



October 30, 2008

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

RE: THE MEDICAL PROTECTIVE COMPANY- NAIC #11843
COMPANY FILE NO: 08-IL-119
COMPANY FEIN NO: 35-0506406 ✓
ILLINOIS DENTISTS
OCCURRENCE AND STANDARD CLAIMS MADE PROGRAMS

RATE/RULE

RULES:
*Revise Partnership/Corporation Rating Rule
Overall Rate Impact -0.8%*

COMPREHENSIVE LIABILITY COVERAGE FOR HEALTHCARE PROVIDERS
State Rate Pages, Section II – Corporations, Partnerships and Associations

PROPOSED EFFECTIVE DATE: November 4, 2008
FILING PROVISION: FILE AND USE



Dear Ms. Neuman:

The Medical Protective Company hereby submits for your review and consideration the above-captioned rule filing applicable to its Illinois Dentists programs. The company requests **November 4, 2008**, as the effective date for this submission.

Please find enclosed the rule manual pages, required filing forms, actuarial certification, explanatory memo 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 do not hesitate to contact me. Thank you.

Sincerely,

Melissa Coker

Melissa Coker, 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

Enclosure(s)

*HO
MEM
RAT
Jeh*

Neuman, Gayle

From: Millican, Melissa [Melissa.Millican@medpro.com]
Sent: Friday, June 24, 2011 8:44 AM
To: Neuman, Gayle
Subject: RE: Medical Protective Company - Filing #08-IL-119

Ms. Neuman,
Yes, we request to keep the effective date of November 4, 2008 for this filing.

Thank you,
Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Friday, June 24, 2011 9:32 AM
To: Millican, Melissa
Subject: Medical Protective Company - Filing #08-IL-119

Ms. Millican,

The Department of Insurance completed its review of the filing referenced above on June 22, 2011. Originally, Medical Protective requested the filing be effective November 4, 2008. Was the filing put into effect on November 4, 2008 or do you wish to have a different effective date?

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.

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

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/4/08

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Professional Liab Line of Insurance	1,489,749	-0.8%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, this filing is a reduction in the Corporation Rating Charge for Dentists, other than Oral Surgeons.

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

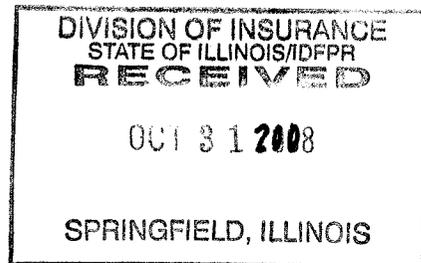
Revise P/C Rating Charge for Dentists, other than Oral Surgeons. Filing has an -0.8% rate impact.

*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



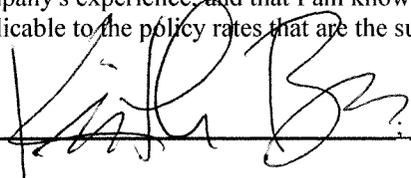
filing# 08-IL-119

**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.

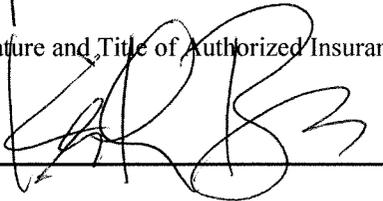
I, Keith Barnes, a duly authorized officer of The Medical Protective Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the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

I, Keith Barnes, 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.


_____ 10/29/08

Signature and Title of Authorized Insurance Company Officer

Date


_____ 10/29/08

Signature, Title and Designation of Authorized Actuary

Date

Insurance Company FEIN 35-0506406

Filing Number 08-12-119

Insurer's Address 5814 Reed Road

City Fort Wayne

State IN

Zip Code 46835

Contact Person's:

-Name and E-mail Melissa Millican, Paralegal Melissa.millican@medpro.com

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

The
Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS

DENTISTS

OCCURRENCE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

THE PREMIUM WILL BE EQUAL TO A PERCENTAGE OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS AND EMPLOYED/CONTRACTED DENTISTS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION, PURSUANT TO THE FOLLOWING TABLE. IRRESPECTIVE OF THE NUMBER OF INDIVIDUALS, THE MAXIMUM PREMIUM WILL BE BASED ON THE FIVE HIGHEST RATED CLASSIFICATIONS.

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 DENTISTS.

A SEPARATE POLICY IS ISSUED.

SPECIALTY	PERCENTAGE
ORAL SURGEONS	1%
ALL OTHER DENTAL SPECIALTIES	5%

FILED

NOV 04 2008

The
Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS

DENTISTS

STANDARD CLAIMS MADE PROGRAM

PARTNERSHIP OR CORPORATION COVERAGE

AT THE CALCULATED MATURITY LEVEL, THE PREMIUM WILL EQUAL TO A PERCENTAGE OF THE SUM OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS AND EMPLOYED/CONTRACTED DENTISTS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION, PURSUANT TO THE FOLLOWING TABLE. THE PREMIUM (MATURITY LEVEL) WILL BE BASED ON THE NUMBER OF YEARS THAT THE RETROACTIVE DATE OF THE PARTNERSHIP OR CORPORATION POLICY PRECEDES THE POLICY EXPIRATION DATE. IRRESPECTIVE OF THE NUMBER OF INDIVIDUALS, THE MAXIMUM PREMIUM WILL BE BASED ON THE FIVE HIGHEST RATED CLASSIFICATIONS.

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A SEPARATE POLICY IS ISSUED.

SPECIALTY	PERCENTAGE
ORAL SURGEONS	1%
ALL OTHER DENTAL SPECIALTIES	5%

FILED

NOV 04 2008

A. **Classification**

1. As defined by state statutes and formed for the purpose of rendering medical/dental professional services.
2. Not otherwise identified as a Miscellaneous Entity.

B. **Manual Rates**

1. **Corporations, Partnerships & Associations Rating Factors**
(Occurrence & Standard Claims Made Programs)

Specialty	Factor	Solo Corporation Rating
Physicians	10%	Available
Dentists – All Other Dental Specialties	5%	Available
Dentists – Oral Surgeons	1%	Available
Allied	\$500	Available

- a. Subject to Premium Caps (Applicable to Physicians and Surgeons Only)

Limit	Territory 1 Cap	Territory 2 Cap	Territory 3 Cap	Territory 4 Cap	Territory 5 Cap	Territory 6 Cap	Territory 7 Cap	Territory 8 Cap
1000/3000 and below	\$40,600	\$36,500	\$34,500	\$30,400	\$28,400	\$24,300	\$18,200	\$20,300
2000/4000	\$51,500	\$46,300	\$43,800	\$38,600	\$36,000	\$30,900	\$23,200	\$25,700
3000/5000	\$58,000	\$52,200	\$49,300	\$43,500	\$40,600	\$34,800	\$26,100	\$29,000
4000/6000	\$63,300	\$56,900	\$53,800	\$47,400	\$44,300	\$38,000	\$28,500	\$31,600
5000/7000	\$67,700	\$60,900	\$57,600	\$50,800	\$47,400	\$40,600	\$30,500	\$33,900

- b. A flat fee of \$500 for 100/300 limits shall apply if the Corporation, Partnership or Association consists only of Allied Health Care Providers. For higher limits, apply the AHCP increased limits factors found in Section V rate pages for AHCP classes 1A-5.

2. **Miscellaneous Entities**

NOT AVAILABLE

FILED

NOV 04 2008

3. **Extended Reporting Period Coverage Factors**

Years Retroactive Date Precedes Expiration Date	Physicians & Surgeons	Dentists	Allied – Classes 1A-4	Allied – Classes 5-8B
1	0.900	0.900	.7500	.7000
2	1.500	1.500	1.000	1.000
3	1.700	1.750	1.100	1.150
4	1.820	1.750	1.150	1.200
5 or more	1.820	1.750	1.200	1.250

C. **Policy Writing Minimum Premium**
 (Occurrence & Standard Claims Made Programs)

Specialty Type	Minimum Premium
Physician & Surgeons	\$250
Dentists	\$25
Allied Health Care Providers	\$50

The highest applicable minimum premium shall prevail.

D. **Premium Modifications**

1. **Schedule Rating – Partnerships & Corporations**
 (Occurrence & Standard Claims Made Programs)

Specialty Type	Limited to a Maximum Modification of:
Physician & Surgeons	+/- 50%
Dentists	+/- 35%
Allied Health Care Providers	+/- 50%

Criteria applicable to the Schedule Rating modifications will be determined by the type(s) of health care providers and can be found in the Physician/Surgeon, Dentists or Allied Health Care Provider Section of the State Rate Pages.

FILED

NOV 04 2008

2. Deductible Credits
 (Occurrence & Standard Claims Made Programs)

PREMIUM CREDIT FOR LOSS ONLY DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	7% to 28%	6% to 12%	5% to 20%	3% to 16%	2% to 14%
100	17% to 46%	15% to 26%	13% to 32%	10% to 25%	8% to 22%
200		30% to 47%	26% to 52%	21% to 40%	17% to 33%
250			32% to 60%	26% to 46%	21% to 38%
500				43% to 69%	36% to 56%

PREMIUM CREDIT FOR LOSS AND ALE DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	16% to 44%	14% to 24%	12% to 30%	9% to 24%	6% to 20%
100	29% to 66%	26% to 41%	22% to 46%	17% to 35%	14% to 29%
200		44% to 67%	39% to 70%	31% to 53%	25% to 43%
250			45% to 79%	36% to 60%	30% to 49%
500				57% to 87%	46% to 70%

The Deductible Credits are applicable to the primary limit premium, net of all other applicable credits and subject to a maximum dollar credit of 85% of the aggregate limit.

For Deductible and Limit combinations not listed, credits will be interpolated or extrapolated from the above ranges.

3. Self-Insured Retention Credits

NOT AVAILABLE

4. Group, Large Group & Temporary Staffing Agency Rating – Corporations
 (Occurrence & Standard Claims Made Programs)

AVAILABLE

FILED

NOV 04 2008

5. **Quarterly Installment Option**
(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds 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.

FILED

NOV 04 2008

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The
Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS

DENTISTS

OCCURRENCE PROGRAM

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