNDER THIS PLAN SHALL NOT BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

AT THE TIME THE AFOREMENTIONED CONDITIONS ARE MET, AND THE INSURED ELECTS TO PURCHASE OCCURRENCE COVERAGE, THE COMPANY WILL ISSUE AN OPTIONAL EXTENDED REPORTING PERIOD ENDORSEMENT, COVERING SERVICES SUBSEQUENT TO THE RETROACTIVE DATE AND PRIOR TO THE EXPIRATION OF THE STANDARD CLAIMS MADE POLICY, AND WILL WAIVE ANY PREMIUM THAT WOULD NORMALLY BE DUE FOR SUCH EXTENSION.

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**HEALTHCARE PROFESSIONALS
OPTOMETRISTS
STANDARD CLAIMS MADE PROGRAM
CONVERTIBLE COVERAGE RATING PLAN**

FILED

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THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE EQUAL TO 100% OF THE MANUAL PREMIUM THAT WOULD OTHERWISE BE DERIVED FOR THE INSURED UNDER THE OCCURRENCE PROGRAM.

SHOULD THE INSURED BE UNABLE TO MEET THE CONDITIONS FOR CONVERSION, THE INSURED MAY ELECT TO PURCHASE AN OPTIONAL EXTENDED REPORTING PERIOD SUBJECT TO POLICY PROVISIONS. REFER TO THE OPTIONAL EXTENDED REPORTING PERIOD RATING RULE TO DETERMINE THE APPLICABLE PREMIUM.

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OPTIONAL EXTENDED REPORTING PERIOD RATING

THE PREMIUM FOR THE OPTIONAL EXTENDED REPORTING PERIOD ENDORSEMENT SHALL BE DETERMINED BY APPLYING THE EXTENSION CONTRACT RATING FACTORS CONTAINED IN THE RATES SECTION OF THIS MANUAL TO THE APPLICABLE STANDARD MATURE CLAIMS MADE RATE, SUBJECT TO EXPIRING PART TIME, MOONLIGHTING AND SCHEDULE RATING MODIFICATIONS.

PARTNERSHIP / CORPORATION OPTIONAL EXTENDED REPORTING PERIOD RATING SHALL BE BASED ON THE NUMBER OF SHAREHOLDERS, PARTNERS AND INDEPENDENT CONTRACTORS AT THE INCEPTION DATE OF THE MOST RECENT POLICY.

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HEALTHCARE PROFESSIONALS

OPTOMETRISTS

STANDARD CLAIMS MADE PROGRAM

FULL TIME EQUIVALENCY RATING RULE

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COVERAGE FOR A HEALTHCARE PROFESSIONAL GROUP IS AVAILABLE, AT THE COMPANY'S OPTION, ON A FULL TIME EQUIVALENT (FTE) BASIS RATHER THAN ON AN INDIVIDUAL INSURED BASIS. COVERAGE IS PROVIDED ON AN INDIVIDUAL LIMIT OR SHARED LIMIT BASIS. FULL TIME EQUIVALENCY IS BASED ON EACH HEALTHCARE PROFESSIONAL'S NUMBER OF HOURS OF PRACTICE PER YEAR. THE DEFINITION OF ONE FTE IS BASED ON THE FOLLOWING NUMBER OF HOURS PER YEAR:

2,000	GROUP PRACTICE
1,800	TRAINING/RESIDENCY PROGRAMS

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL HEALTHCARE PROFESSIONAL IS .10 (200 HOURS), SUBJECT TO A TOTAL FTE PER POLICY OF NO LESS THAN 1.0. TRAINING/RESIDENCY PROGRAMS (AND OTHER SIMILAR PROGRAMS) ARE NOT SUBJECT TO THE GROUP PRACTICE MINIMUMS.

THE PREMIUM DEVELOPED BY APPLYING THE APPLICABLE HEALTHCARE PROFESSIONAL RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE STANDARD RATES.

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HEALTHCARE PROFESSIONALS
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STANDARD CLAIMS MADE PROGRAM

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FULL TIME EQUIVALENCY RATING RULE (CON'T)

THE FOLLOWING TABLE IDENTIFIES THE APPLICABLE PREMIUM MODIFICATION PER THE NUMBER OF FTE'S IN THE POLICY FOR A SHARED LIMIT:

FTE* PER POLICY	PREMIUM MODIFICATION
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25+	-15.0%

* THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .50 ROUNDING RULE.

PREMIUM MODIFICATIONS FOR PART TIME PRACTICE, NEW TO PRACTICE, MOONLIGHTING AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

FTE POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MID-TERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

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STANDARD CLAIMS MADE PROGRAM

GROUP SIZE CREDIT RULE

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR GROUPS OF INSURED WHO QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK SHALL BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING:

CLASS O1	PERCENTAGE OF CREDIT
2-9	4%
10-14	8%
15 OR MORE	12%

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**HEALTHCARE PROFESSIONALS
OPTOMETRISTS
STANDARD CLAIMS MADE PROGRAM
LEAVE OF ABSENCE CREDIT RULE**

FILED

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

A HEALTHCARE PROFESSIONAL WHO IS ON A LEAVE OF ABSENCE FOR A CONTINUOUS PERIOD OF 45 DAYS OR MORE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE, IF REPORTED TO THE COMPANY WITHIN 30 DAYS. ONLY ONE APPLICATION OF THIS CREDIT MAY BE APPLIED TO AN ANNUAL POLICY PERIOD. LEAVE OF ABSENCE MAY INCLUDE THE FOLLOWING:

- THE BIRTH OF INSURED'S NEWBORN, PLACEMENT OF FOSTER CHILDREN OR INSURED ADOPTS A CHILD, PROVIDED THE LEAVE IS COMPLETED WITHIN 12 MONTHS OF THE BIRTH, PLACEMENT OR ADOPTION.
- TO CARE FOR A SPOUSE, CHILD OR PARENT WHO HAS A SERIOUS HEALTH CONDITION.
- TO CARE FOR INSURED'S OWN HEALTH CONDITION WHICH PREVENTS INSURED FROM WORKING.
- TIME TO ENHANCE THE INSURED'S EDUCATION OR OTHER REASON WHILE NOT PRACTICING.

THIS CREDIT IS NOT AVAILABLE TO AN INSURED'S LEAVE OF ABSENCE FOR VACATION PURPOSES. THE MINIMUM PREMIUM RATING RULE APPLIES TO INSURED'S ELIGIBLE FOR THE LEAVE OF ABSENCE CREDIT.

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STANDARD CLAIMS MADE PROGRAM

LOCUM TENENS

COVERAGE FOR A HEALTHCARE PROFESSIONAL SUBSTITUTING FOR AN INSURED HEALTHCARE PROFESSIONAL WILL BE LIMITED TO COVER ONLY PROFESSIONAL SERVICES RENDERED ON BEHALF OF THE INSURED HEALTHCARE PROFESSIONAL FOR THE SPECIFIED TIME PERIOD. LOCUM TENENS WILL SHARE IN THE INSURED HEALTHCARE PROFESSIONAL'S LIMIT OF LIABILITY. NO ADDITIONAL CHARGE WILL APPLY FOR THIS COVERAGE.

THE LOCUM TENENS HEALTHCARE PROFESSIONAL MUST COMPLETE AN APPLICATION AND SUBMIT IT TO THE COMPANY IN ADVANCE FOR APPROVAL PRIOR TO THE REQUESTED EFFECTIVE DATE OF COVERAGE.

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STANDARD CLAIMS MADE PROGRAM

MEMBERSHIP ASSOCIATION CREDIT

A PREMIUM CREDIT OF 5% SHALL BE GIVEN TO THOSE INSUREDS WHO ARE MEMBERS OF DESIGNATED MEDICAL PROTECTIVE HEALTHCARE PROFESSIONAL ASSOCIATIONS.

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STANDARD CLAIMS MADE PROGRAM

MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROFESSIONAL WHO IS ON A MILITARY LEAVE OF ABSENCE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE.

THE MINIMUM PREMIUM RATING RULE DOES NOT APPLY TO INSUREDS THAT ARE ELIGIBLE FOR THE MILITARY LEAVE OF ABSENCE CREDIT.

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STANDARD CLAIMS MADE PROGRAM

MINIMUM PREMIUM REQUIREMENT RULE

ALL PREMIUM BEARING INSURED ARE SUBJECT TO A MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE COVERAGE IS CANCELED AS OF THE INCEPTION DATE.

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STANDARD CLAIMS MADE PROGRAM

MOONLIGHTING RATING RULE

MOONLIGHTING PRACTITIONERS IN CLASS O1 OR O2 MAY BE ELIGIBLE FOR COVERAGE AT A REDUCED RATE.

MOONLIGHTING PRACTITIONERS MEANS ANY INDEPENDENT CONTRACTOR OR HEALTHCARE PROFESSIONAL WHO DOES NOT HAVE COVERAGE UNDER ANY OTHER VALID AND COLLECTIBLE INSURANCE OR ANY SELF-INSURANCE PLAN FOR THE MOONLIGHTING ACTIVITIES. THE MOONLIGHTING PRACTITIONER MUST PROVIDE MOONLIGHTING SERVICES LESS THAN 10 HOURS PER WEEK OR A MAXIMUM OF 520 HOURS ANNUALLY TO BE ELIGIBLE FOR A 60% CREDIT.

THIS RATING RULE CANNOT BE USED IN CONJUNCTION WITH THE EMPLOYED OPTICIAN/OPHTHALMIC TECHNOLOGIST, NEW TO PRACTICE OR PART TIME CREDITS.

THE MOONLIGHTING CREDIT WILL NOT BE APPLIED TO THE OPTIONAL EXTENDED REPORTING PERIOD RATING UNLESS THE MOONLIGHTING DID NOT EXCEED AN AVERAGE OF 520 HOURS/YEAR OVER THE PREVIOUS FIVE CONSECUTIVE POLICY YEARS WITH THE COMPANY.

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STANDARD CLAIMS MADE PROGRAM

NEW TO PRACTICE CREDIT

AN INSURED IN CLASS O1 OR O2 IN THEIR FIRST YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 25% CREDIT APPLIED TO CURRENTLY FILED RATES.

NEW TO PRACTICE CREDIT CANNOT BE APPLIED IN COMBINATION WITH EMPLOYED OPTICIAN/OPHTHALMIC TECHNOLOGIST, MOONLIGHTING OR PART TIME CREDITS.

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STANDARD CLAIMS MADE PROGRAM

EMPLOYED

OPTICIAN/OPHTHALMIC TECHNOLOGIST RULE

INSUREDS PERFORMING PROFESSIONAL SERVICES WHILE EMPLOYED BY AN ENTITY THAT THE INSURED DOES NOT OWN, SHALL BE ELIGIBLE FOR A 50% CREDIT. THE PARTNERSHIP/CORPORATION RATING RULE CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

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**HEALTHCARE PROFESSIONALS
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STANDARD CLAIMS MADE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

THE PREMIUM WILL BE BASED ON THE NUMBER OF YEARS THAT THE RETROACTIVE DATE OF THE PARTNERSHIP OR CORPORATION POLICY PRECEDES THE POLICY EXPIRATION DATE. AT THIS MATURITY LEVEL, THE PREMIUM WILL EQUAL 10% OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS, AND EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION.

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS OR EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS.

THE PREMIUM WILL BE WAIVED FOR ENTITIES ELECTING TO SHARE LIMITS FOR CLAIMS LISTING THE INDIVIDUAL HEALTHCARE PROFESSIONAL AND ENTITY AS DEFENDANTS.

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PART TIME PRACTICE RULE

AN INSURED IN CLASS O1 OR O2 WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,040 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK	MAX. AGGREGATE HOURS PER YEAR	CREDIT
0-20	1,040	25%

THIS RATING RULE CANNOT BE USED IN CONJUNCTION WITH THE EMPLOYED OPTICIAN/OPHTHALMIC TECHNOLOGIST, NEW TO PRACTICE OR MOONLIGHTING CREDITS.

THE PART TIME PRACTICE CREDIT WILL NOT BE APPLIED TO THE OPTIONAL EXTENDED REPORTING PERIOD RATING UNLESS THE PART TIME PRACTICE DID NOT EXCEED AN AVERAGE OF 1,040 HOURS/YEAR OVER THE PREVIOUS FIVE CONSECUTIVE POLICY YEARS WITH THE COMPANY.

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Edition Date: 01/01/10

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STANDARD CLAIMS MADE PROGRAM

PRIOR ACTS COVERAGE

THE POLICY SHALL BE EXTENDED TO PROVIDE PRIOR ACTS COVERAGE IN ACCORDANCE WITH THE APPLICABLE RETROACTIVE DATE(S). THE RETROACTIVE DATE CAN BE ADVANCED ONLY WITH THE WRITTEN ACKNOWLEDGEMENT OF THE INSURED AND THE APPROVAL BY THE COMPANY.

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**HEALTHCARE PROFESSIONALS
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**STANDARD CLAIMS MADE PROGRAM
QUARTERLY INSTALLMENT OPTION**

THE FOLLOWING INTEREST FREE INSTALLMENT PAYMENT PLANS ARE AVAILABLE, AT THE INSURED'S REQUEST.

- 4 PAY - 25% DOWN, 3 EQUAL QUARTERLY PAYMENTS THEREAFTER

IF MANUAL PREMIUM IS OVER \$150,000

- 25% DOWN, 9 EQUAL MONTHLY PAYMENTS THEREAFTER

THE COMPANY MAY ASSESS INSTALLMENT FEES. SUCH FEES WILL NOT EXCEED \$25 OR 1% OF THE TOTAL POLICY PREMIUM, WHICHEVER IS LESS, AND WILL NOT EXCEED A TOTAL FEE PAYMENT OF \$100 OVER ANY ONE POLICY TERM.

PREMIUM BEARING ADJUSTMENTS WILL BE SPREAD ACROSS REMAINING INSTALLMENTS IN EQUAL AMOUNTS.

INSTALLMENTS ARE NOT AVAILABLE FOR EXTENSION CONTRACT PREMIUM.

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STANDARD CLAIMS MADE PROGRAM

RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE A FIVE PERCENT (5%) PREMIUM CREDIT APPLIED FOR UP TO THREE YEARS FOR A RISK MANAGEMENT COURSE APPROVED FOR CREDIT BY THE MEDICAL PROTECTIVE COMPANY.

ADDITIONALLY, THE INSURED WILL RECEIVE A TWO AND ONE HALF PERCENT (2.5%) PREMIUM CREDIT APPLIED FOR THREE YEARS FOR THE PROPER USE OF AN ELECTRONIC HEALTH RECORD SYSTEM WITHIN THEIR PRACTICE. THE CREDIT WILL BE PROVIDED FOR PROGRAMS MEETING THE CRITERIA OF THE MEDICAL PROTECTIVE COMPANY AND ISSUED AT THE BEGINNING OF THE NEXT POLICY PERIOD CONTINGENT UPON RECEIPT OF THE REQUIRED DOCUMENTATION OF SYSTEM CAPABILITIES AND PRACTICE USAGE.

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STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

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THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSURED(S), OR GROUPS OF INSURED(S), WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -25% / +25%, TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

1. **HISTORICAL LOSS EXPERIENCE:**

THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

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SCHEDULE RATING PLAN (CON'T)

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2. **CUMULATIVE YEARS OF PATIENT EXPERIENCE:**
THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE, LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.

3. **CLASSIFICATION ANOMALIES:**
CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.

4. **CLAIM ANOMALIES:**
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHARGES OR TRENDS THAT WILL POSITIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).

5. **MANAGEMENT CONTROL PROCEDURES:**
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

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6. **NUMBER/TYPE OF PATIENT EXPOSURES:**
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSITIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.
7. **ORGANIZATIONAL SIZE/STRUCTURE:**
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSURED ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.
8. **HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:**
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE; (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTHCARE SERVICES BEING RENDERED; AND/OR, (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.
9. **OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:**
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY AND SEVERITY OF CLAIMS.

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STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN (CON'T)

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10. **TRAINING, ACCREDITATION AND CREDENTIALING:**
THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.

11. **RECORD KEEPING PRACTICES:**
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

12. **UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:**
DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

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**HEALTHCARE PROFESSIONALS
OPTOMETRISTS**

**STANDARD CLAIMS MADE PROGRAM
SLOT RATING RULE**

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COVERAGE FOR GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS. THE SLOT ENDORSEMENT WILL IDENTIFY THE INDIVIDUALS AND SETTINGS THAT ARE COVERED. COVERAGE WILL BE PROVIDED ON A SHARED LIMIT BASIS FOR THOSE INSUREDS MOVING THROUGH THE SLOT OR POSITION. A MAXIMUM OF TEN (10) INDIVIDUALS SHALL BE NAMED IN A SINGLE SLOT AND HAVE 2000 HOURS OR LESS PER ANNUAL POLICY TERM.

THE APPLICABLE MANUAL RATE WILL BE DETERMINED BY THE CLASSIFICATION OF THE SLOT. SLOT POLICIES WILL BE RATED AS A STANDARD CLAIMS MADE POLICY, UTILIZING THE RETROACTIVE DATE OF THE SLOT. EXTENSION CONTRACT COVERAGE MAY BE PURCHASED FOR THE SLOT BASED ON THE APPLICABLE RETROACTIVE DATE, CLASSIFICATION, TERRITORY AND LIMITS.

PREMIUM MODIFICATIONS FOR NEW TO PRACTICE, PART TIME PRACTICE, MOONLIGHTING AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

SLOT POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MIDTERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

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STANDARD CLAIMS MADE PROGRAM

SOLO CORPORATION COVERAGE

SOLO INDIVIDUAL PROFESSIONAL CORPORATIONS OR ASSOCIATIONS MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

THE ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

FILED

MAY 24 2010

The
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Professional Protection Exclusively Since 1899

HEALTHCARE PROFESSIONALS

PODIATRISTS

OCCURRENCE PROGRAM

**ADDITIONAL INSURED SHARED ENTITY VICARIOUS
LIABILITY COVERAGE**

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

THIS ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER OCCURRENCE OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

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HEALTHCARE PROFESSIONALS

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PODIATRISTS

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OCCURRENCE PROGRAM

STATE OF ILLINOIS
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SPRINGFIELD, ILLINOIS

CLAIM FREE CREDIT

IF NO CLAIM HAS BEEN ATTRIBUTED TO AN INSURED, THE INSURED WILL BE ELIGIBLE FOR A PREMIUM CREDIT BASED ON THE FOLLOWING SCHEDULE:

1. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 3 YEARS BUT LESS THAN 5 YEARS, A 5% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
2. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 5 YEARS BUT LESS THAN 10 YEARS, A 10% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
3. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 10 YEARS OR MORE, A CREDIT OF 15% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.

A CLAIM UNDER THIS POLICY SHALL NOT, FOR THE PURPOSE OF THIS PREMIUM CREDIT PROGRAM, BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

INSUREDS CONVERTING COVERAGE TO THE MEDICAL PROTECTIVE COMPANY SHALL QUALIFY FOR CREDIT AT THE POLICY INCEPTION DATE IN ACCORDANCE WITH THE COMPANY'S GUIDELINES.

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EMPLOYED PODIATRIST RULE

INSUREDS PERFORMING PROFESSIONAL SERVICES WHILE EMPLOYED BY AN ENTITY THAT THE INSURED DOES NOT OWN, SHALL BE ELIGIBLE FOR A 25% CREDIT. THE PARTNERSHIP/CORPORATION RATING RULE CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

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FULL TIME EQUIVALENCY RATING RULE

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SPRINGFIELD, ILLINOIS

COVERAGE FOR A HEALTHCARE PROFESSIONAL GROUP IS AVAILABLE, AT THE COMPANY'S OPTION, ON A FULL TIME EQUIVALENT (FTE) BASIS RATHER THAN ON AN INDIVIDUAL INSURED BASIS. COVERAGE IS PROVIDED ON AN INDIVIDUAL LIMIT OR SHARED LIMIT BASIS. FULL TIME EQUIVALENCY IS BASED ON EACH HEALTHCARE PROFESSIONAL'S NUMBER OF HOURS OF PRACTICE PER YEAR. THE DEFINITION OF ONE FTE IS BASED ON THE FOLLOWING NUMBER OF HOURS PER YEAR:

2,000	GROUP PRACTICE
1,800	TRAINING/RESIDENCY PROGRAMS

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL HEALTHCARE PROFESSIONAL IS .10 (200 HOURS), SUBJECT TO A TOTAL FTE PER POLICY OF NO LESS THAN 1.0. TRAINING/RESIDENCY PROGRAMS (AND OTHER SIMILAR PROGRAMS) ARE NOT SUBJECT TO THE GROUP PRACTICE MINIMUMS.

THE PREMIUM DEVELOPED BY APPLYING THE APPLICABLE HEALTHCARE PROFESSIONAL RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT REFLECTED IN THE STANDARD RATES.

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SPRINGFIELD, ILLINOIS

FULL TIME EQUIVALENCY RATING RULE (CON'T)

THE FOLLOWING TABLE IDENTIFIES THE APPLICABLE PREMIUM MODIFICATION PER THE NUMBER OF FTE'S IN THE POLICY FOR A SHARED LIMIT:

FTE* PER POLICY	PREMIUM MODIFICATION
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25+	-15.0%

* THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .50 ROUNDING RULE.

PREMIUM MODIFICATIONS FOR CLAIM FREE, PART TIME PRACTICE, NEW TO PRACTICE, MOONLIGHTING AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

FTE POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MID-TERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

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PODIATRISTS

OCCURRENCE PROGRAM

LEAVE OF ABSENCE CREDIT RULE

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

A HEALTHCARE PROFESSIONAL WHO IS ON A LEAVE OF ABSENCE FOR A CONTINUOUS PERIOD OF 45 DAYS OR MORE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE, IF REPORTED TO THE COMPANY WITHIN 30 DAYS. ONLY ONE APPLICATION OF THIS CREDIT MAY BE APPLIED TO AN ANNUAL POLICY PERIOD. LEAVE OF ABSENCE MAY INCLUDE THE FOLLOWING:

- THE BIRTH OF INSUREDS NEWBORN, PLACEMENT OF FOSTER CHILDREN OR INSURED ADOPTS A CHILD, PROVIDED THE LEAVE IS COMPLETED WITHIN 12 MONTHS OF THE BIRTH, PLACEMENT OR ADOPTION.
- TO CARE FOR A SPOUSE, CHILD OR PARENT WHO HAS A SERIOUS HEALTH CONDITION.
- TO CARE FOR INSUREDS OWN HEALTH CONDITION WHICH PREVENTS INSURED FROM WORKING.
- TIME TO ENHANCE THE INSUREDS EDUCATION OR OTHER REASON WHILE NOT PRACTICING.

THIS CREDIT IS NOT AVAILABLE TO AN INSUREDS LEAVE OF ABSENCE FOR VACATION PURPOSES. THE MINIMUM PREMIUM RATING RULE APPLIES TO INSUREDS ELIGIBLE FOR THE LEAVE OF ABSENCE CREDIT.

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LOCUM TENENS

COVERAGE FOR A HEALTHCARE PROFESSIONAL SUBSTITUTING FOR AN INSURED HEALTHCARE PROFESSIONAL WILL BE LIMITED TO COVER ONLY PROFESSIONAL SERVICES RENDERED ON BEHALF OF THE INSURED HEALTHCARE PROFESSIONAL FOR THE SPECIFIED TIME PERIOD. LOCUM TENENS WILL SHARE IN THE INSURED HEALTHCARE PROFESSIONAL'S LIMIT OF LIABILITY. NO ADDITIONAL CHARGE WILL APPLY FOR THIS COVERAGE.

THE LOCUM TENENS HEALTHCARE PROFESSIONAL MUST COMPLETE AN APPLICATION AND SUBMIT IT TO THE COMPANY IN ADVANCE FOR APPROVAL PRIOR TO THE REQUESTED EFFECTIVE DATE OF COVERAGE.

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OCCURRENCE PROGRAM

MEMBERSHIP ASSOCIATION CREDIT

A PREMIUM CREDIT OF 5% SHALL BE GIVEN TO THOSE INSURED WHO ARE MEMBERS OF A DESIGNATED MEDICAL PROTECTIVE HEALTHCARE PROFESSIONAL ASSOCIATIONS.

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MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROFESSIONAL WHO IS ON A MILITARY LEAVE OF ABSENCE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE.

THE MINIMUM PREMIUM RATING RULE DOES NOT APPLY TO INSUREDS THAT ARE ELIGIBLE FOR THE MILITARY LEAVE OF ABSENCE CREDIT.

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MINIMUM PREMIUM REQUIREMENT RULE

ALL PREMIUM BEARING INSUREDS ARE SUBJECT TO A MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE COVERAGE IS CANCELED AS OF THE INCEPTION DATE.

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MOONLIGHTING RATING RULE

MOONLIGHTING PRACTITIONERS MAY BE ELIGIBLE FOR COVERAGE AT A REDUCED RATE.

MOONLIGHTING PRACTITIONERS MEANS ANY INDEPENDENT CONTRACTOR OR HEALTHCARE PROFESSIONAL WHO DOES NOT HAVE COVERAGE UNDER ANY OTHER VALID AND COLLECTIBLE INSURANCE OR ANY SELF-INSURANCE PLAN FOR THE MOONLIGHTING ACTIVITIES. THE MOONLIGHTING PRACTITIONER MUST PROVIDE MOONLIGHTING SERVICES LESS THAN 10 HOURS PER WEEK OR A MAXIMUM OF 520 HOURS ANNUALLY TO BE ELIGIBLE FOR A 60% CREDIT.

THIS RATING RULE CANNOT BE USED IN CONJUNCTION WITH THE EMPLOYED PODIATRIST, NEW TO PRACTICE, CLAIM FREE OR PART TIME CREDITS.

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NEW TO PRACTICE CREDIT

A PRACTITIONER IN THEIR FIRST YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 75% CREDIT APPLIED TO CURRENTLY FILED RATES.

A PRACTITIONER IN THEIR SECOND YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 50% CREDIT APPLIED TO CURRENTLY FILED RATES.

A PRACTITIONER IN THEIR THIRD YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 35% CREDIT APPLIED TO CURRENTLY FILED RATES.

A PRACTITIONER IN THEIR FOURTH YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 15% CREDIT APPLIED TO CURRENTLY FILED RATES.

NEW TO PRACTICE CREDITS CANNOT BE APPLIED IN COMBINATION WITH THE EMPLOYED PODIATRIST, MOONLIGHTING OR PART TIME CREDITS.

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PARTNERSHIP OR CORPORATION COVERAGE

THE PREMIUM WILL EQUAL 5% OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS, AND EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION.

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS OR EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS.

THE PREMIUM WILL BE WAIVED FOR ENTITIES ELECTING TO SHARE LIMITS FOR CLAIMS LISTING THE INDIVIDUAL HEALTHCARE PROFESSIONAL AND ENTITY AS DEFENDANTS.

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PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,040 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK	MAX. AGGREGATE HOURS PER YEAR	CREDIT
0-10	520	50%
11-20	1,040	25%

THIS RATING RULE CANNOT BE USED IN CONJUNCTION WITH THE EMPLOYED PODIATRIST, NEW TO PRACTICE, CLAIM FREE OR MOONLIGHTING CREDITS.

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PRIOR ACTS/NOSE RATING PLAN

A HEALTHCARE PROFESSIONAL THAT IS CURRENTLY INSURED UNDER A CLAIMS-MADE POLICY WITH ANOTHER CARRIER AND SEEKS TO CONVERT TO AN OCCURRENCE POLICY MAY BE ELIGIBLE FOR PRIOR ACTS/NOSE COVERAGE. THE RATING FOR SUCH COVERAGE SHALL BE DETERMINED BY APPLYING THE EXTENSION CONTRACT RATING FACTORS CONTAINED IN THE RATE SECTION OF THIS MANUAL.

THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE IN ADDITION TO THE HEALTHCARE PROFESSIONAL'S OCCURRENCE PREMIUM.

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QUARTERLY INSTALLMENT OPTION

THE FOLLOWING INTEREST FREE INSTALLMENT PAYMENT PLANS ARE AVAILABLE, AT THE INSURED'S REQUEST.

- 4 PAY - 25% DOWN, 3 EQUAL QUARTERLY PAYMENTS THEREAFTER

IF MANUAL PREMIUM IS OVER \$150,000

- 25% DOWN, 9 EQUAL MONTHLY PAYMENTS THEREAFTER

THE COMPANY MAY ASSESS INSTALLMENT FEES. SUCH FEES WILL NOT EXCEED \$25 OR 1% OF THE TOTAL POLICY PREMIUM, WHICHEVER IS LESS, AND WILL NOT EXCEED A TOTAL FEE PAYMENT OF \$100 OVER ANY ONE POLICY TERM.

PREMIUM BEARING ADJUSTMENTS WILL BE SPREAD ACROSS REMAINING INSTALLMENTS IN EQUAL AMOUNTS.

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RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE A FIVE PERCENT (5%) PREMIUM CREDIT APPLIED FOR UP TO THREE YEARS FOR A RISK MANAGEMENT COURSE APPROVED FOR CREDIT BY THE MEDICAL PROTECTIVE COMPANY.

ADDITIONALLY, THE INSURED WILL RECEIVE A TWO AND ONE HALF PERCENT (2.5%) PREMIUM CREDIT APPLIED FOR THREE YEARS FOR THE PROPER USE OF AN ELECTRONIC HEALTH RECORD SYSTEM WITHIN THEIR PRACTICE. THE CREDIT WILL BE PROVIDED FOR PROGRAMS MEETING THE CRITERIA OF THE MEDICAL PROTECTIVE COMPANY AND ISSUED AT THE BEGINNING OF THE NEXT POLICY PERIOD CONTINGENT UPON RECEIPT OF THE REQUIRED DOCUMENTATION OF SYSTEM CAPABILITIES AND PRACTICE USAGE.

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SCHEDULE RATING PLAN

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSURED(S), OR GROUPS OF INSURED(S), WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -25% / +25%, TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

1. **HISTORICAL LOSS EXPERIENCE:**

THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

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SCHEDULE RATING PLAN (CON'T)

2. **CUMULATIVE YEARS OF PATIENT EXPERIENCE:**
THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE, LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.

3. **CLASSIFICATION ANOMALIES:**
CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.

4. **CLAIM ANOMALIES:**
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHARGES OR TRENDS THAT WILL POSITIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).

5. **MANAGEMENT CONTROL PROCEDURES:**
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

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SCHEDULE RATING PLAN (CON'T)

6. **NUMBER/TYPE OF PATIENT EXPOSURES:**
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSITIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.
7. **ORGANIZATIONAL SIZE/STRUCTURE:**
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSURED ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.
8. **HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:**
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE; (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTHCARE SERVICES BEING RENDERED; AND/OR, (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.
9. **OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:**
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY AND SEVERITY OF CLAIMS.

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SCHEDULE RATING PLAN (CON'T)

10. **TRAINING, ACCREDITATION AND CREDENTIALING:**
THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.

11. **RECORD KEEPING PRACTICES:**
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

12. **UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:**
DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

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OCCURRENCE PROGRAM

SLOT RATING RULE

COVERAGE FOR GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS. THE SLOT ENDORSEMENT WILL IDENTIFY THE INDIVIDUALS AND SETTINGS THAT ARE COVERED. COVERAGE WILL BE PROVIDED ON A SHARED LIMIT BASIS FOR THOSE INSUREDS MOVING THROUGH THE SLOT OR POSITION. A MAXIMUM OF TEN (10) INDIVIDUALS SHALL BE NAMED IN A SINGLE SLOT AND HAVE 2000 HOURS OR LESS PER ANNUAL POLICY TERM.

THE APPLICABLE MANUAL RATE WILL BE DETERMINED BY THE CLASSIFICATION OF THE SLOT.

PREMIUM MODIFICATIONS FOR CLAIM FREE CREDIT, NEW TO PRACTICE, PART TIME PRACTICE, MOONLIGHTING AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

SLOT POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MIDTERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

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Edition Date: 01/01/10

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SOLO CORPORATION COVERAGE

SOLO INDIVIDUAL PROFESSIONAL CORPORATIONS OR ASSOCIATIONS MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

THE ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER OCCURRENCE OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

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STUDENT RATING RULE

RESTRICTED COVERAGE IS AVAILABLE FOR HEALTHCARE PROFESSIONAL STUDENTS AT THE FOLLOWING RATES:

LIMIT	RATE (ANNUAL)
\$1,000,000/\$3,000,000	\$250

STUDENT COVERAGE INCLUDES SERVICES RENDERED BY THE PODIATRIC STUDENT DURING AN ACCREDITED PODIATRIC TRAINING PROGRAM, PODIATRIC EXTERNSHIP OR LICENSING BOARD EXAMS PRIOR TO GRADUATION.

NO OTHER CREDITS OR DEBITS SHALL APPLY WITH THIS RATING PROGRAM EXCEPT FOR SCHEDULE RATING MODIFICATIONS.

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PODIATRISTS

STANDARD CLAIMS MADE PROGRAM

**ADDITIONAL INSURED SHARED ENTITY VICARIOUS
LIABILITY COVERAGE**

A SCHEDULED HEALTHCARE PROFESSIONAL ENTITY MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

THIS ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

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HEALTHCARE PROFESSIONALS
PODIATRISTS
STANDARD CLAIMS MADE PROGRAM
CLAIM FREE CREDIT

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IF NO CLAIM HAS BEEN ATTRIBUTED TO AN INSURED, THE INSURED WILL BE ELIGIBLE FOR A PREMIUM CREDIT BASED ON THE FOLLOWING SCHEDULE:

1. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 3 YEARS BUT LESS THAN 5 YEARS, A 5% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
2. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 5 YEARS BUT LESS THAN 10 YEARS, A 10% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
3. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 10 YEARS OR MORE, A CREDIT OF 15% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.

A CLAIM UNDER THIS POLICY SHALL NOT, FOR THE PURPOSE OF THIS PREMIUM CREDIT PROGRAM, BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

INSUREDS CONVERTING COVERAGE TO THE MEDICAL PROTECTIVE COMPANY SHALL QUALIFY FOR CREDIT AT THE POLICY INCEPTION DATE IN ACCORDANCE WITH THE COMPANY'S GUIDELINES.

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HEALTHCARE PROFESSIONALS

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STANDARD CLAIMS MADE PROGRAM

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CONVERTIBLE COVERAGE RATING PLAN

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

INSUREDS SHALL BE PROVIDED THE OPTION, SUBJECT TO UNDERWRITING GUIDELINES, TO CONVERT FROM STANDARD CLAIMS MADE TO OCCURRENCE COVERAGE. THE INSURED SHALL BE ELIGIBLE FOR CONVERSION AFTER THE FOLLOWING CONDITIONS HAVE BEEN MET:

- 1) PAYMENT TO THE COMPANY OF THE APPLICABLE PREMIUM FOR A MINIMUM OF THREE ANNUAL CLAIMS MADE POLICIES.
 - 2) ACHIEVE THREE YEARS OF CONTINUOUS CLAIMS MADE COVERAGE UNDER THIS PLAN WITH NO CLAIMS ATTRIBUTED TO THE INSURED.
- * A CLAIM UNDER THIS PLAN SHALL NOT BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OF FRIVOLOUS CLAIMS.

AT THE TIME THE AFOREMENTIONED CONDITIONS ARE MET, AND THE INSURED ELECTS TO PURCHASE OCCURRENCE COVERAGE, THE COMPANY WILL ISSUE AN OPTIONAL EXTENDED REPORTING PERIOD ENDORSEMENT, COVERING SERVICES SUBSEQUENT TO THE RETROACTIVE DATE AND PRIOR TO THE EXPIRATION OF THE STANDARD CLAIMS MADE POLICY, AND WILL WAIVE ANY PREMIUM THAT WOULD NORMALLY BE DUE FOR SUCH EXTENSION.

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CONVERTIBLE COVERAGE RATING PLAN

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THE APPLICABLE PREMIUM UNDER THIS PLAN SHALL BE EQUAL TO 100% OF THE MANUAL PREMIUM THAT WOULD OTHERWISE BE DERIVED FOR THE INSURED UNDER THE OCCURRENCE PROGRAM.

SHOULD THE INSURED BE UNABLE TO MEET THE CONDITIONS FOR CONVERSION, THE INSURED MAY ELECT TO PURCHASE AN OPTIONAL EXTENDED REPORTING PERIOD SUBJECT TO POLICY PROVISIONS. REFER TO THE OPTIONAL EXTENDED REPORTING PERIOD RATING RULE TO DETERMINE THE APPLICABLE PREMIUM.

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EMPLOYED PODIATRIST RULE

INSUREDS PERFORMING PROFESSIONAL SERVICES WHILE EMPLOYED BY AN ENTITY THAT THE INSURED DOES NOT OWN, SHALL BE ELIGIBLE FOR A 25% CREDIT. THE PARTNERSHIP/CORPORATION RATING RULE CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

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OPTIONAL EXTENDED REPORTING PERIOD RATING

THE PREMIUM FOR THE OPTIONAL EXTENDED REPORTING PERIOD ENDORSEMENT SHALL BE DETERMINED BY APPLYING THE EXTENSION CONTRACT RATING FACTORS CONTAINED IN THE RATES SECTION OF THIS MANUAL TO THE APPLICABLE STANDARD MATURE CLAIMS MADE RATE, SUBJECT TO EXPIRING PART TIME, MOONLIGHTING AND SCHEDULE RATING MODIFICATIONS.

PARTNERSHIP / CORPORATION OPTIONAL EXTENDED REPORTING PERIOD RATING SHALL BE BASED ON THE NUMBER OF SHAREHOLDERS, PARTNERS AND INDEPENDENT CONTRACTORS AT THE INCEPTION DATE OF THE MOST RECENT POLICY.

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FULL TIME EQUIVALENCY RATING RULE

COVERAGE FOR A HEALTHCARE PROFESSIONAL GROUP IS AVAILABLE, AT THE COMPANY'S OPTION, ON A FULL TIME EQUIVALENT (FTE) BASIS RATHER THAN ON AN INDIVIDUAL INSURED BASIS. COVERAGE IS PROVIDED ON AN INDIVIDUAL LIMIT OR SHARED LIMIT BASIS. FULL TIME EQUIVALENCY IS BASED ON EACH HEALTHCARE PROFESSIONAL'S NUMBER OF HOURS OF PRACTICE PER YEAR. THE DEFINITION OF ONE FTE IS BASED ON THE FOLLOWING NUMBER OF HOURS PER YEAR:

2,000	GROUP PRACTICE
1,800	TRAINING/RESIDENCY PROGRAMS

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL HEALTHCARE PROFESSIONAL IS .10 (200 HOURS), SUBJECT TO A TOTAL FTE PER POLICY OF NO LESS THAN 1.0. TRAINING/RESIDENCY PROGRAMS (AND OTHER SIMILAR PROGRAMS) ARE NOT SUBJECT TO THE GROUP PRACTICE MINIMUMS.

THE PREMIUM DEVELOPED BY APPLYING THE APPLICABLE HEALTHCARE PROFESSIONAL RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE STANDARD RATES.

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FULL TIME EQUIVALENCY RATING RULE (CON'T)

THE FOLLOWING TABLE IDENTIFIES THE APPLICABLE PREMIUM MODIFICATION PER THE NUMBER OF FTE'S IN THE POLICY FOR A SHARED LIMIT:

FTE* PER POLICY	PREMIUM MODIFICATION
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25+	-15.0%

* THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .50 ROUNDING RULE.

PREMIUM MODIFICATIONS FOR CLAIM FREE, PART TIME PRACTICE, NEW TO PRACTICE, MOONLIGHTING AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

FTE POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MID-TERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

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STANDARD CLAIMS MADE PROGRAM

LEAVE OF ABSENCE CREDIT RULE

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STATE OF ILLINOIS
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A HEALTHCARE PROFESSIONAL WHO IS ON A LEAVE OF ABSENCE FOR A CONTINUOUS PERIOD OF 45 DAYS OR MORE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE, IF REPORTED TO THE COMPANY WITHIN 30 DAYS. ONLY ONE APPLICATION OF THIS CREDIT MAY BE APPLIED TO AN ANNUAL POLICY PERIOD. LEAVE OF ABSENCE MAY INCLUDE THE FOLLOWING:

- THE BIRTH OF INSUREDS NEWBORN, PLACEMENT OF FOSTER CHILDREN OR INSURED ADOPTS A CHILD, PROVIDED THE LEAVE IS COMPLETED WITHIN 12 MONTHS OF THE BIRTH, PLACEMENT OR ADOPTION.
- TO CARE FOR A SPOUSE, CHILD OR PARENT WHO HAS A SERIOUS HEALTH CONDITION.
- TO CARE FOR INSUREDS OWN HEALTH CONDITION WHICH PREVENTS INSURED FROM WORKING.
- TIME TO ENHANCE THE INSUREDS EDUCATION OR OTHER REASON WHILE NOT PRACTICING.

THIS CREDIT IS NOT AVAILABLE TO AN INSUREDS LEAVE OF ABSENCE FOR VACATION PURPOSES. THE MINIMUM PREMIUM RATING RULE APPLIES TO INSUREDS ELIGIBLE FOR THE LEAVE OF ABSENCE CREDIT.

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LOCUM TENENS

COVERAGE FOR A HEALTHCARE PROFESSIONAL SUBSTITUTING FOR AN INSURED HEALTHCARE PROFESSIONAL WILL BE LIMITED TO COVER ONLY PROFESSIONAL SERVICES RENDERED ON BEHALF OF THE INSURED HEALTHCARE PROFESSIONAL FOR THE SPECIFIED TIME PERIOD. LOCUM TENENS WILL SHARE IN THE INSURED HEALTHCARE PROFESSIONAL'S LIMIT OF LIABILITY. NO ADDITIONAL CHARGE WILL APPLY FOR THIS COVERAGE.

THE LOCUM TENENS HEALTHCARE PROFESSIONAL MUST COMPLETE AN APPLICATION AND SUBMIT IT TO THE COMPANY IN ADVANCE FOR APPROVAL PRIOR TO THE REQUESTED EFFECTIVE DATE OF COVERAGE.

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MEMBERSHIP ASSOCIATION CREDIT

A PREMIUM CREDIT OF 5% SHALL BE GIVEN TO THOSE INSURED WHO ARE MEMBERS OF DESIGNATED MEDICAL PROTECTIVE HEALTHCARE PROFESSIONAL ASSOCIATIONS.

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MILITARY LEAVE OF ABSENCE CREDIT RULE

A HEALTHCARE PROFESSIONAL WHO IS ON A MILITARY LEAVE OF ABSENCE MAY BE ELIGIBLE FOR RESTRICTED COVERAGE AT A DISCOUNT OF 100% OF THE APPLICABLE RATE FOR THE PERIOD OF THE LEAVE OF ABSENCE. THIS WILL APPLY RETROACTIVELY TO THE FIRST DAY OF THE LEAVE OF ABSENCE.

THE MINIMUM PREMIUM RATING RULE DOES NOT APPLY TO INSUREDS THAT ARE ELIGIBLE FOR THE MILITARY LEAVE OF ABSENCE CREDIT.

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MINIMUM PREMIUM REQUIREMENT RULE

ALL PREMIUM BEARING INSURED ARE SUBJECT TO A MINIMUM PREMIUM OF \$50. THE MINIMUM PREMIUM WILL BE RETAINED WHEN THE INSURED REQUESTS CANCELLATION UNLESS THE COVERAGE IS CANCELED AS OF THE INCEPTION DATE.

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MOONLIGHTING RATING RULE

MOONLIGHTING PRACTITIONERS MAY BE ELIGIBLE FOR COVERAGE AT A REDUCED RATE.

MOONLIGHTING PRACTITIONERS MEANS ANY INDEPENDENT CONTRACTOR OR HEALTHCARE PROFESSIONAL WHO DOES NOT HAVE COVERAGE UNDER ANY OTHER VALID AND COLLECTIBLE INSURANCE OR ANY SELF-INSURANCE PLAN FOR THE MOONLIGHTING ACTIVITIES. THE MOONLIGHTING PRACTITIONER MUST PROVIDE MOONLIGHTING SERVICES LESS THAN 10 HOURS PER WEEK OR A MAXIMUM OF 520 HOURS ANNUALLY TO BE ELIGIBLE FOR A 60% CREDIT.

THIS RATING RULE CANNOT BE USED IN CONJUNCTION WITH THE EMPLOYED PODIATRIST, NEW TO PRACTICE, CLAIM FREE OR PART TIME CREDITS.

THE MOONLIGHTING CREDIT WILL NOT BE APPLIED TO THE OPTIONAL EXTENDED REPORTING PERIOD RATING UNLESS THE MOONLIGHTING DID NOT EXCEED AN AVERAGE OF 520 HOURS/YEAR OVER THE PREVIOUS FIVE CONSECUTIVE POLICY YEARS WITH THE COMPANY.

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NEW TO PRACTICE CREDIT

A PRACTITIONER IN THEIR FIRST YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 75% CREDIT APPLIED TO CURRENTLY FILED RATES.

A PRACTITIONER IN THEIR SECOND YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 50% CREDIT APPLIED TO CURRENTLY FILED RATES.

A PRACTITIONER IN THEIR THIRD YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 35% CREDIT APPLIED TO CURRENTLY FILED RATES.

A PRACTITIONER IN THEIR FOURTH YEAR OF PRACTICE AFTER GRADUATION WILL RECEIVE A 15% CREDIT APPLIED TO CURRENTLY FILED RATES.

NEW TO PRACTICE CREDITS CANNOT BE APPLIED IN COMBINATION WITH THE EMPLOYED PODIATRIST, MOONLIGHTING OR PART TIME CREDITS.

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PARTNERSHIP OR CORPORATION COVERAGE

THE PREMIUM WILL BE BASED ON THE NUMBER OF YEARS THAT THE RETROACTIVE DATE OF THE PARTNERSHIP OR CORPORATION POLICY PRECEDES THE POLICY EXPIRATION DATE. AT THIS MATURITY LEVEL, THE PREMIUM WILL EQUAL 5% OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS, AND EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION.

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS OR EMPLOYED/CONTRACTED HEALTHCARE PROFESSIONALS.

THE PREMIUM WILL BE WAIVED FOR ENTITIES ELECTING TO SHARE LIMITS FOR CLAIMS LISTING THE INDIVIDUAL HEALTHCARE PROFESSIONAL AND ENTITY AS DEFENDANTS.

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PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,040 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE:

AVERAGE NUMBER OF HOURS PRACTICED PER WEEK	MAX. AGGREGATE HOURS PER YEAR	CREDIT
0-10	520	50%
11-20	1,040	25%

THIS RATING RULE CANNOT BE USED IN CONJUNCTION WITH THE EMPLOYED PODIATRIST, NEW TO PRACTICE, CLAIM FREE OR MOONLIGHTING CREDITS.

THE PART TIME PRACTICE CREDIT WILL NOT BE APPLIED TO THE OPTIONAL EXTENDED REPORTING PERIOD RATING UNLESS THE PART TIME PRACTICE DID NOT EXCEED AN AVERAGE OF 1,040 HOURS/YEAR OVER THE PREVIOUS FIVE CONSECUTIVE POLICY YEARS WITH THE COMPANY.

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PRIOR ACTS COVERAGE

THE POLICY SHALL BE EXTENDED TO PROVIDE PRIOR ACTS COVERAGE IN ACCORDANCE WITH THE APPLICABLE RETROACTIVE DATE(S). THE RETROACTIVE DATE CAN BE ADVANCED ONLY WITH THE WRITTEN ACKNOWLEDGEMENT OF THE INSURED AND THE APPROVAL BY THE COMPANY.

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QUARTERLY INSTALLMENT OPTION

THE FOLLOWING INTEREST FREE INSTALLMENT PAYMENT PLANS ARE AVAILABLE, AT THE INSURED'S REQUEST.

- 4 PAY - 25% DOWN, 3 EQUAL QUARTERLY PAYMENTS THEREAFTER

IF MANUAL PREMIUM IS OVER \$150,000

- 25% DOWN, 9 EQUAL MONTHLY PAYMENTS THEREAFTER

THE COMPANY MAY ASSESS INSTALLMENT FEES. SUCH FEES WILL NOT EXCEED \$25 OR 1% OF THE TOTAL POLICY PREMIUM, WHICHEVER IS LESS, AND WILL NOT EXCEED A TOTAL FEE PAYMENT OF \$100 OVER ANY ONE POLICY TERM.

PREMIUM BEARING ADJUSTMENTS WILL BE SPREAD ACROSS REMAINING INSTALLMENTS IN EQUAL AMOUNTS.

INSTALLMENTS ARE NOT AVAILABLE FOR EXTENSION CONTRACT PREMIUM.

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**HEALTHCARE PROFESSIONALS
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RISK MANAGEMENT CREDIT RULE

THE INSURED WILL RECEIVE A FIVE PERCENT (5%) PREMIUM CREDIT APPLIED FOR UP TO THREE YEARS FOR A RISK MANAGEMENT COURSE APPROVED FOR CREDIT BY THE MEDICAL PROTECTIVE COMPANY.

ADDITIONALLY, THE INSURED WILL RECEIVE A TWO AND ONE HALF PERCENT (2.5%) PREMIUM CREDIT APPLIED FOR THREE YEARS FOR THE PROPER USE OF AN ELECTRONIC HEALTH RECORD SYSTEM WITHIN THEIR PRACTICE. THE CREDIT WILL BE PROVIDED FOR PROGRAMS MEETING THE CRITERIA OF THE MEDICAL PROTECTIVE COMPANY AND ISSUED AT THE BEGINNING OF THE NEXT POLICY PERIOD CONTINGENT UPON RECEIPT OF THE REQUIRED DOCUMENTATION OF SYSTEM CAPABILITIES AND PRACTICE USAGE.

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SCHEDULE RATING PLAN

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THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR CERTAIN INSURED(S), OR GROUPS OF INSURED(S), WHO IN THE OPINION OF THE MEDICAL PROTECTIVE COMPANY, UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -25% / +25%, TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

1. **HISTORICAL LOSS EXPERIENCE:**

THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.

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2. **CUMULATIVE YEARS OF PATIENT EXPERIENCE:**
THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE, LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.
3. **CLASSIFICATION ANOMALIES:**
CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.
4. **CLAIM ANOMALIES:**
ECONOMIC, SOCIETAL OR JURISDICTIONAL CHARGES OR TRENDS THAT WILL POSITIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).
5. **MANAGEMENT CONTROL PROCEDURES:**
SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.

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6. **NUMBER/TYPE OF PATIENT EXPOSURES:**
SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSITIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.
7. **ORGANIZATIONAL SIZE/STRUCTURE:**
A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSUREDS ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.
8. **HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:**
PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE; (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTHCARE SERVICES BEING RENDERED; AND/OR, (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.
9. **OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:**
ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY AND SEVERITY OF CLAIMS.

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SCHEDULE RATING PLAN (CON'T)

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10. **TRAINING, ACCREDITATION AND CREDENTIALING:**
THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.

11. **RECORD KEEPING PRACTICES:**
DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.

12. **UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:**
DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, PROVIDING ABOVE OR BELOW AVERAGE PROCEDURES AS DEFINED IN UNDERWRITING GUIDELINES FOR A SPECIALTY, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

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STANDARD CLAIMS MADE PROGRAM
SLOT RATING RULE

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COVERAGE FOR GROUPS IS AVAILABLE, AT THE COMPANY'S OPTION, ON A SLOT BASIS. THE SLOT ENDORSEMENT WILL IDENTIFY THE INDIVIDUALS AND SETTINGS THAT ARE COVERED. COVERAGE WILL BE PROVIDED ON A SHARED LIMIT BASIS FOR THOSE INSURED MOVING THROUGH THE SLOT OR POSITION. A MAXIMUM OF TEN (10) INDIVIDUALS SHALL BE NAMED IN A SINGLE SLOT AND HAVE 2000 HOURS OR LESS PER ANNUAL POLICY TERM.

THE APPLICABLE MANUAL RATE WILL BE DETERMINED BY THE CLASSIFICATION OF THE SLOT. SLOT POLICIES WILL BE RATED AS A STANDARD CLAIMS MADE POLICY, UTILIZING THE RETROACTIVE DATE OF THE SLOT. EXTENSION CONTRACT COVERAGE MAY BE PURCHASED FOR THE SLOT BASED ON THE APPLICABLE RETROACTIVE DATE, CLASSIFICATION, TERRITORY AND LIMITS.

PREMIUM MODIFICATIONS FOR CLAIM FREE CREDIT, NEW TO PRACTICE, PART TIME PRACTICE, MOONLIGHTING AND RISK MANAGEMENT CANNOT BE USED IN CONJUNCTION WITH THIS RATING RULE.

SLOT POLICIES ARE SUBJECT TO ELECTRONIC OR ON-SITE AUDITS. MIDTERM PREMIUM ADJUSTMENTS WILL BE APPLIED BASED UPON THE AUDIT FINDINGS FOR THE AUDIT PERIOD.

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STANDARD CLAIMS MADE PROGRAM

SOLO CORPORATION COVERAGE

SOLO INDIVIDUAL PROFESSIONAL CORPORATIONS OR ASSOCIATIONS MAY BE MADE AN ADDITIONAL INSURED ON A HEALTHCARE PROFESSIONAL'S PRIMARY INDIVIDUAL POLICY AT NO ADDITIONAL CHARGE.

THE ADDITION WILL NOT OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE INDIVIDUAL POLICY.

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