

Sentry Insurance  
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Dennis Homann  
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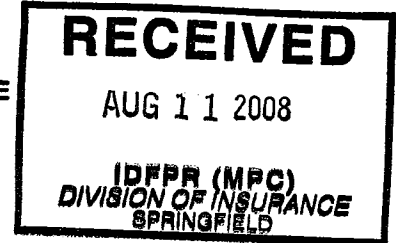
SENTRY  
INSURANCE

August 8, 2008

**FILED**

DEC 1 1 2009

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS



Director of Insurance Michael T. McRaith  
Illinois Department of Financial and Professional Regulation  
Division of Insurance  
320 West Washington Street  
Springfield, IL 62767

Attn: Mr. John Gatlin, Supervisor, Property and Casualty Compliance

RE: Rate/Rule/Form Filing - IL MED PROF LIAB ASSISTED LIVING 01 10-1-2008  
General Liability  
Company Filing#: GL IL0855501F01 -R  
Sentry Insurance a Mutual Company NAIC#: 169-24988 FEIN#: 39-0333950 ✓

Dear Director McRaith:

We are expanding our target markets to include assisted living facilities and are filing revisions to our Commercial General Liability program adding CGL a coverage endorsement to provide Health Care Providers Professional Liability

These endorsements were previously filed and withdrawn. After discussions with the Department of Insurance, we are resubmitting revised Professional Liability Endorsements.

Refer to the Forms Filing Memorandum for additional information on the new coverage endorsements we wish to make available.

We are also filing revisions to our Commercial General Liability exception pages to add an Additional Rule for this endorsement with corresponding rates and rating rules. Please refer to the attached CGL Rule Filing Memo for Additional Information.

We ask your approval of this filing for policies written on or after 1 October, 2008.

*Dennis Homann*

Dennis Homann  
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SINCE 1904

# ILLINOIS CERTIFICATION OF COMPLIANCE FORM

I, Janet Fagan, a duly authorized officer of Sentry Insurance a Mutual Company, do hereby certify that I am authorized to certify on behalf of the Company or Advisory Organization making this filing, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy form(s) that is (are) the subject of this filing, and that, to the best of my knowledge and belief, this filing is complete, and said policy form(s), as presented, is (are) in compliance with applicable filing standards, Illinois laws, regulations, and bulletins, and applicable checklists on the Illinois Department of Insurance website dated 11-28-2007.

I understand that the Illinois Department of Insurance will rely on this certification to expedite review of this filing, and should it be determined that the policy form(s) does (do) not comply with the applicable laws, regulations, bulletins, or checklists, or that this certification is materially false, misleading, or incorrect, appropriate corrective and disciplinary action, as authorized by law, will be taken by the Department against the insurer or advisory organization and the officer completing this certification.



Signature of Authorized Officer

8-8-2008

Date

|   |  |
|---|--|
| Name of Authorized Officer (print)          | <u>Janet Fagan</u>                       |
| Title of Officer                            | <u>Vice President - Chief Actuary</u>    |
| Insurer or Advisory Organization Name       | <u>Sentry Insurance a Mutual Company</u> |
| FEIN  | <u>39-0333950</u>                        |
| Address of Insurer or Advisory Organization | <u>1800 North Point Drive</u>            |
| City  | <u>Stevens Point</u>                     |
| State                                       | <u>WI</u>                                |
| Zip   | <u>54481</u>                             |
| Direct Telephone Number                     | <u></u>                                  |
| Fax Number                                  | <u>715-346-6044</u>                      |
| Email Address                               | <u></u>                                  |
| Filing Number that Applies to this Filing   | <u>GL IL0855501F01</u>                   |

ASSISTED LIVING FACILITIES TARGET MARKET:  
HEALTH CARE PROVIDERS PROFESSIONAL LIABILITY

SENTRY INSURANCE A MUTUAL COMPANY

RULE FILING MEMORANDUM

**Purpose**

We are filing Health Care Provider professional Liability rates and rating factors for use with the forms being filed for our new Assisted Living Facilities target market.

**Proposed rates**

The rates were developed based on a review of competitor's rate filings and of the Insurance Services Office (ISO) loss costs for their Nursing Home Classifications.

The Increased Limit Factors (ILFs) are based on the ISO Professional Liabilities ILFs for Convalescent or Nursing Homes, rescaled to our 100,000/200,000 basic limit.

The deductible factors are from ISO Professional Liability current rules.

**Neuman, Gayle**

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**From:** Homann Dennis [Dennis.Homann@sentry.com]  
**Sent:** Wednesday, December 16, 2009 7:58 AM  
**To:** Neuman, Gayle  
**Subject:** RE: Sentry Ins. A Mutual Co. - Filing #GL IL0855501F01-R

We did not put these changes into effect on 10-1-2008. Would like to change the effective date of this filing to December 11, 2009, the date the director signed off on this filing. Thank you.

Dennis Homann  
Compliance/Development Analyst  
dennis.homann@sentry.com  
(715)346-8166

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**From:** Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]  
**Sent:** Monday, December 14, 2009 10:54 AM  
**To:** Homann Dennis  
**Subject:** Sentry Ins. A Mutual Co. - Filing #GL IL0855501F01-R

Mr. Homann,

The Department has now completed its review of the filing referenced above. The Director signed off on this filing on December 11, 2009. Originally, Sentry requested the filing be effective October 1, 2008. Was the change(s) put in effect on October 1, 2008? 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](http://www.insurance.illinois.gov).

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12/16/2009

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**Neuman, Gayle**

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**From:** Neuman, Gayle  
**Sent:** Wednesday, October 01, 2008 1:59 PM  
**To:** 'Homann Dennis'  
**Subject:** RE: Rate/Rule Filing GL IL0855501F01-R

Mr. Homann,

My review of your filing is complete. You are correct about the quarterly payment plan. Unfortunately I get so accustomed to what other insurers file vs. what the regulation actually says. This filing will now be routed for review including actuarial review. This process will most likely take up to six months or more for completion.

Gayle Neuman  
Division of Insurance

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**From:** Homann Dennis [mailto:Dennis.Homann@sentry.com]  
**Sent:** Wednesday, October 01, 2008 9:09 AM  
**To:** Neuman, Gayle  
**Subject:** RE: Rate/Rule Filing GL IL0855501F01-R

**The following is in response to the comments or objections to this filing in your email dated 30 September, 2008.**

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**From:** Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]  
**Sent:** Tuesday, September 30, 2008 10:39 AM  
**To:** Homann Dennis  
**Subject:** Rate/Rule Filing GL IL0855501F01-R

Mr. Homann,

Upon review of your response dated September 18, 2008, we have the following additional questions:

1. You must offer a payment plan equal to the quarterly payment plan indicated or one that is more favorable to the insured. In comparing the two payment plans, the quarterly plan is more favorable in that by the third month Sentry's plan would have required the insured to have paid more premium up to that point. Therefore, you must offer the quarterly payment plan which can be in addition to the plan offered. The manual page would have to provide such information.

**Regarding the payment plan, we would ask your approval as submitted. Based on the requirements of the quarterly payment plan spelled out in your email dated September 9th (item 4) we believe our 10/9 plan to be as favorable as the quarterly plan. Based on the listed requirements, equal payments are not required. Per the approved attributes, the maximum down payment shall not exceed 40% of the annual premium and subsequent quarterly installments would not exceed 30% of the annual premium. It would appear our 10% down with the remainder over 9 equal installments (each 10% of the annual premium) would not result in less favorable treatment than a quarterly plan requiring 40% up front particularly if the remaining quarterly payments are set up with the payment due in month 3 at the maximum allowed 30% with reduced 6 and 9 month payments**

2. The Rule Filing Memorandum suggests this coverage may apply to nursing homes. Previous manual pages filed as of December 26, 1995 provided rates for nursing homes. If this rule filing is to eliminate the previous manual reference to nursing homes, the manual pages should clarify the change.

10/1/2008

The old Nursing Home rates are no longer used. Have not written Nursing Home risks for several years. The CGL rates and rules included in this filing would apply to any future Assisted Living Facilities or Nursing Homes written under this program.

I have included an attachment showing all manual pages filed December 26, 1995 as withdrawn. If this is not acceptable and you need me to do a separate filing to withdraw these please let me know.

We request receipt of your response by October 10, 2009.

Gayle Neuman  
Property & Casualty Compliance, Division of Insurance  
Illinois Department of Financial & Professional Regulation  
(217) 524-6497

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

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COMMERCIAL LINES MANUAL  
 DIVISION SEVEN - PROFESSIONAL LIABILITY  
 RATE EXCEPTION PAGE

ILLINOIS (12)  
 CLAIMS MADE

**SECTION I - GENERAL RULES**

8. POLICY WRITING MINIMUM PREMIUM

Coverage F \$500  
 Coverage G \$500

13. RATES AND PREMIUM DEVELOPMENT

D. (a) Rating Availability

If an account develops an annual premium of more than \$100,000 at basic limits (100/300), the account may be (a) rated to recognize unique administrative savings.

**HOSPITAL PROFESSIONAL LIABILITY - HPL**

| Class Code | Description                              | Exposure Base           | Group Code | Group Relativity |
|------------|--|-------------------------|------------|------------------|
| 59181      | Drugstores                               | receipts (\$1,000)      | H1         | 0.005            |
| 80612      | Hospitals NOC (NFP)                      | # of beds               | H9         | 1.000            |
| 80614      | Clinics, Dispensaries, Infirmaries (NFP) | outpatient visits (100) | H5         | 0.050            |
| 80617      | Hospitals NOC (NFP)                      | outpatient visits (100) | H5         | 0.050            |
| 80715      | Medical or X-ray                         | receipts (\$1,000)      | H2         | 0.010            |
| 80916      | Mental/Psychopathic (NFP)                | # of beds               | H8         | 0.750            |
| 80917      | Mental/Psychopathic (NFP)                | outpatient visits (100) | H4         | 0.038            |
| 80924      | Nursing Homes (NFP)                      | # of beds               | H6         | 0.070            |
| 80926      | Health Institution (NFP)                 | # of beds               | H7         | 0.500            |
| 80942      | Additional Interest                      |                         |            |                  |
| 80954      | Health Institution (NFP)                 | outpatient visits (100) | H3         | 0.025            |
| 80992      | Blood Banks                              | # of donations          |            |                  |

*Withdrawn*

HOSPITAL PROFESSIONAL LIABILITY  
 CLAIMS MADE RATES 100/300

Territory 01

Years since retroactive date

| Class Group | 0      | 1        | 2        | 3        | 4+       |
|-------------|--------|----------|----------|----------|----------|
| H1          | 4.55   | 7.40     | 9.10     | 9.60     | 10.10    |
| H2          | 9.10   | 14.75    | 18.20    | 19.25    | 20.25    |
| H3          | 22.75  | 36.95    | 45.55    | 48.05    | 50.60    |
| H4          | 34.15  | 55.40    | 68.30    | 72.10    | 75.90    |
| H5          | 45.55  | 73.83    | 91.05    | 96.15    | 101.20   |
| H6          | 63.75  | 103.40   | 127.50   | 134.60   | 141.65   |
| H7          | 455.50 | 738.50   | 910.50   | 961.50   | 1,012.00 |
| H8          | 683.00 | 1,108.00 | 1,366.00 | 1,442.00 | 1,518.00 |
| H9          | 910.50 | 1,477.50 | 1,821.50 | 1,922.50 | 2,023.50 |

Territories 02-06

| Class Group | 0      | 1      | 2        | 3        | 4+       |
|-------------|--------|--------|----------|----------|----------|
| H1          | 2.75   | 4.45   | 5.45     | 5.75     | 6.05     |
| H2          | 5.45   | 8.85   | 10.95    | 11.55    | 12.15    |
| H3          | 13.65  | 22.15  | 27.30    | 28.85    | 30.35    |
| H4          | 20.50  | 33.25  | 41.00    | 43.25    | 45.55    |
| H5          | 27.30  | 44.30  | 54.65    | 57.70    | 60.70    |
| H6          | 38.25  | 62.05  | 76.50    | 80.75    | 85.00    |
| H7          | 273.20 | 443.20 | 546.40   | 576.75   | 607.10   |
| H8          | 409.80 | 664.80 | 819.60   | 865.15   | 910.65   |
| H9          | 546.40 | 886.40 | 1,092.80 | 1,153.50 | 1,214.20 |

CLAIMS MADE MID-YEAR RATING FACTORS

| Claims Made Year | Month |      |      |      |      |      |      |      |      |      |      |      |
|------------------|-------|------|------|------|------|------|------|------|------|------|------|------|
|                  | 1     | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   | 11   | 12   |
| 1                | 0.65  | 0.68 | 0.71 | 0.74 | 0.78 | 0.81 | 0.84 | 0.87 | 0.90 | 0.94 | 0.97 | 1.00 |
| 2                | 0.83  | 0.84 | 0.86 | 0.87 | 0.89 | 0.91 | 0.92 | 0.94 | 0.95 | 0.97 | 0.98 | 1.00 |
| 3                | 0.95  | 0.96 | 0.96 | 0.96 | 0.97 | 0.97 | 0.98 | 0.98 | 0.99 | 0.99 | 1.00 | 1.00 |
| 4                | 0.95  | 0.96 | 0.96 | 0.97 | 0.97 | 0.98 | 0.98 | 0.98 | 0.99 | 0.99 | 1.00 | 1.00 |
| 5                | 1.00  | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |

Apply factors to claims made rates for the selected age. For example, a hospital purchasing a claims made policy with a retroactive date 4 months prior to the policy effective date would be rated at the year 1, month 4 factor (0.74) times the rate for year 1.

Withdrawn

HOSPITAL PROFESSIONAL LIABILITY  
 EXTENDED REPORTING ENDORSEMENT 100/300 LIMIT

Territory 01

Years since retroactive date

| Class Group | 1        | 2        | 3        | 4        | 5+       |
|-------------|----------|----------|----------|----------|----------|
| H1          | 7.10     | 9.60     | 10.60    | 11.15    | 11.65    |
| H2          | 14.15    | 19.25    | 21.25    | 22.25    | 23.25    |
| H3          | 35.40    | 48.05    | 53.10    | 55.65    | 58.20    |
| H4          | 53.10    | 72.10    | 79.70    | 83.50    | 87.25    |
| H5          | 70.85    | 96.15    | 106.25   | 111.30   | 116.35   |
| H6          | 99.15    | 134.60   | 148.75   | 155.85   | 162.90   |
| H7          | 708.50   | 961.50   | 1,062.50 | 1,113.00 | 1,163.50 |
| H8          | 1,062.50 | 1,442.00 | 1,593.50 | 1,669.50 | 1,745.50 |
| H9          | 1,416.50 | 1,922.50 | 2,125.00 | 2,226.00 | 2,327.50 |

Territories 02-06

| Class Group | 1      | 2        | 3        | 4        | 5+       |
|-------------|--------|----------|----------|----------|----------|
| H1          | 4.25   | 5.75     | 6.35     | 6.70     | 7.00     |
| H2          | 8.50   | 11.55    | 12.75    | 13.35    | 13.95    |
| H3          | 21.25  | 28.85    | 31.85    | 33.40    | 34.90    |
| H4          | 31.85  | 43.25    | 47.80    | 50.10    | 52.35    |
| H5          | 42.50  | 57.70    | 63.75    | 66.80    | 69.80    |
| H6          | 59.50  | 80.75    | 89.25    | 93.50    | 97.75    |
| H7          | 425.00 | 576.75   | 637.45   | 667.80   | 698.20   |
| H8          | 637.45 | 865.15   | 956.20   | 1,001.75 | 1,047.25 |
| H9          | 849.95 | 1,153.50 | 1,274.95 | 1,335.65 | 1,396.35 |

EXTENDED REPORTING PERIOD MID-YEAR FACTORS

| Claims Made Year | Month |      |      |      |      |      |      |      |      |      |      |      |
|------------------|-------|------|------|------|------|------|------|------|------|------|------|------|
|                  | 1     | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   | 11   | 12   |
| 1                | 0.31  | 0.40 | 0.48 | 0.55 | 0.62 | 0.68 | 0.74 | 0.80 | 0.85 | 0.90 | 0.95 | 1.00 |
| 2                | 0.79  | 0.82 | 0.84 | 0.86 | 0.88 | 0.90 | 0.92 | 0.94 | 0.95 | 0.97 | 0.99 | 1.00 |
| 3                | 0.92  | 0.93 | 0.94 | 0.95 | 0.96 | 0.96 | 0.97 | 0.98 | 0.98 | 0.99 | 0.99 | 1.00 |
| 4                | 0.96  | 0.97 | 0.97 | 0.98 | 0.98 | 0.98 | 0.99 | 0.99 | 0.99 | 0.99 | 1.00 | 1.00 |
| 5                | 0.96  | 0.97 | 0.97 | 0.98 | 0.98 | 0.98 | 0.99 | 0.99 | 0.99 | 1.00 | 1.00 | 1.00 |

Apply factors to extended reporting period rates for the selected age. For example, a hospital who has a second year claims-made policy and decides to cancel after five months have elapsed would purchase "tail" coverage at the year 2, five month factor (0.88), times the rate for year 2 extended coverage.

*Withdrawn*

PHYSICIANS AND SURGEONS MEDICAL PROFESSIONAL LIABILITY

CLAIMS MADE RATES 100/300 LIMIT

Territories 01,03

| Class Group | Years since retroactive date |        |        |        |        |
|-------------|------------------------------|--------|--------|--------|--------|
|             | 0                            | 1      | 2      | 3      | 4+     |
| 1A          | 1,685                        | 3,089  | 4,774  | 5,054  | 5,616  |
| 1           | 2,106                        | 3,861  | 5,967  | 6,318  | 7,020  |
| 2           | 3,159                        | 5,791  | 8,950  | 9,477  | 10,530 |
| 3           | 4,212                        | 7,722  | 11,934 | 12,636 | 14,040 |
| 4           | 5,265                        | 9,652  | 14,917 | 15,795 | 17,550 |
| 5A          | 4,317                        | 7,915  | 12,232 | 12,952 | 14,391 |
| 5           | 8,424                        | 15,444 | 23,868 | 25,272 | 28,080 |
| 6           | 10,530                       | 19,305 | 29,835 | 31,590 | 35,100 |
| 7           | 13,057                       | 23,938 | 36,995 | 39,171 | 43,524 |
| 8           | 17,269                       | 31,660 | 48,929 | 51,807 | 57,563 |

Territory 02

| Class Group | Years since retroactive date |        |        |        |        |
|-------------|------------------------------|--------|--------|--------|--------|
|             | 0                            | 1      | 2      | 3      | 4+     |
| 1A          | 842                          | 1,544  | 2,387  | 2,527  | 2,808  |
| 1           | 1,053                        | 1,930  | 2,983  | 3,159  | 3,510  |
| 2           | 1,579                        | 2,896  | 4,475  | 4,738  | 5,265  |
| 3           | 2,106                        | 3,861  | 5,967  | 6,318  | 7,020  |
| 4           | 2,632                        | 4,826  | 7,459  | 7,897  | 8,775  |
| 5A          | 2,159                        | 3,957  | 6,116  | 6,476  | 7,195  |
| 5           | 4,212                        | 7,722  | 11,934 | 12,636 | 14,040 |
| 6           | 5,265                        | 9,652  | 14,917 | 15,795 | 17,550 |
| 7           | 6,529                        | 11,969 | 18,498 | 19,586 | 21,762 |
| 8           | 8,635                        | 15,830 | 24,464 | 25,904 | 28,782 |

*Withdrawn*

PHYSICIANS AND SURGEONS MEDICAL PROFESSIONAL LIABILITY  
 CLAIMS MADE RATES 100/300 LIMIT

Territories 04,05

| Class Group | Years since retroactive date |        |        |        |        |
|-------------|------------------------------|--------|--------|--------|--------|
|             | 0                            | 1      | 2      | 3      | 4+     |
| 1A          | 1,348                        | 2,471  | 3,819  | 4,043  | 4,493  |
| 1           | 1,685                        | 3,089  | 4,774  | 5,054  | 5,616  |
| 2           | 2,527                        | 4,633  | 7,160  | 7,582  | 8,424  |
| 3           | 3,370                        | 6,178  | 9,547  | 10,109 | 11,232 |
| 4           | 4,212                        | 7,722  | 11,934 | 12,636 | 14,040 |
| 5A          | 3,454                        | 6,332  | 9,786  | 10,361 | 11,513 |
| 5           | 6,739                        | 12,355 | 19,094 | 20,217 | 22,464 |
| 6           | 8,424                        | 15,444 | 23,868 | 25,272 | 28,080 |
| 7           | 10,446                       | 19,150 | 29,596 | 31,337 | 34,819 |
| 8           | 13,815                       | 25,328 | 39,143 | 41,446 | 46,051 |

Territory 06

| Class Group | Years since retroactive date |        |        |        |        |
|-------------|------------------------------|--------|--------|--------|--------|
|             | 0                            | 1      | 2      | 3      | 4+     |
| 1A          | 1,011                        | 1,853  | 2,864  | 3,033  | 3,370  |
| 1           | 1,264                        | 2,317  | 3,580  | 3,791  | 4,212  |
| 2           | 1,893                        | 3,475  | 5,370  | 5,686  | 6,318  |
| 3           | 2,527                        | 4,633  | 7,160  | 7,582  | 8,424  |
| 4           | 3,159                        | 5,791  | 8,950  | 9,477  | 10,530 |
| 5A          | 2,590                        | 4,749  | 7,339  | 7,771  | 8,635  |
| 5           | 5,054                        | 9,266  | 14,321 | 15,163 | 16,848 |
| 6           | 6,318                        | 11,583 | 17,901 | 18,954 | 21,060 |
| 7           | 7,834                        | 14,363 | 22,197 | 23,503 | 26,114 |
| 8           | 10,361                       | 18,996 | 29,357 | 31,084 | 34,538 |

Claims Made Mid-Year Rating Factors

| Claims Made Year | Month |      |      |      |      |      |      |      |      |      |      |      |
|------------------|-------|------|------|------|------|------|------|------|------|------|------|------|
|                  | 1     | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   | 11   | 12   |
| 1                | 0.58  | 0.62 | 0.66 | 0.70 | 0.73 | 0.77 | 0.81 | 0.85 | 0.89 | 0.92 | 0.96 | 1.00 |
| 2                | 0.68  | 0.71 | 0.74 | 0.76 | 0.79 | 0.82 | 0.85 | 0.88 | 0.91 | 0.94 | 0.97 | 1.00 |
| 3                | 0.95  | 0.95 | 0.96 | 0.96 | 0.97 | 0.97 | 0.98 | 0.98 | 0.99 | 0.99 | 1.00 | 1.00 |
| 4                | 0.91  | 0.92 | 0.93 | 0.93 | 0.94 | 0.95 | 0.96 | 0.97 | 0.98 | 0.98 | 0.99 | 1.00 |
| 5                | 1.00  | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |

Apply factors to claims made rates for the selected age. For example, a physician purchasing a claims made policy with a retroactive date 4 months prior to the policy effective date would be rated at the year 1, month 4 factor (0.70) times the rate for year 1.

*Withdrawn*

PHYSICIANS AND SURGEONS MEDICAL PROFESSIONAL LIABILITY  
 EXTENDED REPORTING ENDORSEMENT 100/300 LIMIT

Territories 01,03

| Class Group | Years since retroactive date |        |        |         |         |
|-------------|------------------------------|--------|--------|---------|---------|
|             | 1                            | 2      | 3      | 4       | 5+      |
| 1A          | 5,054                        | 7,582  | 9,266  | 10,109  | 10,109  |
| 1           | 6,318                        | 9,477  | 11,583 | 12,636  | 12,636  |
| 2           | 9,477                        | 14,215 | 17,374 | 18,954  | 18,954  |
| 3           | 12,636                       | 18,954 | 23,166 | 25,272  | 25,272  |
| 4           | 15,795                       | 23,692 | 28,957 | 31,590  | 31,590  |
| 5A          | 12,952                       | 19,428 | 23,745 | 25,904  | 25,904  |
| 5           | 25,272                       | 37,908 | 46,332 | 50,544  | 50,544  |
| 6           | 31,590                       | 47,385 | 57,914 | 63,179  | 63,179  |
| 7           | 39,171                       | 58,757 | 71,814 | 78,342  | 78,342  |
| 8           | 51,807                       | 77,711 | 94,980 | 103,614 | 103,614 |

Territory 02

| Class Group | Years since retroactive date |        |        |        |        |
|-------------|------------------------------|--------|--------|--------|--------|
|             | 1                            | 2      | 3      | 4      | 5+     |
| 1A          | 2,527                        | 3,791  | 4,633  | 5,054  | 5,054  |
| 1           | 3,159                        | 4,738  | 5,791  | 6,318  | 6,318  |
| 2           | 4,738                        | 7,108  | 8,687  | 9,477  | 9,477  |
| 3           | 6,318                        | 9,477  | 11,583 | 12,636 | 12,636 |
| 4           | 7,897                        | 11,846 | 14,479 | 15,795 | 15,795 |
| 5A          | 6,476                        | 9,714  | 11,872 | 12,952 | 12,952 |
| 5           | 12,636                       | 18,954 | 23,166 | 25,272 | 25,272 |
| 6           | 15,795                       | 23,692 | 28,957 | 31,590 | 31,590 |
| 7           | 19,586                       | 29,378 | 35,907 | 39,171 | 39,171 |
| 8           | 25,904                       | 38,855 | 47,490 | 51,807 | 51,807 |

*Withdrawn*

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PHYSICIANS AND SURGEONS MEDICAL PROFESSIONAL LIABILITY  
 EXTENDED REPORTING ENDORSEMENT 100/300 LIMIT

Territories 04,05

| Class Group | Years since retroactive date |        |        |        |        |
|-------------|------------------------------|--------|--------|--------|--------|
|             | 1                            | 2      | 3      | 4      | 5+     |
| 1A          | 4,043                        | 6,065  | 7,413  | 8,087  | 8,087  |
| 1           | 5,054                        | 7,582  | 9,266  | 10,109 | 10,109 |
| 2           | 7,582                        | 11,372 | 13,899 | 15,163 | 15,163 |
| 3           | 10,109                       | 15,163 | 18,533 | 20,217 | 20,217 |
| 4           | 12,636                       | 18,954 | 23,166 | 25,272 | 25,272 |
| 5A          | 10,361                       | 15,542 | 18,966 | 20,723 | 20,723 |
| 5           | 20,217                       | 30,326 | 37,065 | 40,435 | 40,435 |
| 6           | 25,272                       | 37,908 | 46,332 | 50,544 | 50,544 |
| 7           | 31,337                       | 47,005 | 57,451 | 62,674 | 62,674 |
| 8           | 41,446                       | 62,169 | 75,984 | 82,891 | 82,891 |

Territory 06

| Class Group | Years since retroactive date |        |        |        |        |
|-------------|------------------------------|--------|--------|--------|--------|
|             | 1                            | 2      | 3      | 4      | 5+     |
| 1A          | 3,033                        | 4,549  | 5,660  | 6,065  | 6,065  |
| 1           | 3,791                        | 5,686  | 6,950  | 7,582  | 7,582  |
| 2           | 5,686                        | 8,529  | 10,425 | 11,372 | 11,372 |
| 3           | 7,582                        | 11,372 | 13,899 | 15,163 | 15,163 |
| 4           | 9,477                        | 14,215 | 17,374 | 18,954 | 18,954 |
| 5A          | 7,771                        | 11,657 | 14,247 | 15,542 | 15,542 |
| 5           | 15,163                       | 22,745 | 27,799 | 30,326 | 30,326 |
| 6           | 18,954                       | 28,431 | 34,749 | 37,908 | 37,908 |
| 7           | 23,503                       | 35,254 | 43,088 | 47,005 | 47,005 |
| 8           | 31,084                       | 46,626 | 56,988 | 62,169 | 62,169 |

Extended Reporting Period Mid-Year Factors

| Claims Made Year | Month |      |      |      |      |      |      |      |      |      |      |      |
|------------------|-------|------|------|------|------|------|------|------|------|------|------|------|
|                  | 1     | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   | 11   | 12   |
| 1                | 0.28  | 0.38 | 0.46 | 0.54 | 0.61 | 0.67 | 0.73 | 0.79 | 0.84 | 0.90 | 0.95 | 1.00 |
| 2                | 0.73  | 0.77 | 0.80 | 0.83 | 0.85 | 0.88 | 0.90 | 0.92 | 0.94 | 0.96 | 0.98 | 1.00 |
| 3                | 0.85  | 0.87 | 0.89 | 0.91 | 0.92 | 0.93 | 0.95 | 0.96 | 0.97 | 0.98 | 0.99 | 1.00 |
| 4                | 0.93  | 0.94 | 0.95 | 0.96 | 0.96 | 0.97 | 0.97 | 0.98 | 0.99 | 0.99 | 1.00 | 1.00 |
| 5                | 1.00  | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |

Apply factors to extended reporting period rates for the selected age. For example, a physician who has a third year claims-made policy and decides to cancel after eight months have elapsed would purchase "tail" coverage at the year 3, eight month factor (0.96), times the rate for year 3 extended coverage.