

State: Illinois **Filing Company:** Podiatry Insurance Company of America
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry
Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

Filing at a Glance

Company: Podiatry Insurance Company of America
Product Name: Podiatrists Professional Liability Program
State: Illinois
TOI: 11.2 Med Mal-Claims Made Only
Sub-TOI: 11.2025 Podiatry
Filing Type: Rate
Date Submitted: 09/06/2013
SERFF Tr Num: PCAG-129166210
SERFF Status: Closed-Filed
State Tr Num: PCAG-129166210
State Status:
Co Tr Num: IL-2144-P

Effective Date: 01/01/2014
Requested (New):
Effective Date: 01/01/2014
Requested (Renewal):
Author(s): Latasha Campbell, Jason Sokol, Judy Shepperd
Reviewer(s): Gayle Neuman (primary), Julie Rachford
Disposition Date: 01/10/2014
Disposition Status: Filed
Effective Date (New): 01/01/2014
Effective Date (Renewal): 01/01/2014

State Filing Description:
ROUTED 9/16/13

State: Illinois **Filing Company:** Podiatry Insurance Company of America
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry
Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

General Information

Project Name: 2014 Rate Filing	Status of Filing in Domicile:
Project Number: IL-2144-P	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/10/2014	
State Status Changed:	Deemer Date:
Created By: Latasha Campbell	Submitted By: Latasha Campbell
Corresponding Filing Tracking Number:	

Filing Description:

We wish to file a 5% rate increase to our Illinois insureds for our podiatry program.

Company and Contact

Filing Contact Information

Latasha Campbell, Regulatory Compliance lcampbell@picagroup.com
 Analyst
 3000 Meridian Boulevard 615-371-8776 [Phone] 2201 [Ext]
 Suite 400 615-324-9161 [FAX]
 Franklin, TN 37067

Filing Company Information

Podiatry Insurance Company of America	CoCode: 14460	State of Domicile: Illinois
3000 Meridian Boulevard	Group Code: 2698	Company Type:
Suite 400	Group Name:	State ID Number:
Franklin, TN 37067	FEIN Number: 58-1403235	
(800) 251-5727 ext. [Phone]		

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State Specific

State: Illinois **Filing Company:** Podiatry Insurance Company of America
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Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm): Yes
Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Yes

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

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

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

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

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

State: Illinois
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Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

Filing Company: Podiatry Insurance Company of America

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	01/10/2014	01/10/2014

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	09/12/2013	09/12/2013
Pending Industry Response	Gayle Neuman	09/11/2013	09/11/2013

Response Letters

Responded By	Created On	Date Submitted
Latasha Campbell	09/13/2013	09/13/2013
Latasha Campbell	09/11/2013	09/11/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Date	Note To Reviewer	Latasha Campbell	01/08/2014	01/08/2014
effective date	Note To Filer	Gayle Neuman	01/08/2014	01/08/2014
status	Note To Filer	Gayle Neuman	12/30/2013	12/30/2013
Filing Status	Note To Reviewer	Latasha Campbell	12/27/2013	12/27/2013
Filing Status	Note To Filer	Amanda Wiggers	10/25/2013	10/25/2013
Filing Status	Note To Reviewer	Latasha Campbell	10/16/2013	10/16/2013
Actuarial Review	Reviewer Note	Julie Rachford	01/08/2014	

State: Illinois **Filing Company:** Podiatry Insurance Company of America
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry
Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

Disposition

Disposition Date: 01/10/2014

Effective Date (New): 01/01/2014

Effective Date (Renewal): 01/01/2014

Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Podiatry Insurance Company of America	9.550%	5.000%	\$323,903	638	\$6,478,054	5.000%	5.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		No
Supporting Document (revised)	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Side by Side Comparison of our rates from 2012 to 2014		Yes
Supporting Document	Statistical Agent		Yes
Rate	2014 Illinois Rate Page (T01)		Yes
Rate	2014 Illinois Rate Page (T02)		Yes

State: Illinois **Filing Company:** Podiatry Insurance Company of America
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry
Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/12/2013
Submitted Date	09/12/2013
Respond By Date	09/17/2013

Dear Latasha Campbell,

Introduction:

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

The amount that should be entered in column 2 on the RF3 is the amount of premium written in Illinois - and wherever this amount would appear it should reflect prior rate changes.

Conclusion:

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

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

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

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

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

Sincerely,

Gayle Neuman

State: Illinois **Filing Company:** Podiatry Insurance Company of America
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry
Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/11/2013
Submitted Date	09/11/2013
Respond By Date	09/18/2013

Dear Latasha Campbell,

Introduction:

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

Please explain why the amount listed in column 2 of the RF3 is not the same as the premium volume of \$6,478,054 listed on the Rate/Rule Schedule.

Conclusion:

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

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

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

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

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

Sincerely,

Gayle Neuman

SERFF Tracking #:

PCAG-129166210

State Tracking #:

PCAG-129166210

Company Tracking #:

IL-2144-P

State:

Illinois

Filing Company:

Podiatry Insurance Company of America

TOI/Sub-TOI:

11.2 Med Mal-Claims Made Only/11.2025 Podiatry

Product Name:

Podiatrists Professional Liability Program

Project Name/Number:

2014 Rate Filing/IL-2144-P

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/13/2013
Submitted Date	09/13/2013

Dear Gayle Neuman,

Introduction:

Thank you for your time in our discussion today with our actuary, Jason Sokol, and my filing manager, Janet Fox, what the department is looking for in the RF-3 form.

Response 1

Comments:

We have attached a revised RF-3 form where our direct written premium matches the actuarial support and the amount listed on the Rate/Rule Schedule.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	
Attachment(s):	RF3 122607[1] (Revised 9-13-13).pdf
<i>Previous Version</i>	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	
Attachment(s):	RF3 122607[1].pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We appreciate the department's continued review of our filing.

Sincerely,

Latasha Campbell

State: Illinois **Filing Company:** Podiatry Insurance Company of America
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry
Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/11/2013
Submitted Date	09/11/2013

Dear Gayle Neuman,

Introduction:

Thank you for the review of our filing.

Response 1

Comments:

The RF3 form has a footnote that states prior rate changes should be reflected in the amount provided. Therefore, the amount we have provided is an estimate of annual premium assuming current rates and the reason the figure provided is higher.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We appreciate your continued review of our filing.

Sincerely,

Latasha Campbell

State: Illinois **Filing Company:** Podiatry Insurance Company of America
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry
Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

Note To Reviewer

Created By:

Latasha Campbell on 01/08/2014 09:53 AM

Last Edited By:

Gayle Neuman

Submitted On:

01/10/2014 08:08 AM

Subject:

Effective Date

Comments:

Ms. Neuman,

Yes, we would like to keep the effective date as January 1, 2014.

Thank you,

Latasha Campbell

State: Illinois **Filing Company:** Podiatry Insurance Company of America
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry
Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

Note To Filer

Created By:

Gayle Neuman on 01/08/2014 08:39 AM

Last Edited By:

Gayle Neuman

Submitted On:

01/10/2014 08:08 AM

Subject:

effective date

Comments:

The Department of Insurance has now completed its review of this filing. Originally, you requested the filing be effective January 1, 2014. Was the filing put in effect on January 1, 2014 or do you wish to have a different effective date? Your prompt response is appreciated.

State: Illinois **Filing Company:** Podiatry Insurance Company of America
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry
Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

Note To Filer

Created By:

Gayle Neuman on 12/30/2013 09:45 AM

Last Edited By:

Gayle Neuman

Submitted On:

01/10/2014 08:08 AM

Subject:

status

Comments:

The filing is still under actuarial review.

State: Illinois **Filing Company:** Podiatry Insurance Company of America
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry
Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

Note To Reviewer

Created By:

Latasha Campbell on 12/27/2013 01:18 PM

Last Edited By:

Gayle Neuman

Submitted On:

01/10/2014 08:08 AM

Subject:

Filing Status

Comments:

I wanted to check on the status of this filing. We were last informed that it was under Actuarial Review on October 25, 2013.

Thank you,

Latasha Campbell

State: Illinois **Filing Company:** Podiatry Insurance Company of America
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry
Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

Note To Filer

Created By:

Amanda Wiggers on 10/25/2013 09:16 AM

Last Edited By:

Gayle Neuman

Submitted On:

01/10/2014 08:08 AM

Subject:

Filing Status

Comments:

This filing is currently under actuarial review.

State: Illinois **Filing Company:** Podiatry Insurance Company of America
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry
Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

Note To Reviewer

Created By:

Latasha Campbell on 10/16/2013 11:32 AM

Last Edited By:

Gayle Neuman

Submitted On:

01/10/2014 08:08 AM

Subject:

Filing Status

Comments:

Ms. Neuman,

We responded to the department's 9-11-13 Objection Letter regarding the RF-3 form that was submitted with the filing. We wanted to inquire on the status of the filing.

Thank you,

Latasha Campbell

State: Illinois **Filing Company:** Podiatry Insurance Company of America
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry
Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

Reviewer Note

Created By:

Julie Rachford on 01/08/2014 07:54 AM

Last Edited By:

Gayle Neuman

Submitted On:

01/10/2014 08:08 AM

Subject:

Actuarial Review

Comments:

Actuarial review complete.

SERFF Tracking #:

PCAG-129166210

State Tracking #:

PCAG-129166210

Company Tracking #:

IL-2144-P

State:

Illinois

Filing Company:

Podiatry Insurance Company of America

TOI/Sub-TOI:

11.2 Med Mal-Claims Made Only/11.2025 Podiatry

Product Name:

Podiatrists Professional Liability Program

Project Name/Number:

2014 Rate Filing/IL-2144-P

Rate Information

Rate data applies to filing.

Filing Method:

Use and File

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

9.000%

Effective Date of Last Rate Revision:

04/01/2012

Filing Method of Last Filing:

Use and File

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Podiatry Insurance Company of America	9.550%	5.000%	\$323,903	638	\$6,478,054	5.000%	5.000%

SERFF Tracking #:

PCAG-129166210

State Tracking #:

PCAG-129166210

Company Tracking #:

IL-2144-P

State:

Illinois

Filing Company:

Podiatry Insurance Company of America

TOI/Sub-TOI:

11.2 Med Mal-Claims Made Only/11.2025 Podiatry

Product Name:

Podiatrists Professional Liability Program

Project Name/Number:

2014 Rate Filing/IL-2144-P

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		2014 Illinois Rate Page (T01)		Replacement	PCAG-127856680	2014 PICA Pod Rate Page - IL T01.pdf
2		2014 Illinois Rate Page (T02)		Replacement	PCAG-127856680	2014 PICA Pod Rate Page - IL T02.pdf

Podiatry Insurance Company of America
 2014 Podiatric Rates
 Illinois Territory 01
 All counties except Cook

Sole Podiatrist

Limits (000 omitted)	Claims Made							
	1st Year		2nd Year		3rd Year		4th Year	
	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical
100/300	\$2,214	\$3,223	\$3,321	\$4,834	\$4,705	\$6,848	\$5,535	\$8,057
200/600	\$2,657	\$3,867	\$3,985	\$5,801	\$5,646	\$8,218	\$6,642	\$9,668
250/750	\$2,856	\$4,158	\$4,284	\$6,236	\$6,070	\$8,835	\$7,141	\$10,394
500/1000	\$3,100	\$4,512	\$4,650	\$6,768	\$6,587	\$9,588	\$7,749	\$11,280
500/1500	\$3,188	\$4,641	\$4,782	\$6,961	\$6,775	\$9,862	\$7,971	\$11,602
1000/1000	\$3,432	\$4,995	\$5,148	\$7,493	\$7,292	\$10,615	\$8,579	\$12,488
1000/3000	\$3,764	\$5,479	\$5,646	\$8,218	\$7,998	\$11,642	\$9,410	\$13,697

Podiatry Insurance Company of America
 2014 Podiatric Rates
 Illinois Territory 02
 Cook county only

Sole Podiatrist

Limits (000 omitted)	Claims Made							
	1st Year		2nd Year		3rd Year		4th Year	
	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical
100/300	\$3,489	\$5,078	\$5,233	\$7,617	\$7,413	\$10,791	\$8,721	\$12,695
200/600	\$4,186	\$6,094	\$6,279	\$9,140	\$8,896	\$12,949	\$10,466	\$15,234
250/750	\$4,500	\$6,551	\$6,751	\$9,826	\$9,563	\$13,920	\$11,251	\$16,377
500/1000	\$4,884	\$7,109	\$7,326	\$10,664	\$10,379	\$15,107	\$12,210	\$17,773
500/1500	\$5,024	\$7,312	\$7,535	\$10,969	\$10,675	\$15,539	\$12,559	\$18,281
1000/1000	\$5,407	\$7,871	\$8,111	\$11,806	\$11,490	\$16,725	\$13,518	\$19,677
1000/3000	\$5,931	\$8,633	\$8,896	\$12,949	\$12,603	\$18,345	\$14,827	\$21,582

State: Illinois
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry
Product Name: Podiatrists Professional Liability Program
Project Name/Number: 2014 Rate Filing/IL-2144-P

Filing Company: Podiatry Insurance Company of America

Supporting Document Schedules

Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	
Attachment(s):	RF3 122607[1] (Revised 9-13-13).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certification
Comments:	
Attachment(s):	Illinois Dual Certification.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Manual
Bypass Reason:	We are not making any changes to our manual rules in this filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Request to Maintain Data as Trade Secret Information
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Side by Side Comparison of our rates from 2012 to 2014
Comments:	
Attachment(s):	Redline of IL T01 2012 to 2014 Podiatry Rates.pdf Redline of IL T02 2012 to 2014 Podiatry Rates.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Statistical Agent
Comments:	Our Statistical Agent is ISO.
Attachment(s):	
Item Status:	

SERFF Tracking #: PCAG-129166210

State Tracking #: PCAG-129166210

Company Tracking #: IL-2144-P

State: Illinois

Filing Company: Podiatry Insurance Company of America

TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2014 Rate Filing/IL-2144-P

Status Date:

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2014.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag 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>Medical Malpractice - Podiatry</u> Life of Insurance	6,478,054	+5%

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: This filing applies to all territories in Illinois for our Podiatry line.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): This is a revised rate filing requesting a 5% rate increase.

*Adjusted to reflect all prior rate changes.

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

Podiatry Insurance Company of America
Name of Company
Jason Sokol, Director of Actuarial Services
Official – Title

ILLINOIS CERTIFICATION OF
MEDICAL MALPRACTICE RATES

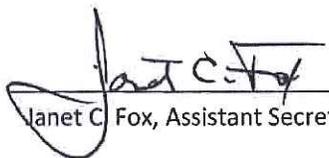
(215 ILCS 5/155.18)(c)(5) states that medical liability rates shall be certified in such filings by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Howard Friedman, ACAS, a qualified actuary, 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 subject of this filing.

I, Janet C. Fox, an officer of Podiatry Insurance Company of America, 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 subject of this filing.


Howard Friedman, ACAS

9/4/13
Date


Janet C. Fox, Assistant Secretary

9-4-2013
Date

Insurance Company FEIN # 58-1403235 Filing Number IL-2144-P

Insurer's Address 3000 Meridian Boulevard; Suite 400

City Franklin State TN Zip Code 37067

Contact Person's:

Name and E-mail Latasha Campbell lcampbell@picagroup.com

Direct Telephone and Fax Number (615) 371-8776 ext. 2201 (615) 324-9161

Podiatry Insurance Company of America
~~2012~~ Podiatric Rates
 Illinois Territory 01
 All counties except Cook

Sole Podiatrist

Limits (000 omitted)	Claims Made							
	1st Year		2nd Year		3rd Year		4th Year	
	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical
100/300	\$2,109	\$3,069	\$3,163	\$4,604	\$4,481	\$6,522	\$5,271	\$7,673
200/600	\$2,530	\$3,683	\$3,796	\$5,525	\$5,377	\$7,827	\$6,326	\$9,208
250/750	\$2,720	\$3,959	\$4,080	\$5,939	\$5,780	\$8,413	\$6,800	\$9,898
500/1000	\$2,952	\$4,297	\$4,428	\$6,445	\$6,273	\$9,131	\$7,380	\$10,742
500/1500	\$3,036	\$4,420	\$4,554	\$6,629	\$6,452	\$9,392	\$7,591	\$11,049
1000/1000	\$3,268	\$4,757	\$4,902	\$7,136	\$6,945	\$10,109	\$8,170	\$11,893
1000/3000	\$3,584	\$5,218	\$5,377	\$7,826	\$7,617	\$11,087	\$8,961	\$13,044

Podiatry Insurance Company of America
2014 Podiatric Rates
 Illinois Territory 01
 All counties except Cook

Sole Podiatrist

Limits (000 omitted)	Claims Made							
	1st Year		2nd Year		3rd Year		4th Year	
	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical
100/300	<u>\$2,214</u>	<u>\$3,223</u>	<u>\$3,321</u>	<u>\$4,834</u>	<u>\$4,705</u>	<u>\$6,848</u>	<u>\$5,535</u>	<u>\$8,057</u>
200/600	<u>\$2,657</u>	<u>\$3,867</u>	<u>\$3,985</u>	<u>\$5,801</u>	<u>\$5,646</u>	<u>\$8,218</u>	<u>\$6,642</u>	<u>\$9,668</u>
250/750	<u>\$2,856</u>	<u>\$4,158</u>	<u>\$4,284</u>	<u>\$6,236</u>	<u>\$6,070</u>	<u>\$8,835</u>	<u>\$7,141</u>	<u>\$10,394</u>
500/1000	<u>\$3,100</u>	<u>\$4,512</u>	<u>\$4,650</u>	<u>\$6,768</u>	<u>\$6,587</u>	<u>\$9,588</u>	<u>\$7,749</u>	<u>\$11,280</u>
500/1500	<u>\$3,188</u>	<u>\$4,641</u>	<u>\$4,782</u>	<u>\$6,961</u>	<u>\$6,775</u>	<u>\$9,862</u>	<u>\$7,971</u>	<u>\$11,602</u>
1000/1000	<u>\$3,432</u>	<u>\$4,995</u>	<u>\$5,148</u>	<u>\$7,493</u>	<u>\$7,292</u>	<u>\$10,615</u>	<u>\$8,579</u>	<u>\$12,488</u>
1000/3000	<u>\$3,764</u>	<u>\$5,479</u>	<u>\$5,646</u>	<u>\$8,218</u>	<u>\$7,998</u>	<u>\$11,642</u>	<u>\$9,410</u>	<u>\$13,697</u>

Podiatry Insurance Company of America
~~2012 Podiatric Rates~~
 Illinois Territory 02
 Cook county only

Sole Podiatrist

Limits (000 omitted)	Claims Made							
	1st Year		2nd Year		3rd Year		4th Year	
	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical
100/300	\$3,322	\$4,836	\$4,983	\$7,254	\$7,860	\$10,277	\$8,386	\$12,090
200/600	\$3,987	\$5,803	\$5,980	\$8,705	\$8,472	\$12,332	\$9,967	\$14,508
250/750	\$4,286	\$6,238	\$6,429	\$9,358	\$9,107	\$13,257	\$10,714	\$15,596
500/1000	\$4,651	\$6,770	\$6,977	\$10,156	\$9,884	\$14,387	\$11,628	\$16,926
500/1500	\$4,784	\$6,964	\$7,176	\$10,446	\$10,167	\$14,799	\$11,961	\$17,410
1000/1000	\$5,150	\$7,496	\$7,725	\$11,244	\$10,943	\$15,929	\$12,874	\$18,740
1000/3000	\$5,648	\$8,221	\$8,472	\$12,332	\$12,002	\$17,470	\$14,120	\$20,553

Podiatry Insurance Company of America
2014 Podiatric Rates
 Illinois Territory 02
 Cook county only

Sole Podiatrist

Limits (000 omitted)	Claims Made							
	1st Year		2nd Year		3rd Year		4th Year	
	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical
100/300	<u>\$3,489</u>	<u>\$5,078</u>	<u>\$5,233</u>	<u>\$7,617</u>	<u>\$7,413</u>	<u>\$10,791</u>	<u>\$8,721</u>	<u>\$12,695</u>
200/600	<u>\$4,186</u>	<u>\$6,094</u>	<u>\$6,279</u>	<u>\$9,140</u>	<u>\$8,896</u>	<u>\$12,949</u>	<u>\$10,466</u>	<u>\$15,234</u>
250/750	<u>\$4,500</u>	<u>\$6,551</u>	<u>\$6,751</u>	<u>\$9,826</u>	<u>\$9,563</u>	<u>\$13,920</u>	<u>\$11,251</u>	<u>\$16,377</u>
500/1000	<u>\$4,884</u>	<u>\$7,109</u>	<u>\$7,326</u>	<u>\$10,664</u>	<u>\$10,379</u>	<u>\$15,107</u>	<u>\$12,210</u>	<u>\$17,773</u>
500/1500	<u>\$5,024</u>	<u>\$7,312</u>	<u>\$7,535</u>	<u>\$10,969</u>	<u>\$10,675</u>	<u>\$15,539</u>	<u>\$12,559</u>	<u>\$18,281</u>
1000/1000	<u>\$5,407</u>	<u>\$7,871</u>	<u>\$8,111</u>	<u>\$11,806</u>	<u>\$11,490</u>	<u>\$16,725</u>	<u>\$13,518</u>	<u>\$19,677</u>
1000/3000	<u>\$5,931</u>	<u>\$8,633</u>	<u>\$8,896</u>	<u>\$12,949</u>	<u>\$12,603</u>	<u>\$18,345</u>	<u>\$14,827</u>	<u>\$21,582</u>

SERFF Tracking #:

PCAG-129166210

State Tracking #:

PCAG-129166210

Company Tracking #:

IL-2144-P

State:

Illinois

Filing Company:

Podiatry Insurance Company of America

TOI/Sub-TOI:

11.2 Med Mal-Claims Made Only/11.2025 Podiatry

Product Name:

Podiatrists Professional Liability Program

Project Name/Number:

2014 Rate Filing/IL-2144-P

Superseded Schedule Items

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

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/16/2013		Supporting Document	Form RF3 - (Summary Sheet)	09/13/2013	RF3 122607[1].pdf (Superseded)

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2014.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag 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>Medical Malpractice - Podiatry</u> Life of Insurance	6,593,083	+5%

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: This filing applies to all territories in Illinois for our Podiatry line.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): This is a revised rate filing requesting a 5% rate increase.

*Adjusted to reflect all prior rate changes.

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

Podiatry Insurance Company of America
Name of Company
Jason Sokol, Director of Actuarial Services
Official – Title