

## ProNational Insurance Company

### Exhibit 2B Reserve Study:

1. Provide a general description of the actuarial methodologies used to determine and monitor carried loss and loss adjustment expense reserves for the medical malpractice business written, including frequency of reviews.

Answer: Tillinghast performs semi-annual reserve reviews. A number of methodologies are used, such as the Bornhuetter-Ferguson method, the reported development method, the paid development method, the reported frequency/severity method, and the paid frequency/severity method.

2. Discuss the adequacy of medical malpractice loss and loss adjustment expense reserves as of the most recent year-end and identify and describe any material changes in the past five years in amounts of carried reserves and in reserving methods. If a material unfavorable trend exists, indicate what actions were taken to address the issue. Identify the materiality standard used to respond to this question and provide the basis for this standard.

Answer: The medical malpractice loss and loss adjustment reserves are deemed to be adequate. Over the past 5 years, there has been no significant trend in the amount of carried reserves.

3. Compare company trends to industry trends, with regards to the medical malpractice line of business and include information about the specific business written by the company and, if necessary, reasons why company trends are different from the industry.

Answer: Frequency has either remained stable or decreased depending on the jurisdiction. Severities have increased at a moderate rate. Both frequency and severity trends are similar to industry trends.

### Exhibit 2B description

*1. Provide a general discussion regarding the adequacy of surplus reported on Annual Statement, page 3 (Liabilities, Surplus and Other Funds), line 35, Surplus as regards policyholders, as of the last year-end.*

Answer: The Company's adjusted capital of \$231.7 million exceeds the NAIC Company Action Risk-Based Capital by \$111.4 million. The Company believes that the current surplus is adequate for its lines of business and premium volume. Additionally, the Company's "A-minus" rating from A.M. Best is another indication of an adequate level of surplus.

2. *Identify and describe any material events of known material trends, favorable or unfavorable, in the insurer's surplus account in the past five years. This description should include any significant changes in the surplus ratios shown on Exhibit 1. If a material unfavorable trend exists, indicate the courses of remedial actions already taken or that are available to the insurer and the effects or potential effects of each. Identify the materiality standard used to respond to this item and provide the basis for this standard.*

Answer: Total surplus decreased \$88.4 million from 2005 to 2006. Net income of \$300.1 million increased surplus. Reductions to surplus included a dividend of \$220.3 million to its parent company: Professionals Group, Inc., in addition to a \$164.4 million unrealized capital loss resulting from the sale of two wholly owned subsidiaries that was completed on January 4, 2006. Also, ProNational declared and paid an \$18 million dollar dividend in 2004, as well as a \$19 million dollar dividend in 2003, both to its parent company: Professionals Group, Inc.

ProNational Insurance Company - Illinois Direct Medical Malpractice Business Only  
Company Defined Items

Please note that for Exhibit 2A, Surplus, all values for the following fields were rounded to the nearest thousand: Net Income, Change in Net Unrealized Capital Gains or (Losses), Change in Net Deferred Income Tax, Change in Non-admitted Assets, Change in Provision for Reinsurance, Capital/Surplus Changes and Adjustments, which is the net result of all capital and surplus contributions and transfers, Dividends to Stockholders, Other Changes to Surplus, and Total Change. The reason for this is that the field lengths provided in the call are not long enough to support all of our data. To be consistent, all of these values are shown without the \$000's.

1. For all exhibits requiring "by county" information, indicate how the data is grouped, whether by claim county, policy issuing county or other method. If "other", describe method used. Describe any changes made to the way in which the data has been grouped during the past ten years and the impact of the change(s) on the exhibits.

All "by county" information for ProNational Insurance Company refers to policy issuing county. There have been no changes to this grouping in the past ten years.

2. Describe any changes made to reserving or claim payment practices in the past ten years and their impact on the exhibits.

There have been no changes to claim payment or reserving practices in the past ten years.

3. Define closed claim, i.e., is a claim closed when it is assigned a closed date, or when both indemnity plus expense reserves are \$0, or in some other instance? Describe any changes made to this definition in the past ten years and the impact of the change(s) on the exhibits.

A claim is closed when it is assigned a closed status, and in addition, the reserves (for both indemnity and expense) are set to \$0. There have been no changes to this definition in the past ten years.

4. Explain/define the corporate policies written by the company.

Corporate exposures are included in the exposure information provided with this data request. Losses on corporate exposures are included in the claims information provided. ProNational offers coverage for the corporation when the physician(s) are insured by us for an additional charge.

5. Each company shall use the base class and territory which is consistent with its most recent rate filing. Please define your company's base class and territory. Describe any changes made to the base class and/or territory in the past ten years and the impact of the change(s) on the exhibits.

The base class is the class in which 80420, FP/GP - No surgery, no OB, is included. This has been the case for the past 10 years. The base territory is the territory in which the following counties are included: Cook, Madison, and St. Clair. This has changed over the past 10 years in the manner detailed in any filings ProNational has submitted to the Department in this time period. Please refer to these exhibits for those details. The exhibits provided here are done on the basis of currently filed base class and territory information, and therefore, there is no impact from these changes.

6. Describe any adjustments made to exposure for extended reporting endorsements and the impact of the adjustment(s) on the exhibits.

Extended reporting endorsements are counted as one exposure, and they are fully earned in the inception year of the tail policy.

7. For the maturity year and tail factors disclosure, list each tail factor with the corresponding maturity year if a different tail factor is used for each maturity year. If another method is used, list and describe factors and method used.

This is the method used. See Item (C-5)(c)(iv) for the tail factors.

8. Define what expenses are included in the expense factor.

See Item (C-5)(c)(v) for the detailed expense factors.

9. List and define individually any "other" factors used in the rate filing to establish rates. This could include but is not limited to the following: profit load, reinsurance load, investment income, schedule debits/credits, etc.

See Item (C-5)(c)(v) for the detailed expense factors.

10. Describe any methods and/or assumptions used in creating Reserve Study Exhibit A and why these assumptions are necessary.

Exhibit 2A Reserve:

All data is in thousands except as otherwise requested. Negative numbers have been designated with a minus sign ("-").

Exhibit 2A Reserve Part 1:

Direct and Assumed Premiums Earned - Detailed earned premium information (by state, program, coverage type) is unavailable for coverage years 1998 through 2002. The premium for those years have been designated with "n/a".

Direct and Assumed Adjusting and Other Payments - Data for payments prior to 2003 is unavailable. These payments have been designated as "n/a".

Total Direct and Assumed Losses and Loss Expenses Paid - Data for Adjusting and Other Payments for payments prior to 2003 is unavailable, so total payments prior to 2003 is also unavailable. These payments have been designated as "n/a".

Total Direct and Assumed Losses and Loss Expenses Incurred - Data for Adjusting and Other Payments for payments prior to 2003 is unavailable, so total losses and loss expenses incurred is also unavailable. These payments have been designated as "n/a".

Direct and Assumed Loss and Loss Expense Percentage - Detailed earned premium information is unavailable for coverage years 1998 through 2002, so no loss percentage can be calculated for those coverage years. These percentages have been designated as "n/a".

#### Exhibit 2A Reserve Part 2:

For reserve study loss type "ILDC", IBNR development for Illinois prior years is not available. Therefore the incurred direct and assumed loss and defense & cost containment expenses reported at year end is only available for 2006 year end. The data for prior years has been designated as "n/a". Data will be kept on a going-forward basis.

For reserve study loss type "IBNR", IBNR development for Illinois prior years is not available. Therefore the bulk and IBNR reserves on direct and assumed loss and defense & cost containment expenses reported at year end is only available for 2006 year end. The data for prior years has been designated as "n/a". Data will be kept on a going-forward basis.

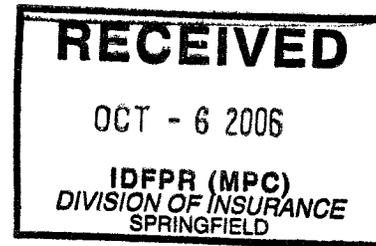
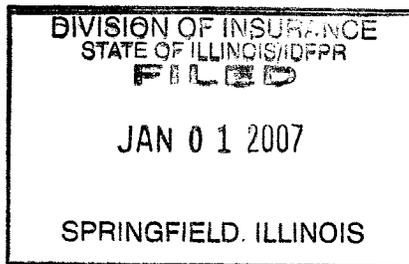
#### Exhibit 2A Reserve Part 4:

Detailed earned premium information is unavailable for coverage years 1998 through 2002. The premium for those years have been designated with "n/a".



October 5, 2006

Gayle Neuman and/or  
Ms. Sarah Fore, ACAS, MAAA  
Illinois Department of Insurance  
320 West Washington Street  
Springfield, IL 62767



Dear Ms. Fore:

RE: ProNational Insurance Company  
FEIN 38-2317569  
Company Filing Number IL0107  
Health Care Professionals Underwriting Manual

I submit for your review and approval the rate filing for the captioned program. While we are requesting an effective date of January 1, 2007, in the interest of complying with prior notice to be given to insureds, we would appreciate a response as soon as possible.

The enclosed Filing Memorandum and its exhibits should fully explain the rate development, proposed class plan changes, which are shown on Exhibit 5, Sheet 2, and the territory plan changes, which are shown on Exhibit 6. Other proposed changes include:

1. The name of the manual has been changed to Health Care Professionals to be comparable to the policy forms that were approved by your department under Filing Number IL0406.
2. Hospitalist 80222(A) and (B) have been added to the class plan and placed in classes 3 and 4, respectively. 80222(A) is Hospital Employed or Single Hospital Affiliated and 80222(B) is Non-Hospital Employed or Multiple Hospital Affiliated.
3. The claims free program has been amend to change the current \$25,000 threshold of total established reserves to \$35,000.

If this filing is acceptable, please return one copy of the filing with your stamp of approval in the postage paid envelope that is enclosed for your convenience. If you have any questions regarding this filing, please contact me at (800) 282-6242, ext. 4426, or e-mail me at [lgoodwin@proassurance.com](mailto:lgoodwin@proassurance.com).

Sincerely,

LaQuita B. Goodwin  
Compliance Specialist

Enclosures

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/07.

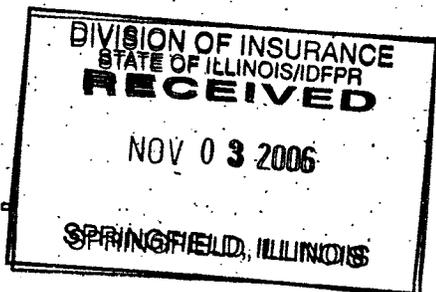
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Medical Liability</u> Line of Insurance	<u>\$24,754,646</u>	<u>-6.0%</u>

Physicians, Surgeons, Dentists, Podiatrists and Allied Health Professionals

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Please refer to Exhibit 6 for Territory Changes and Exhibit 5, Sheet 2 for class changes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): -6.0% overall rate change, class plan and territory plan changes, and amending the \$25,000 threshold to total established reserves to \$35,000

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



ProNational Insurance Company  
 Name of Company

Scott B. Goodwin, Compliance Specialist  
 Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/07.

(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 <u>Medical Liability</u> Line of Insurance	<u>\$24,754,646</u>	<u>-6.0%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Please refer to Exhibit 6 for Territory Changes and Exhibit 5, Sheet 2 for Class Changes

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): -6.0% overall rate change, class plan and territory plan changes, and amending the \$25,000 threshold of total established reserves to \$35,000

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



Pro National Insurance Company  
Name of Company  
  
Scott B. Goodwin, Compliance Specialist  
Official - Title

## CERTIFICATION

We the undersigned, being officers of ProNational Insurance Company, do hereby certify, in accordance with 215 ILCS 5/155.18, that to the best of our knowledge, the company's rates in the rate filing effective 1/1/07, are based on sound actuarial principles and are not inconsistent with the company's experience.



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Howard H. Friedman, ACAS, MAAA  
Senior Vice President



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Kathryn A. Neville  
Vice President and Secretary

**HEALTH CARE PI  
CL  
ILLINOIS STATE**

For Informational Purposes Only  
Approved Under Filing Number IL0406

- I. The last paragraph of Item IV. INSUREDS' DUTIES, of the General Conditions, form PRA-HCP-030 or PRA-HCP-040, is hereby deleted.
- II. Item X. CANCELLATION of the General Conditions, form PRA-HCP-030 or PRA-HCP-040, is hereby deleted and replaced with the following:

This **policy**, or coverage of any **insured** thereunder, may be canceled by the **policyholder** by mailing to **us** written notice stating when thereafter the cancellation shall be effective. This **policy**, or coverage of any **insured** thereunder, may be canceled by **us** by mailing to the **policyholder**, at the last mailing address known to **us**, and to the agent of record, if any, written notice stating when the cancellation shall be effective. The effective date and hour of cancellation stated in the notice shall become the end of the **policy period** for each **insured** to which the cancellation applies. If **we** cancel the **policy** for nonpayment of premium, notice of cancellation will be mailed at least ten (10) days prior to the effective date of cancellation. If **we** cancel the **policy** within the first 60 days of the effective date, notice of cancellation will be mailed at least thirty (30) days prior to the effective date of cancellation, and such notice shall state a specific reason or reasons for cancellation of the **policy**. If **we** cancel the **policy** after coverage has been in effect for 61 days or more, notice of cancellation will be mailed at least sixty (60) days prior to the effective date of cancellation, and such cancellation may occur only for one of the following reasons:

- a. nonpayment of premium;
- b. material misrepresentation in obtaining the **policy**;
- c. violation of the terms and conditions of the **policy** by the **insured**;
- d. measurable increase in the risk from inception;
- e. certification to the Director of the Illinois Department of Insurance of the loss or reinsurance by **us** which provided coverage to **us** for all or a substantial part of the underlying risk insured; or
- f. determination by the Director of the Illinois Department of Insurance that the continuation of the **policy** could place **us** in violation of the insurance laws of the state of Illinois.

If the **policyholder** cancels, earned premium shall be computed in accordance with the customary short rate table and procedure. If **we** cancel, earned premium shall be computed pro rata. Premium adjustment may be made either at the time cancellation is effected or as soon as practicable after cancellation becomes effective, but payment or tender of unearned premium is not a condition of cancellation.

- III. Item XI. RENEWAL OF POLICY of the General Conditions, form PRA-HCP-030 or PRA-HCP-040, is hereby deleted and replaced with the following:  
Neither the **policyholder** nor **we** have any obligation to renew the **policy**. Any renewal will be on the policy forms and endorsements then in effect. If **we** decide to nonrenew the **policy**, to increase current policy premium by thirty percent (30%) or more, or to impose changes to deductibles or coverage that materially alter the **policy**, then **we** will mail or deliver notice of **our** action to the **policyholder**, at the last mailing address known to **us**, and to the agent of record, if any, at least sixty (60) days prior to the expiration of the **policy**.
- IV. Item XIII. ARBITRATION of the General Conditions, form PRA-HCP-030 or PRA-HCP-040, is hereby deleted and replaced with the following:

Both the **insureds** and **we** acknowledge that this agreement evidences a transaction involving interstate commerce and may voluntarily agree, at the time of a dispute, that any dispute, claim or controversy arising out of, relating to or in connection with this **policy**, its subject matter or its negotiation, as to the existence, validity, interpretation, performance, non-performance, enforcement, operation, breach of contract, breach of warranty, continuance or termination thereof or any claim alleging fraud, deceit, or suppression of any material fact or breach of fiduciary duty shall be submitted to binding arbitration in accordance with Title 9 U.S.C. § 1 et seq. (the Federal Arbitration Act) and the Commercial Arbitration Rules of the American Arbitration Association. The arbitration proceedings are voluntary and may be initiated by either party by notice in writing to the other and to the American Arbitration Association. Each party to arbitration shall bear its own arbitration costs and expenses. However, in the event any party is required to file a petition or commence any other proceeding to compel arbitration, the arbitrator may award that party reasonable attorney's fees and costs incurred in having to bring such action. The arbitrator shall have the discretion to order a pre-hearing exchange of information by the parties, including, without limitation, production of requested documents, exchanging of summaries of testimony of proposed witnesses, and examination by deposition of parties. Notwithstanding contrary state law or regulation, the arbitrator shall have the authority to award any remedy or relief allowed under the provisions of the Federal Arbitration Act, including, without limitation, specific performance of any obligation created under this **policy**, the awarding of any damages available under applicable law, the issuance of an

injunction, or the imposition of sanctions for abuse or frustration of the arbitration process. Any arbitration award shall be in writing and shall specify the factual and legal bases of the award. Judgment on the award rendered by the arbitrator shall be final and may be entered in any court having jurisdiction thereof. The provisions hereof shall be a complete defense to any suit, action, or proceeding in any federal, state or local court or before any administrative tribunal with respect to any dispute, claim or controversy arising under this **policy**. The arbitration shall proceed in the county that includes the address of the **policyholder** (as specified in the **Coverage Summary**).

V. The last sentence of Item II. INVESTIGATION, DEFENSE AND SETTLEMENT of the Professional Liability Coverage Part, form PRA-HCP-030 or PRA-HCP-040, is deleted and replaced with the following:

**We** shall not be obligated to pay **damages** or to defend any suit after the applicable limit of liability has been exhausted by the payment of **damages** arising out of claims or suits.

VI. Item III. EXCLUSIONS, Paragraph E of the Professional Liability Coverage Part, form PRA-HCP-030 or PRA-HCP-040, is deleted and replaced with the following:

E. Liability arising in whole or in part out of sexual activity, or acts in furtherance of sexual activity, by the **insured**, whether under the guise of **professional services** or not;

VII. Item III. EXCLUSIONS of the Professional Liability Coverage Part, form PRA-HCP-030 or PRA-HCP-040, is amended as follows:

Exclusion N. ("Liability arising out of any **professional incident** that occurs while an **insured** is impaired by alcohol or drugs;") is deleted in its entirety.

VIII. Item VI. REPORTING ENDORSEMENT PROVISION APPLICABLE TO INSURED ORGANIZATIONS, Item VII. REPORTING ENDORSEMENT PROVISION APPLICABLE TO INSURED PROFESSIONALS and Item VIII. REPORTING ENDORSEMENT PROVISION APPLICABLE TO INSURED PARAMEDICAL EMPLOYEES of the Professional Liability Coverage Part, form PRA-HCP-030, and Item VI. REPORTING ENDORSEMENT PROVISION APPLICABLE TO INSURED ORGANIZATIONS and Item VII. REPORTING ENDORSEMENT PROVISION APPLICABLE TO INSURED PARAMEDICAL EMPLOYEES, form PRA-HCP-040, are hereby amended as follows:

The parenthetical describing calculation of the additional premium "(to be computed in accordance with **our** rules, rates, rating plan and premiums applicable on the effective date of the endorsement)" is deleted and replaced with the following:

(to be computed in accordance with **our** rules, rates, and rating plan applicable on the effective date of the endorsement and premiums in effect at issuance of the expiring **policy**)

IX. Address Notice Required under Illinois Law

The address of the Public Service Division of the Illinois Department of Insurance is 320 West Washington, Springfield, IL 62767. The address for the Legal Department of ProNational Insurance Company is 100 Brookwood Place, Birmingham, AL 35209.

**Contact Person:**  
**Gayle Neuman**  
**217-524-6497**  
**Gayle.Neuman@illinois.gov**

**Illinois Division of Insurance**  
**Review Requirements Checklist**

**320 West Washington Street**  
**Springfield, IL 62767-0001**

**Effective as of 8/25/06**

<u>Line(s) of Business</u>	<u>Code(s)</u>	
<input type="checkbox"/> <b>MEDICAL MALPRACTICE</b>	<b>11.0000</b>	<b>***This checklist is for rate/rule</b>
<input type="checkbox"/> Claims Made	11.10000	<b>filings only.</b>
<input type="checkbox"/> Occurrence	11.2000	<b>See separate form checklist.</b>

<u>Line(s) of Insurance</u>	<u>Code(s)</u>	<u>Line(s) of Insurance</u>	<u>Code(s)</u>	<u>Line(s) of Insurance</u>	<u>Code(s)</u>
<input type="checkbox"/> Acupuncture	11.0001	<input type="checkbox"/> Hospitals	11.0009	<input type="checkbox"/> Optometry	11.0019
<input type="checkbox"/> Ambulance Services	11.0002	<input type="checkbox"/> Professional Nurses	11.0032	<input type="checkbox"/> Osteopathy	11.0020
<input type="checkbox"/> Anesthetist	11.0031	<input type="checkbox"/> Nurse – Anesthetists	11.0010	<input type="checkbox"/> Pharmacy	11.0021
<input type="checkbox"/> Assisted Living Facility	11.0033	<input type="checkbox"/> Nurse – Lic. Practical	11.0011	<input type="checkbox"/> Physical Therapy	11.0022
<input type="checkbox"/> Chiropractic	11.0003	<input type="checkbox"/> Nurse – Midwife	11.0012	<input type="checkbox"/> Physicians & Surgeons	11.0023
<input type="checkbox"/> Community Health Center	11.0004	<input type="checkbox"/> Nurse – Practitioners	11.0013	<input type="checkbox"/> Physicians Assistants	11.0024
<input type="checkbox"/> Dental Hygienists	11.0005	<input type="checkbox"/> Nurse – Private Duty	11.0014	<input type="checkbox"/> Podiatry	11.0025
<input type="checkbox"/> Dentists	11.0030	<input type="checkbox"/> Nurse – Registered	11.0015	<input type="checkbox"/> Psychiatry	11.0026
<input type="checkbox"/> Dentists – General Practice	11.0006	<input type="checkbox"/> Nursing Homes	11.0016	<input type="checkbox"/> Psychology	11.0027
<input type="checkbox"/> Dentists – Oral Surgeon	11.0007	<input type="checkbox"/> Occupational Therapy	11.0017	<input type="checkbox"/> Speech Pathology	11.0028
<input type="checkbox"/> Home Care Service Agencies	11.0008	<input type="checkbox"/> Ophthalmic Dispensing	11.0018	<input type="checkbox"/> Other	11.0029

<b>Illinois Insurance Code Link</b>	<a href="#">Illinois Compiled Statutes Online</a>	
<b>Illinois Administrative Code Link</b>	<a href="#">Administrative Regulations Online</a>	
<b>Product Coding Matrix Link</b>	<a href="#">Product Coding Matrix</a>	
<b>NAIC Uniform Transmittal Form</b>	<a href="#">50 IL Adm. Code 929</a> <a href="#">NAIC Uniform Transmittal Form</a>	If insurers wish to use the NAIC Uniform Transmittal form in lieu of a cover letter/explanatory memorandum, the Division will accept such form, as long as all information required in the "Cover Letter & Explanatory Memorandum" section below are properly included.
<b>NAIC Self-Certification Pilot Program</b>	<a href="#">Newsletter Article regarding Division's Participation</a> <a href="#">Self-Certification form</a>	If an authorized company officer completes the Self-Certification form, and submits such form as the 1 <sup>st</sup> page of the filing, the Division will expedite review of the filing ahead of all other filings received to date. The Division will track company compliance with the laws, regulations, bulletins, and this checklist and report such information to the NAIC.
<b>Location of Standard within Filing Column</b>	See checklist format below.	To expedite review of your filing, use this column to indicate location of the standard within the filing (e.g. page #, section title, etc.)
<b>Description of Review Standards Requirements Column</b>	See checklist format below.	These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Division of Insurance.

FILING REQUIREMENTS FOR FORM FILINGS	REFERENCE	DESCRIPTION OF REVIEW STANDARD REQUIREMENT	LOCATION OF STANDARD WITHIN FILING
See separate form filing checklist.		To assist insurers in submitting compliant medical liability rate/rule filings as a result of newly-passed PA94-677 (SB475), the Division has created this separate, comprehensive rate/rule filing checklist for medical liability filings.  Please see the separate form filing checklist for requirements related to medical liability forms.	No forms being filed
<b>GENERAL FILING REQUIREMENTS FOR ALL RATE/RULE FILINGS</b>			
<b>LINE OF AUTHORITY</b>			
Must have proper Class and Clause authority to conduct this line of business in Illinois.	<u>215 ILCS 5/4</u>  <u>List of Classes/Clauses</u>	To write Medical Liability insurance in Illinois, companies must be licensed to write:  1. Class 2, Clause (c)	Acknowledged
<b>RATES AND RULES REQUIRED TO BE FILED</b>			
<b>Rates/Rules Must be Filed Separately from Forms</b>			
Insurers shall make separate filings for rate/rules and for forms/endorsements, etc.		The laws and regulations for medical liability forms/endorsements and the laws for medical liability rates/rules are different and each must be reviewed according to its own set of laws/regulations/procedures. Therefore, insurers are required to file forms and rates/rules separately.  For requirements regarding form filings, see separate form filing checklist.	No forms being filed
<b>New Insurers</b>			
New insurers must file their rates, rules, plans for gathering statistics, etc. upon commencement of business.	<u>215 ILCS 5/155.18</u>  <u>50 IL Adm. Code 929</u>	“New Insures” are insurers who are: <ul style="list-style-type: none"> <li>• New to Illinois.</li> <li>• New writers of medical liability insurance in Illinois.</li> <li>• Writing a new Line of Insurance listed on Page 1 of this checklist,</li> </ul> New insurers must file the following: <ul style="list-style-type: none"> <li>a) Medical liability insurance rate manual, including</li> </ul>	N/A

		<p>all rates.</p> <p>b) Rules, including underwriting rule manuals which contain rules for applying rates or rating plans,</p> <p>c) Classifications and other such schedules used in writing medical liability insurance.</p> <p>d) Statement regarding whether the insurer:</p> <ul style="list-style-type: none"> <li>• Has its own plan for the gathering of medical liability statistics; or</li> <li>• Reports its medical liability statistics to a statistical agent (and if so, which agent).</li> </ul> <p>The Director, at any time, may request a copy of the insurer's statistical plan or request the insurer to provide written verification of membership and reporting status from the insurer's reported statistical agency.</p> <p>Insurers are instructed to review all requirements in this checklist, including the requirements for applicable actuarial documentation, as well as all medical liability laws and regulations, to ensure that the filing contains all essential elements before submitting the filing to the Division.</p>	
<b>Amendments to Initial Rate/Rule Filings</b>			
<p>After a new insurer has filed the rates/rules/information described above, insurers must file rates/rules, or advise of changes to statistical plans, as often as they are amended.</p>	<p><u>215 ILCS 5/155.18</u></p> <p><u>50 IL Adm. Code 929</u></p>	<p>After a new insurer has filed the rates/rules/information described above, insurers must file rates/rules/rating schedules (as described above for new business) as often as such filings are changed or amended, or when any new rates or rules are added.</p> <p>Any change in premium to the company's insureds as a result of a change in the company's base rates or a change in its increased limits factors shall constitute a change in rates and shall require a filing with the Director.</p> <p>Insurers shall also advise the Director if its plans for the gathering of statistics has changed, or if the insurer has changed statistical agents.</p> <p>The Director, at any time, may request a copy of the insurer's statistical plan or request the insurer to provide written verification of membership and reporting status from the insurer's reported statistical agency.</p> <p>Insurers are instructed to review all requirements in this checklist, including the requirements for applicable actuarial documentation, as well as all medical liability laws and regulations, to ensure that the filing contains all essential elements before submitting the filing to the Division.</p>	<p>N/A</p>
<b>EFFECTIVE DATES OF</b>			

<b>RATE/RULE FILINGS</b>			
Illinois is "file and use" for medical liability rates and rules.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	A rate/rating plan/rule filing shall go into effect no earlier than the date the filing is received by the Division of Insurance, Property & Casualty Compliance Section, except as otherwise provided in Section 155.18.	Effective 1/1/2007
<b>ADOPTIONS OF ADVISORY ORGANIZATION FILINGS</b>			
Insurer must file all rates and rules on its own behalf.	<u>50 IL Adm. Code 929</u>	Although Rule 929 allows for insurers to adopt advisory organization rule filings, advisory organizations no longer file rules in Illinois.	N/A
<b>COPIES, RETURN ENVELOPES, ETC.</b>			
Requirement for duplicate copies and return envelope with adequate postage.	<u>50 IL Adm. Code 929</u>	Insurers that desire a stamped returned copy of the filing or submission letter must submit a duplicate copy of the filing/letter, along with a return envelope large enough and containing enough postage to accommodate the return filing.	Included
<b>COVER LETTER &amp; EXPLANATORY MEMORANDUM</b>			
Two copies of a submission letter are required, and the submission letter must contain the information specified.  "Me too" filings are not allowed.  Use of NAIC Uniform Transmittal form is acceptable as long as all required information is included.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u> <u>Company Bulletin 88-53</u> <u>Actuarial Certification Form</u> <u>NAIC Uniform Transmittal Form</u>	All filings must be accompanied by a submission letter which includes <u>all</u> of the following information:  1) Exact name of the company making the filing.  2) Federal Employer Identification Number (FEIN) of the company making the filing.  3) Unique filing identification number – may be alpha, numeric, or both. Each filing number must be unique within a company and may not be repeated on subsequent filings. If filing subsequent revisions to a pending filing, use the same filing number as the pending filing or the revision(s) will be considered a new filing.  4) Identification of the classes of medical liability insurance to which the filing applies (for identifying classes, refer to Lines of Insurance shown on Page 1 of this checklist, in compliance with the NAIC Product Coding Matrix).  5) Notification of whether the filing is new or supersedes a present filing. If filing supersedes a present filing, insurer must identify <u>all</u> changes in superseding filings, <u>and all</u> superseded filings, including the following information:  <ul style="list-style-type: none"> <li>• Copy of the complete rate/rule manual section(s) being changed by the filing with all changes clearly highlighted or otherwise identified.</li> <li>• Written statement that all changes made to the superseded filing have been disclosed.</li> <li>• List of all pages that are being completely</li> </ul>	Acknowledged  See Cover Letter

		<p>superseded or replaced with new pages.</p> <ul style="list-style-type: none"> <li>List of pages that are being withdrawn and not being replaced.</li> <li>List of new pages that are being added to the superseded filing.</li> <li>Copies of all manual pages that are affected by the new filing, including but not limited to subsequent pages that are amended solely by receiving new page numbers.</li> </ul> <p>6) Effective date of use.</p> <p>7) Actuarial certification (see Actuarial Certification section below). Insurers may use their own form or may use the sample form developed by the Division.</p> <p>8) Statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.</p> <p>Companies under the same ownership or general management are required to make <u>separate, individual company filings</u>. Company Group ("Me too") filings are unacceptable.</p> <p>If insurers wish to use the NAIC Uniform Transmittal form in lieu of a cover letter/explanatory memorandum, the Division will accept such form, as long as all information required in this section is properly included.</p>	
<p><b>FORM RF-3 Summary Sheet</b></p>			
<p>For any rate change, duplicate copies of Form RF-3 must be filed, no later than the effective date.</p>	<p><u>50 IL Adm. Code 929</u></p> <p><u>Form RF-3 Summary Sheet</u></p>	<p>For <u>any</u> rate level change, insurers must file two copies of Form RF-3 (Summary Sheet) which provides information on changes in rate level based on the company's premium volume, rating system, and distribution of business with respect to the classes of medical liability insurance to which the rate revision applies. Such forms must be received by the Division's Property &amp; Casualty Compliance Section no later than the stated effective date of use.</p> <p>Insurers must report the rate change level and premium volume amounts on the "Other" Line and insert the words "Medical Liability" on the "Other" descriptive line. Do not list the information on the "Other Liability" line.</p> <p>If the Medical Liability premium is combined with any other Lines of Business (e.g. CGL, commercial property, etc.), the insurer must report the effect of rate changes to each line separately on the RF-3, indicating the premium written and percent of rate change for each line of business.</p> <p>The RF-3 form must indicate whether the information is "exact" or "estimated."</p>	<p>Included</p>
<p><b>PAYMENT PLANS</b></p>			

<p>Quarterly premium payment installment plan required as prescribed by the Director.</p>	<p><u>215 ILCS 5/155.18</u></p>	<p>A company writing medical liability insurance in Illinois shall offer to each of its medical liability insureds the option to make premium payments in quarterly installments as prescribed by and filed with the Director. Such option must be offered in the initial offer of the policy or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer need not offer the option, but if the insured requests it, must make it available. Such plans are subject to the following minimum requirements:</p> <ul style="list-style-type: none"> <li>• May not require more than 40% of the estimated total premium to be paid as the initial payment;</li> <li>• Must spread the remaining premium equally among the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> installments, with the maximum set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;</li> <li>• May not apply interest charges;</li> <li>• May include an installment charge or fee of no more than the lesser of 1% of the total premium or \$25;</li> <li>• Must spread any additional premium resulting from changes to the policy equally over the remaining installments, if any. If there are no remaining installments, the additional premium may be billed immediately as a separate transaction; and</li> <li>• May, but is not required to offer payment plan for extensions of a reporting period, or to insureds whose annual premiums are less than \$500. However, if offered to either, the plan must be made available to all within that group.</li> </ul>	<p>43, 65, 70 &amp; 76</p>
<b>DEDUCTIBLES</b>			
<p>Deductible plans should be filed if offered.</p>	<p><u>215 ILCS 5/155.18</u></p>	<p>A company writing medical liability insurance in Illinois is encouraged, but not required, to offer the opportunity for participation in a plan offering deductibles to its medical liability insureds. Any such plan shall be contained in a filed rate/rule manual section entitled "Deductibles Offered" or substantially similar title. If an insurer uses a substantially similar title, the Rate/Rule Submission Letter or NAIC Uniform Transmittal form must indicate the name of the section that applies.</p>	<p>63 &amp; 64</p>
<b>DISCOUNTS</b>			

<p>Premium discount for risk management activities should be filed if offered.</p>	<p><u>215 ILCS 5/155.18</u></p>	<p>A company writing medical liability insurance in Illinois is encouraged, but not required, to offer their medical liability insureds a plan providing premium discounts for participation in risk management activities. Any such plan shall be contained in a filed rate/rule manual section entitled "Risk Management Activities Discounts" or substantially similar title. If an insurer uses a substantially similar title, the Rate/Rule Submission Letter or NAIC Uniform Transmittal form must indicate the name of the section that applies.</p>	<p>15, 16 &amp; 17</p>
<p><b>CLAIMS MADE REQUIREMENTS</b></p>			
<p>Extended reporting period (tail coverage) requirements.</p>	<p><u>215 ILCS 5/143(2)</u> <u>Company Bulletin 88-50</u></p>	<p>When issuing claims-made medical liability insurance policies, insurers must include the following specific information in their rate/rule manuals:</p> <ul style="list-style-type: none"> <li>• Offer of an extended reporting period (tail coverage) of <u>at least</u> 12 months. The rate/rule manual must specify whether the extended reporting period is unlimited or indicate its term (i.e. number of years).***</li> <li>• Cost of the extended reporting period, which <u>must</u> be priced as a factor of one of the following:*** <ul style="list-style-type: none"> <li>○ the last 12 months' premium.</li> <li>○ the premium in effect at policy issuance.</li> <li>○ the expiring annual premium.</li> </ul> </li> <li>• List of any credits, discounts, etc. that will be added or removed when determining the final extended reporting period premium.</li> <li>• Insurer will inform the insured of the extended reporting period premium at the time the last policy is purchased. The insurer may not wait until the insured requests to purchase the extended reporting period coverage to tell the insured what the premium will be or how the premium would be calculated.</li> <li>• Insurer will offer the extended reporting period when the policy is terminated for any reason, including non-payment of premium, and whether the policy is terminated at the company's or insured's request.</li> <li>• Insurer will allow the insured 30 days after the policy is terminated to purchase the extended reporting period coverage.***</li> <li>• Insurer will trigger the claims made coverage when notice of claim is received and recorded by the insured or company, whichever comes first.</li> </ul>	<p>13, 44, 56, 66, 68 &amp; 75</p> <p>Also, see PRA-HCP-606 that was approved by Illinois Department of Insurance</p>

		<p>***If the medical liability coverage is combined with other professional or general liability coverages, the medical liability insurer must meet all of the above requirements, except those indicated with ***, in which case, the insurer must:</p> <ul style="list-style-type: none"> <li>• Offer free 5-year extended reporting period (tail coverage) or</li> <li>• Offer an unlimited extended reporting period with the limits reinstated (100% of aggregate expiring limits for the duration)</li> <li>• Cap the premium at 200% of the annual premium of the expiring policy; and</li> <li>• Give the insured a free-60 day period after the end of the policy to request the coverage.</li> </ul>	
<b>GROUP MEDICAL LIABILITY</b>			
Group medical liability insurance is not specifically allowed under the Illinois Insurance Code.	<u>50 IL Adm. Code 906</u>	Part 906 of the Illinois Administrative Code prohibits writing of group casualty (liability) insurance unless specifically authorized by statute. The Illinois Insurance Code does not specifically authorize the writing of group medical liability insurance.	N/A
<b>CANCELLATION &amp; NONRENEWAL PROVISION REQUIREMENTS</b>			
If rate/rule manuals contain language pertaining to cancellation or nonrenewal, must comply with all cancellation/nonrenewal laws.	See Medical Liability Forms Checklist for Specific Information about Illinois Cancellation & Nonrenewal Laws and Regulations,	If a rate or rule manual contains language pertaining to cancellation or nonrenewal of any medical liability insurance coverage, such provisions must comply with all cancellation and nonrenewal provisions of the Illinois Insurance Code, including but not limited to the following: 143.10, 143.16, 143.16a, 143.17a. See Medical Liability Forms Checklist for Specific Information about Illinois Cancellation & Nonrenewal Laws and Regulations,	Page 4 Also, see PRA-HCP-606 that was approved by Illinois Department of Insurance
<b>ACTUARIAL REVIEW REQUIREMENTS</b>			
Rates shall not be excessive, inadequate, or unfairly discriminatory.	<u>215 ILCS 5/155.18</u>	<p>In the making or use of rates pertaining to all classes of medical liability insurance, rates shall not be excessive, or inadequate, nor shall they be unfairly discriminatory.</p> <p>Rate and rule manual provisions should be defined and explained in a manner that allows the Division to ascertain whether the provision could be applied in an unfairly discriminatory manner. For example, if a rate/rule manual contains ranges of premiums or discounts, the provision must specify the criteria to determine the specific premium/discount an insured or applicant would receive.</p> <p>The Director may, by order, adjust a rate or take any other appropriate action at the conclusion of a public hearing.</p>	See Filing Memorandum and its Exhibits
<b>PRICING</b>			

Insurers shall consider certain information when developing medical liability rates.	<u>215 ILCS 5/155.18</u>	<p>Consideration shall be given, to the extent applicable, to past and prospective loss experience within and outside this State, to a reasonable margin for underwriting profit and contingencies, to past and prospective expenses both countrywide and those especially applicable to Illinois, and to all other factors, including judgment factors, deemed relevant within and outside Illinois.</p> <p>Consideration may also be given in the making and use of rates to dividends, savings or unabsorbed premium deposits allowed or returned by companies to their policyholders, members or subscribers.</p> <p>The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or group with respect to any kind of insurance, or with respect to any subdivision or combination thereof.</p>	See Filing Memorandum and its Exhibits
<b>Minimum Premium Rules</b>			
Insurers may group or classify risks for establishing rates and minimum premiums.	<u>215 ILCS 5/155.18</u>	Risks may be grouped by classifications for the establishment of rates and minimum premiums.	Page 4
<b>"A" RATED RISKS</b>			
<b>Individual Risk Rating</b>			
Risks may be rated on an individual basis as long as all provisions required in Section 155.18 are met.	<u>215 ILCS 5/155.18</u>	Classification rates may be modified to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses or expenses. Such classifications or modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations, and shall apply to all risks under the same or substantially the same circumstances or conditions. The rate for an established classification should be related generally to the anticipated loss and expense factors or the class.	Page 4
<b>RISK CLASSIFICATION</b>			
Risks may be grouped by classifications.	<u>215 ILCS 5/155.18</u>	Risks may be grouped by classifications for the establishment of rates and minimum premiums.	33, 46
Rating decisions based solely on domestic violence.	<u>215 ILCS 5/155.22b</u>	No insurer may that issues a property and casualty policy may use the fact that an applicant or insured incurred bodily injury as a result of a battery committed against him/her by a spouse or person in the same household as a sole reason for a rating decision.	N/A
Unfair methods of	<u>215 ILCS 5/424(3)</u>	It is an unfair method of competition or unfair and	

competition or unfair or deceptive acts or practices defined.		deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially the same hazard and expense element because of the race, color, religion, or national origin of such insurance risks or applicants.	Acknowledged
Procedure as to unfair methods of competition or unfair or deceptive acts or practices not defined.	<u>215 ILCS 5/429</u>	Outlines the procedures the Director follows when he has reason to believe that a company is engaging in unfair methods of competition or unfair or deceptive acts or practices.	Acknowledged
<b>Territorial Definitions</b>			
Rate/rule manuals must contain correct and adequate definitions of Illinois territories.	<u>215 ILCS 5/155.18</u>	When an insurer's rate/rule program includes differing territories within the State of Illinois, rate/rule manuals must contain correct and adequate definitions of those territories, and that all references to the territories or definitions are accurate, so the Division does not need to request additional information.	34-39 47-55 68
<b>ACTUARIAL SUPPORT INFORMATION REQUIRED</b>			
<b>ACTUARIAL CERTIFICATION</b>			
Actuarial certification must accompany all rate filings and all rule filings that affect rates.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u> <u>Actuarial Certification Form</u>	Every rate and/or rating rule filing must include a certification by an officer of the company and a qualified actuary that the company's rates and/or rules are based on sound actuarial principles and are not inconsistent with the company's experience.  Insurers may use their own form or may use the sample form created by the Division.	Included
<b>ACTUARIAL OR STATISTICAL INFORMATION</b>			
Director may request actuarial and statistical information.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	The Director may require the filing of statistical data and any other pertinent information necessary to determine the manner of promulgation and the acceptability or unacceptability of a filing for rules, minimum premiums, rates, forms or any combination thereof.  If the Director requests information or statistical data to determine the manner the insurer used to set the filed rates and/or to determine the reasonableness of those rates, as well as the manner of promulgation and the acceptability or unacceptability of a filing for rules, minimum premiums, or any combination thereof, the insurer shall provide such data or information within 14 calendar days of the Director's request.	Acknowledged
<b>Explanatory</b>			

<b>Memorandum</b>			
Insurers shall include actuarial explanatory memorandum with any rate filing, as well as any rule filing that affects the ultimate premium.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include actuarial explanatory memorandum with any rate filing, as well as any rule filing that affects the ultimate premium. The explanatory memorandum shall contain, at minimum, the following information: <ul style="list-style-type: none"> <li>• Explanation of ratemaking methodologies.</li> <li>• Explanations of specific changes included in the filing.</li> <li>• Narrative that will assist in understanding the filing.</li> </ul>	Included  See Filing Memorandum and its Exhibits
<b>Summary of Effects Exhibit</b>			
Insurers shall include an exhibit illustrating the effect of each change and calculation indicating how the final effect was derived.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include an exhibit illustrating the effect of each individual change being made in the filing (e.g. territorial base rates, classification factor changes, number of exposures affected by each change being made, etc.), and include a supporting calculation indicating how the final effect was derived.	Included  See Filing Memorandum and its Exhibits
<b>Actuarial Indication</b>			
Insurers shall include actuarial support justifying the overall changes being made.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include actuarial support justifying the overall changes being made, including but not limited to: <ul style="list-style-type: none"> <li>• Pure premiums (if used).</li> <li>• Earned premiums.</li> <li>• Incurred losses.</li> <li>• Loss development factors.</li> <li>• Trend factors.</li> <li>• On-Level factors.</li> <li>• Permissible loss ratios, etc.</li> </ul>	Included  See Filing Memorandum and its Exhibits
<b>Loss Development Factors and Analysis</b>			
Insurers shall include support for loss development factors and analysis.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include actuarial support for loss development factors and analysis, including but not limited to loss triangles and selected factors, as well as support for the selected factors.	See Filing Memorandum and its Exhibits
<b>Ultimate Loss Selections</b>			
Insurers shall include support for ultimate loss selections.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include support for ultimate loss selections, including an explanation of selected losses if results from various methods differ significantly.	See Filing Memorandum and its Exhibits
<b>Trend Factors and Analysis</b>			
Insurers shall include support for trend factors and analysis.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include support for trend factors and analysis, including loss and premium trend exhibits demonstrating the basis for the selections used.	See Filing Memorandum and its Exhibits
<b>On-Level Factors and</b>			

<b>Analysis</b>			
Insurers shall include support for on-level factors and analysis.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include support for on-level factors and analysis, including exhibits providing on-level factors and past rate changes included in calculations.	See Filing Memorandum and its Exhibits
<b>Loss Adjustment Expenses</b>			
Insurers shall include support for loss adjustment expenses.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include support for loss adjustment expenses, including exhibits providing documentation to support factors used for ALAE and ULAE. If ALAE is included in loss development analysis, no additional ALAE exhibit is required.	See Filing Memorandum and its Exhibits
<b>Expense Exhibit</b>			
Insurers shall include an expense exhibit.  Insurers may use expense provisions that differ from those of other companies or groups of companies.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include an exhibit indicating all expenses used in the calculation of the permissible loss ratio, including explanations and support for selections.  The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or group with respect to any kind of insurance, or with respect to any subdivision or combination thereof.	See Filing Memorandum and its Exhibits
<b>Investment Income Calculation</b>			
Insurers shall include an exhibit for investment income calculation.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include an exhibit demonstrating the calculation for the investment income factor used in the indication.	See Filing Memorandum and its Exhibits
<b>Profit and Contingencies Calculation</b>			
Insurers shall include an exhibit for profit and contingencies load.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include an exhibit illustrating the derivation of any profit and contingencies load.	See Filing Memorandum and its Exhibits
<b>Credibility Standard Used</b>			
Insurers shall include the number of claims being used to calculate the credibility factor.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers should include the number of claims being used to calculate the credibility factor. If another method of calculating credibility is utilized, insurers should include a description of the method used.	See Filing Memorandum and its Exhibits
<b>Other Actuarial Information Required</b>			
Insurers must include the information described in this section.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall also include the following information: <ul style="list-style-type: none"> <li>• All actuarial support/justification for all rates being changed, including but not limited to changes in: <ul style="list-style-type: none"> <li>○ Base rates;</li> <li>○ Territory definitions;</li> <li>○ Territory factor changes;</li> <li>○ Classification factor changes;</li> </ul> </li> </ul>	See Filing Memorandum and its Exhibits

		<ul style="list-style-type: none"> <li>○ Classification definition changes;</li> <li>○ Changes to schedule credits/debits, etc.</li> </ul> <ul style="list-style-type: none"> <li>• Exhibits containing current and proposed rates/factors for all rates and classification factors, etc. being changed.</li> <li>• Any exhibits necessary to support the filing that are not mentioned elsewhere in this checklist.</li> </ul>	
<b>Schedule Rating</b>			
Insurers must include the described information described at right.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers should include appropriate actuarial justification when filing schedule rating plans and/or changes to schedule rating plans.	Page 62

# **Manual Pages with Marked Revisions**

**PHYSICIANS' & SURGEONS' SPECIALTY CLASSIFICATIONS & CODES**

\*\*\*\*\*

**Industry Class Code**

<u>Specialty</u>	<u>No Surgery</u>	<u>Minor Surgery</u>	<u>All Other Surgery</u>
Family Practitioner or General Practitioner - Limited Obstetrics	-	-	80117(B)
Family Practitioner or General Practitioner – Significant Obstetrics	-	-	80117(C)
Family Practitioner or General Practitioner - No Obstetrics	80420	80421(A)* 80421(B)* 80421(C)*	80117(A) - -
Forensic/Legal Medicine	80240	-	-
Gastroenterology	80241	80274	-
General – N.O.C. <small>This classification does not apply to any family or general practitioners or specialists who occasionally perform surgery.</small>	-	-	80143
General Preventive Medicine	80231	-	-
Gynecology	80244	80277	80167
Hand	-	-	80169
Hematology	80245	80278	-
Hospitalist	-	<u>80222(A)</u> <u>80222(B)</u>	-
Intensive Care Medicine	-	80283	-
Internal Medicine	80257	80284	-
Nephrology	80260	80287	-
Neurology	80261	80288	80152
Obstetrics/Gynecology	-	-	80153
Occupational Medicine	80233	-	-
Oncology	80473	80286	-
Ophthalmology	80263	80289	80114
Orthopedic – No Spinal Surgery	-	-	80154(A)
Orthopedic – Including Spinal Surgery	-	-	80154(B)

\*refer to Classification and/or Rating Modifications & Procedures Section for further definition

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#### IV. CLAIMS FREE CREDIT PROGRAM

A physician will be considered claims free for purposes of this credit program if:

1. no loss payment has been made during the Evaluation Period, and
2. the total of allocated loss adjustment expense [ALAE] payments made during the Evaluation Period plus any Company established reserves for loss or ALAE does not exceed \$35,000.

Deleted: 25

Only claims reported during the Evaluation Period shall be included in measuring the payment and reserve criteria stated above. The Evaluation Period is based upon the physician's rating class as defined in the table below and shall end on the effective date of the policy period to be rated. The Evaluation Period shall begin no earlier than the time when the physician first begins the practice of medicine following formal training (residency or a continuous period of residency and fellowships). The Company will review the claims history of each insured or applicant for the purpose of evaluating the applicability of each claim based upon the facts and circumstances of specific claims. Reported incidents that do not involve a demand for damages by a third party will not be included in the evaluation.

Class	Evaluation Period
1 - 4	10 Yrs.
5 - 9	7 Yrs.
10 - 15	5 Yrs.

The claims free physician will receive a 3% credit for compliance with the minimum Claims Free Period and will earn an additional 1% credit for each continuous claims free year thereafter up to 15% in total. However, if the physician has been continuously insured by the Company for 10 or more years, the maximum allowable Claims Free Credit that can be earned will be increased to 20%.

Credits will be applied or removed at policy inception or renewal only. Inclusion of claims history with prior carriers is subject to presentation of information acceptable to the Company. The determination of claims to be included and payment or reserve amounts to be considered will be based upon information available at the time the policy is rated, typically 60 days prior to effective date.

Notwithstanding any other provisions of this section, no insured with 3 or more claims will be eligible for a claims free credit without management approval.

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Filing Memorandum  
Illinois

This memorandum and the attached exhibits summarize a proposed revision to the physicians and surgeons professional liability rates for ProNational Insurance Company (ProNational), in the state of Illinois. Rates are developed for annual claims-made policies to be issued during the 1/1/2007 - 12/31/2007 period. Proposed claims-made rates are shown in Exhibit 12. The overall impact of this filing is -6.0%.

The specialty plan and the territory plan were reviewed with this analysis, and certain changes were made. The details of these changes can be found in Exhibit 5 and Exhibit 6, respectively.

The rates for dental professional liability are being revised by the same base rate change as those for physicians and surgeons. See Exhibit 13 for details.

Exhibit 1 - Analysis of Illinois Rate Level

Shows the calculation to produce the proposed base rate by applying the class relativity, the territory relativity, the average increased limits factor, the average step factor, the unallocated loss adjustment expense load, the off-balance factor for discounts, the fixed expenses, and the variable expenses to the indicated pure premium from Exhibit 2.

Exhibit 2 - Indicated Pure Premium

Calculates the loss experience for ProNational for the state of Illinois and selects an indicated base class pure premium.

Exhibit 3 - Development of Ultimate Loss and ALAE

These exhibits show the loss development assumptions that underlie the projected pure premium in Exhibit 2. Loss and ALAE underlying the rate indications are valued as of June 30, 2006. Methods used are the development techniques on paid and reported losses and ALAE and Bornhuetter-Ferguson development techniques on paid and reported losses and ALAE.

Exhibit 4 - Adjustment of Premium From Collected to On-Level Basis

Adjusts collected earned premiums to an on-level premium (before premium credits/debits) basis at the current rate level.

Exhibit 5 - Changes to Class Plan

This exhibit shows the proposed changes to the class plan, and calculates an off-balance factor between the current class plan and the proposed class plan utilizing the ProNational Illinois distribution of insureds as of March 31, 2006.

The specialty class plan was analyzed using actual loss experience for ProNational in the state of Illinois. Certain changes are being proposed to the class plan as a result of this analysis. See Sheet 2 for details.

Exhibit 6 - Changes to Territory Plan

This exhibit shows the proposed changes to the territory plan, and calculates an off-balance factor between the current territory plan and the proposed territory plan utilizing the ProNational Illinois distribution of insureds as of March 31, 2006.

The territory plan was analyzed using actual loss experience for ProNational in the state of Illinois. Certain changes are being proposed to the plan as a result of this analysis. See Sheet 2 for details.

Exhibit 7 - Calculation of Fixed Expense Off-Balance Factor

This exhibit shows the current and proposed class and territory factors, and shows the calculated off-balance factor to account for the fixed expense provision in the rate calculation.

Exhibit 8 - Expense Provisions and Target Loss Ratio

Shows the selected expense provisions based on ProNational's financial information. The target loss and LAE is calculated by deducting from 1.00 the selected expense provisions, the provision for profit and contingencies death, disability and retirement reserves and a load for unallocated loss adjustment expenses (ULAE).

Exhibit 9 - Profit and Contingencies Load

Calculates a profit provision, net of investment income based on estimated earnings as a percent of earned premiums and the required return from insurance operations and surplus.

Exhibit 10 - Indicated ULAE Load - ProAssurance Group of Companies

Shows the calculation of the indicated load for unallocated loss adjustment expense, based on information from the 2001-2004 Insurance Expense Exhibits for the ProAssurance Group of Companies.

Exhibit 11 - Selection of Paramedical Employee Factors

This exhibit shows the selection of factors for paramedical employees based on certain physician specialties. The factors were selected based on the company standard.

Exhibit 12 - Physician and Surgeon Rate Tables

Rates are shown by class, territory and claims-made year for claims-made coverage at limits of \$1M/\$3M, \$500K/\$1.5M, and \$250K/\$750K. Also shown are factors used to calculate tail rates.

Exhibit 13 - Dentist Rate Tables

Rates are shown by class, territory and claims-made year for claims-made coverage at limits of \$1M/\$3M, \$500K/\$1.5M, and \$250K/\$750K. Also shown are factors used to calculate tail rates.

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Analysis of Illinois Rate Level  
\$1,000,000/\$3,000,000 Limits  
Illinois

(1)	Mature Base Class Pure Premium Effective 1/1/2008: [Exhibit 2]	23,439
(2)	Average Class Relativity: [Exhibit 5, Sheet 1]	1.385
(3)	Average Territory Relativity:	0.788
(4)	Average ILF:	0.989
(5)	Average Claims-Made Step Factor:	0.906
(6)	Unallocated Loss Adjustment Expense Loading Factor: [Exhibit 10]	1.090
(7)	Death, Disability, and Retirement Loading Factor:	1.050
(8)	Fixed Expense Provision:	910
(9)	Total Expense Loadings based on Results for ProNational in Illinois: [Exhibit 8]	0.197
(10)	Off-Balance for Premium Discount Programs:	15.0%
(11)	Off-Balance for Class Plan Change: [Exhibit 5]	0.997
(12)	Off-Balance for Territory Plan Change: [Exhibit 6]	0.990
(13)	Fixed Expense Off-Balance: [Exhibit 7]	0.999
(14)	Indicated Average Manual Rate:	39,886
(15)	Current Average Manual Rate:	42,431
(16)	Overall Indicated Rate Change: $[(14) / (15) - 1.0]$	-6.0%
(17)	Selected Overall Rate Change:	-6.0%

- Notes:
- (3) Based on current distribution of insureds and territory factors.
  - (4) Based on current distribution of insureds and increased limits factors.
  - (5) Based on current distribution of insureds and step factors.
  - (7) Based on historic experience for ProNational.
  - (8) The proposed fixed expense is equal to the fixed expense currently filed and approved in the state of Illinois, and is based on historic IEE's for ProNational and expense detail by state. See Exhibit 8.
  - (10) Judgmentally selected based on historical premium and discount information for the state of Illinois.
  - (14)  $[(1) \times (2) \times (3) \times (4) \times (5) \times (6) \times (11) \times (12) \times (13) + (8)] / [(1 - (9) - ((7) - 1.0)) \times (1 - (10))]$
  - (17) Judgmentally selected.

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Indicated Pure Premium  
Claims-Made  
Illinois

Year	Selected Ultimate \$200,000 Limits Loss & ALAE [Exhibit 3, Sheet 1]	Factor from \$200,000 to Total Limits [Exhibit 3, Sheet 5a]	Trend to 1/1/2008 Level	Ultimate Total Limits Loss & ALAE at 1/1/2008 Level (2)x(3)x(4)	Factor from Total Limits to \$1M/\$3M Limits	Base Limit, Base Class, Terr, Maturity Exposures	\$1M/\$3M Limits 1/1/2008 Pure Premium [(5)x(6)]/(7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1998	10,105,906	1.490	1.663	25,048,248	1.075	1,251	21,524
1999	12,001,118	1.898	1.576	35,911,574	1.017	1,502	24,316
2000	12,487,958	1.612	1.494	30,070,393	1.016	1,329	22,988
2001	10,555,411	1.403	1.416	20,966,868	1.010	1,330	15,922
2002	7,251,891	1.519	1.342	14,790,066	1.009	1,015	14,703
2003	8,916,995	1.537	1.272	17,438,613	1.010	729	24,160
2004	7,184,001	1.657	1.206	14,354,228	1.007	668	21,639
2005	7,117,223	1.902	1.143	15,474,286	1.010	666	23,467
Total	<u>75,620,503</u>			<u>174,054,277</u>		<u>8,490</u>	<u>20,501</u>

(9)	Indicated Pure Premium	
	(a) All Year Weighted Average	20,501
	(b) All Year Simple Average, Excluding Maximum and Minimum	21,617
	(c) 1998-2005 Linear Forecast, using Untrended Losses	21,321
	(d) 2001-2005 Linear Forecast, using Untrended Losses	28,709
(10)	Selected Pure Premium:	23,037
(11)	Credibility Factor	81.0%
(12)	Current Base Class, Base Territory Pure Premium at \$1M/\$3M Limits, Trended to 1/1/2008 Level:	25,152
(13)	Indicated Base Class, Base Territory Pure Premium at 1/1/2008 Level: [(10) x (11)] + [(12) x {1.0 - (11)}]	23,439

- Notes: (4) Assumes a 5.5% trend rate, based on circular AS-PR-2006-007 from the Insurance Services Office (ISO), used with their permission.
- (11) Assumes a full credibility standard of 700 claims. ProNational counts exclude claims closed with no payment.  
= Square Root [Reported Counts for 2001-2005 divided by 700].  
= Square Root [459 / 700].

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Selection of Ultimate Losses at \$200,000 Limits

Illinois

Report Year (1)	Bornhuetter-Ferguson Methods		Development Methods			Initial Expected Ultimate Loss&ALAE (7)	Selected Ultimate Loss&ALAE (8)
	Paid (2)	Reported (3)	Paid Loss & ALAE (4)	Reported Loss & ALAE Separately (5)	Reported Loss & ALAE Combined (6)		
1998	9,911,885	10,099,049	9,890,396	10,139,666	10,093,945	10,284,983	10,105,906
1999	11,010,439	12,214,213	10,867,978	12,357,319	12,209,326	12,214,295	12,001,118
2000	10,846,280	13,011,527	10,676,603	13,689,078	13,050,185	11,842,720	12,487,958
2001	7,900,205	11,056,292	7,088,197	11,707,666	11,050,459	11,062,433	10,555,411
2002	5,813,735	7,486,494	4,960,677	8,124,593	7,494,728	7,339,907	7,251,891
2003	7,748,883	8,867,700	5,921,788	10,139,705	8,859,463	8,969,222	8,916,995
2004	7,907,310	6,541,724	4,861,276	6,898,902	5,886,939	8,685,130	7,184,001
2005	8,082,620	6,771,057	5,339,452	6,833,803	5,588,222	8,310,412	7,117,223
2006	4,298,345	3,971,899	447,302	3,208,809	2,871,632	4,313,909	3,732,919
<b>Total</b>	<b>73,519,702</b>	<b>80,019,956</b>	<b>60,053,669</b>	<b>83,099,541</b>	<b>77,104,899</b>	<b>83,023,012</b>	<b>79,353,422</b>
<b>Excl. 2006</b>	<b>69,221,357</b>	<b>76,048,057</b>	<b>59,606,967</b>	<b>79,890,732</b>	<b>74,233,268</b>	<b>78,709,103</b>	<b>75,620,503</b>

- Notes:  
(2) From Sheet 2b.  
(3) From Sheet 2a.  
(4), (6) From Sheet 3a.  
(5) From Sheet 3b.  
(7) Column (2) times Column (4) from Sheet 2a.

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Bornhuetter-Ferguson Projection Method - Reported Basis

Illinois

\$200,000 Limits

Report Year	Initial Expected Loss & ALAE Ratio (1)	(2)	Total Limits Policy Earned Premium Collected (3)	\$200K Limits Policy Earned Premium Collected (4)	Expected Percent Reported @06/30/06 (5)	Expected Unreported Loss&ALAE @06/30/06 (6)	Actual Reported Loss&ALAE @06/30/06 (7)	Indicated Ultimate Loss&ALAE (6)+(7) (8)
1998	0.969		15,819,165	10,614,017	98.5%	154,275	9,944,774	10,099,049
1999	1.263		18,358,275	9,670,859	98.0%	244,286	11,969,927	12,214,213
2000	1.138		16,771,173	10,406,608	96.6%	402,652	12,608,875	13,011,527
2001	0.945		16,418,606	11,706,279	95.1%	542,059	10,514,233	11,056,292
2002	0.678		16,447,169	10,825,822	92.9%	521,133	6,965,361	7,486,494
2003	0.685		20,124,336	13,093,754	89.8%	914,861	7,952,839	8,867,700
2004	0.654		22,000,291	13,280,016	76.5%	2,041,006	4,500,718	6,541,724
2005	0.664		23,802,544	12,515,680	56.6%	3,606,719	3,164,338	6,771,057
2006	0.749		11,482,832	5,759,558	23.8%	3,287,199	684,700	3,971,899
<b>Total</b>			<b>161,224,391</b>	<b>97,872,594</b>		<b>11,714,190</b>	<b>68,305,766</b>	<b>80,019,956</b>

(2) Values underlying 1/1/2006 filed and approved rate analysis.

(3) From Exhibit 4.

(4) = (3) / [Item (7), Sheet 5a]

(5) = 1.00 / [Item (3), Sheet 3a]

(6) = [(2) x (4)] x [1.00 - (5)]

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Bornhuetter-Ferguson Projection Method - Paid Basis

Illinois

Report Year	Initial Expected Loss & ALAE Ratio (2)	Total Limits Policy Earned Premium Collected (3)	\$200K Limits Policy Earned Premium Collected (4)	Expected Percent Paid @06/30/06 (5)	Expected Unpaid Loss&ALAE @06/30/06 (6)	Actual Paid Loss&ALAE @06/30/06 (7)	Indicated Ultimate Loss&ALAE (6)+(7) (8)
1998	0.969	15,819,165	10,614,017	93.5%	668,524	9,243,361	9,911,885
1999	1.263	18,358,275	9,670,859	89.8%	1,245,858	9,764,581	11,010,439
2000	1.138	16,771,173	10,406,608	85.6%	1,705,352	9,140,928	10,846,280
2001	0.945	16,418,606	11,706,279	79.6%	2,256,736	5,643,469	7,900,205
2002	0.678	16,447,169	10,825,822	64.2%	2,627,687	3,186,048	5,813,735
2003	0.685	20,124,336	13,093,754	40.1%	5,372,564	2,376,319	7,748,883
2004	0.654	22,000,291	13,280,016	20.3%	6,922,049	985,261	7,907,310
2005	0.664	23,802,544	12,515,680	7.6%	7,678,820	403,800	8,082,620
2006	0.749	11,482,832	5,759,558	0.4%	4,296,654	1,691	4,298,345
<b>Total</b>		<b>161,224,391</b>	<b>97,872,594</b>		<b>32,774,244</b>	<b>40,745,458</b>	<b>73,519,702</b>

(2) Values underlying 1/1/2006 filed and approved rate analysis.

(4) = (3) / [Item (7), Sheet 5a]

(5) = 1.00 / [Item (3), Sheet 3a]

(6) = [(2) x (4)] x [1.00 - (5)]

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability

Illinois

\$200,000 Limits

**Incurred Indemnity and ALAE Projection Method - Combined**

Report Year (1)	Incurred Loss&ALAE @06/30/06 (2)	Factor to Ultimate [Sheet 4a] (3)	Ultimate Loss and ALAE (2)x(3) (4)
1998	9,944,774	1.015	10,093,945
1999	11,969,927	1.020	12,209,326
2000	12,608,875	1.035	13,050,185
2001	10,514,233	1.051	11,050,459
2002	6,965,361	1.076	7,494,728
2003	7,952,839	1.114	8,859,463
2004	4,500,718	1.308	5,886,939
2005	3,164,338	1.766	5,588,222
2006	684,700	4.194	2,871,632
Total	<u>68,305,766</u>		<u>77,104,899</u>

**Paid Indemnity and ALAE Projection Method - Combined**

Report Year (1)	Paid Loss&ALAE @06/30/06 (2)	Factor to Ultimate [Sheet 4b] (3)	Ultimate Loss and ALAE (2)x(3) (4)
1998	9,243,361	1.070	9,890,396
1999	9,764,581	1.113	10,867,978
2000	9,140,928	1.168	10,676,603
2001	5,643,469	1.256	7,088,197
2002	3,186,048	1.557	4,960,677
2003	2,376,319	2.492	5,921,788
2004	985,261	4.934	4,861,276
2005	403,800	13.223	5,339,452
2006	1,691	264.458	447,302
Total	<u>40,745,458</u>		<u>60,053,669</u>

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Incurred Indemnity and Incurred ALAE Projection Methods - Separately

Illinois

\$200,000 Limits

Report Year (1)	Incurred Loss @06/30/06 (2)	Factor to Ultimate [Sheet 3c] (3)	Ultimate Loss (2)x(3) (4)	Incurred ALAE @06/30/06 (5)	Factor to Ultimate [Sheet 3d] (6)	Ultimate ALAE (5)x(6) (7)	Ultimate Loss&ALAE [(4)+(7)] (8)
1998	5,372,745	1.015	5,453,336	4,572,029	1.025	4,686,330	10,139,666
1999	6,277,890	1.020	6,403,448	5,692,037	1.046	5,953,871	12,357,319
2000	6,227,633	1.030	6,414,462	6,381,242	1.140	7,274,616	13,689,078
2001	5,328,500	1.005	5,355,143	5,185,733	1.225	6,352,523	11,707,666
2002	3,520,000	0.929	3,270,080	3,445,361	1.409	4,854,513	8,124,593
2003	4,496,000	0.869	3,907,024	3,456,839	1.803	6,232,681	10,139,705
2004	2,828,744	0.921	2,605,274	1,671,973	2.568	4,293,628	6,898,902
2005	2,159,200	1.133	2,446,374	1,005,138	4.365	4,387,429	6,833,803
2006	500,100	2.549	1,274,755	184,600	10.477	1,934,054	3,208,809
<b>Total</b>	<b>36,710,812</b>		<b>37,129,896</b>	<b>31,594,953</b>		<b>45,969,645</b>	<b>83,099,541</b>



**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Development of Ultimate Loss and ALAE  
Illinois

Claims-Made Basis

Report Year	Incurred ALAE									
	6	18	30	42	54	66	78	90	102	
1998	449,643	1,487,173	2,204,937	2,826,174	3,582,224	3,845,433	4,028,448	4,437,191	4,572,029	
1999	1,055,800	2,161,029	2,866,990	3,827,508	4,600,528	4,866,292	5,207,907	5,692,037		
2000	691,399	1,674,209	2,447,130	3,224,468	4,325,881	5,258,899	6,381,242			
2001	630,322	1,616,451	2,143,337	3,097,006	3,849,085	5,185,733				
2002	297,000	944,375	1,607,812	2,381,299	3,445,361					
2003	589,700	1,079,264	1,903,969	3,456,839						
2004	368,200	790,135	1,671,973							
2005	295,600	1,005,138								
2006	184,600									
Report Year	Development Factor to Ultimate									
	6-18	18-30	30-42	42-54	54-66	66-78	78-90	90-Ult.		
1998	3.307	1.483	1.282	1.268	1.073	1.048	1.101	1.030		
1999	2.047	1.327	1.335	1.202	1.058	1.070	1.093			
2000	2.421	1.462	1.318	1.342	1.216	1.213				
2001	2.564	1.326	1.445	1.243	1.347					
2002	3.180	1.703	1.481	1.447						
2003	1.830	1.764	1.816							
2004	2.146	2.116								
2005	3.400									
Wtd Avg	2.457	1.522	1.428	1.290	1.171	1.118	1.097	1.030		
Wtd Avg - 3	2.293	1.842	1.580	1.335	1.198	1.118				
Wtd Avg - 5	2.492	1.601	1.457	1.290						
Prior Sel	2.350	1.525	1.370	1.260	1.115	1.050	1.075	1.025		
Selected	2.400	1.700	1.425	1.280	1.150	1.075	1.090	1.020	1.025	
Ultimate	10.477	4.365	2.568	1.803	1.409	1.225	1.140	1.046	1.025	

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Development of Ultimate Loss and ALAE  
Illinois

Claims-Made Basis

Report Year	\$200,000 Limits Reported Loss and ALAE by Month of Development									
	6	18	30	42	54	66	78	90	102	
1998	2,386,143	6,727,018	8,200,782	9,478,919	10,019,969	10,008,178	9,401,193	9,949,936	9,944,774	
1999	4,435,800	9,074,429	10,820,890	11,592,408	12,238,418	11,819,182	11,930,797	11,969,927		
2000	2,957,899	7,757,209	9,209,630	11,321,968	10,877,513	11,466,532	12,608,875			
2001	2,880,322	6,461,451	8,963,337	9,772,506	9,857,585	10,514,233				
2002	1,346,000	4,228,375	5,544,812	6,156,299	6,965,361					
2003	2,541,700	3,728,764	5,255,969	7,952,839						
2004	1,209,700	2,898,879	4,500,718							
2005	1,302,900	3,164,338								
2006	684,700									
Report Year	6-18	18-30	30-42	42-54	54-66	66-78	78-90	90-Ult.		
1998	2.819	1.219	1.156	1.057	0.999	0.939	1.058	0.999		
1999	2.046	1.192	1.071	1.056	0.966	1.009	1.003			
2000	2.623	1.187	1.229	0.961	1.054	1.100				
2001	2.243	1.387	1.090	1.009	1.067					
2002	3.141	1.311	1.110	1.131						
2003	1.467	1.410	1.513							
2004	2.396	1.553								
2005	2.429									
Wtd Avg	2.311	1.284	1.173	1.034	1.019	1.019	1.028	0.999		
Wtd Avg - 3	1.937	1.409	1.208	1.017	1.025	1.019				
Wtd Avg - 5	2.207	1.335	1.176	1.034						
Prior Sel	2.350	1.300	1.125	1.015	1.005	1.005	1.015	1.025		
Selected	2.375	1.350	1.175	1.035	1.024	1.015	1.015	1.005	1.015	
Ultimate	4.194	1.766	1.308	1.114	1.076	1.051	1.035	1.020	1.015	

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Development of Ultimate Loss and ALAE  
Illinois

Claims-Made Basis

Report Year	\$200,000 Limits Paid Loss and ALAE by Month of Development									
	6	18	30	42	54	66	78	90	102	
1998	13,823	765,774	1,870,481	4,601,283	6,887,508	8,201,225	8,470,160	8,893,963	9,243,361	
1999	45,694	1,309,170	2,375,087	4,795,284	7,571,855	8,807,880	9,275,304	9,764,581		
2000	22,091	681,572	2,135,075	3,710,993	6,281,970	7,808,998	9,140,928			
2001	14,716	466,162	1,575,552	2,473,521	3,819,374	5,643,469				
2002	10,118	327,479	846,045	1,829,662	3,186,048					
2003	45,200	439,069	1,153,101	2,376,319						
2004	23,474	348,600	986,261							
2005	10,523	403,800								
2006	1,691									
Report Year	Development Factor to Ultimate									
	6-18	18-30	30-42	42-54	54-66	66-78	78-90	90-Ult.		
1998	55.397	2.443	2.460	1.497	1.191	1.033	1.050	1.039		
1999	28.651	1.814	2.019	1.579	1.163	1.053	1.053			
2000	30.853	3.133	1.738	1.693	1.243	1.171				
2001	31.678	3.380	1.570	1.544	1.478					
2002	32.367	2.584	2.163	1.741						
2003	9.714	2.626	2.061							
2004	14.851	2.826								
2005	38.372									
Wtd Avg	25.542	2.522	1.988	1.594	1.240	1.083	1.051	1.039		
Wtd Avg - 3	15.044	2.676	1.869	1.658	1.260	1.083				
Wtd Avg - 5	19.082	2.959	1.878	1.594						
Prior Sel	20.000	2.650	1.975	1.575	1.195	1.045	1.040	1.100		
Selected	20.000	2.680	1.980	1.600	1.240	1.075	1.050	1.040	1.070	
Ultimate	264.458	13.223	4.934	2.492	1.557	1.256	1.168	1.113	1.070	

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Selection of Increased Limits Factors  
From \$200,000 to Total Limits  
Illinois

Report Year (1)	Initial Selected Increased Limit Factor (2)	Reported Method				Indicated Ultimate ILF (4)+(5) (6)	Selected Ultimate ILF (7)
		Expected Percent ILF Reported Year (3)	Expected Unreported ILF Year (4)	Actual Reported ILF Year (5)			
1998	1.850	100.0%	0.000	1.503	1.503	1.490	
1999	1.795	100.0%	0.000	1.941	1.941	1.898	
2000	1.811	100.3%	(0.005)	1.650	1.645	1.612	
2001	1.865	103.4%	(0.063)	1.543	1.480	1.403	
2002	1.866	99.5%	0.009	1.595	1.604	1.519	
2003	1.879	92.1%	0.148	1.421	1.569	1.537	
2004	2.135	81.1%	0.404	1.211	1.615	1.657	
2005	2.120	69.6%	0.644	1.253	1.897	1.902	
2006	2.120	63.3%	0.778	1.000	1.778	1.994	

Report Year (1)	Initial Selected Increased Limit Factor (2)	Paid Method				Indicated Ultimate ILF (4)+(5) (6)	Selected Ultimate ILF (7)
		Expected Percent ILF Paid Year (3)	Expected Unpaid ILF Year (4)	Actual Paid ILF Year (5)			
1998	1.850	99.5%	0.009	1.444	1.453	1.490	
1999	1.795	99.0%	0.018	1.754	1.772	1.898	
2000	1.811	98.5%	0.027	1.486	1.513	1.612	
2001	1.865	100.5%	(0.009)	1.179	1.170	1.403	
2002	1.866	95.8%	0.078	1.187	1.265	1.519	
2003	1.879	85.8%	0.267	1.021	1.288	1.537	
2004	2.135	85.8%	0.303	1.000	1.303	1.657	
2005	2.120	84.2%	0.335	1.000	1.335	1.902	
2006	2.120	78.2%	0.462	1.000	1.462	1.994	

Notes:  
(2) Values taken from increased limit factor filings from the Insurance Services Office (ISO), with their permission.  
(3) = 1.0 / selected factor to ultimate for reported and paid from Sheet 5c, and Sheet 5d, respectively.  
(4) = (2) x [1.0-(3)].  
(5) Actual experience for ProNational.

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Development of Increased Limits Factor  
From \$200,000 Limits to Total Policy Limits  
Illinois

Report Year (1)	Reported		Ultimate		Paid		Ultimate	
	Ratio @06/30/06 (2)	Factor to Ultimate [Sheet 5c] (3)	Ratio (2)x(3) (4)	Ratio @06/30/06 (5)	Factor to Ultimate [Sheet 5d] (6)	Ratio (5)x(6) (7)	Ratio (5)x(6) (7)	Ratio (5)x(6) (7)
1998	1.503	1.000	1.505	1.444	1.005	1.450	1.450	1.450
1999	1.941	1.000	1.940	1.754	1.010	1.770	1.770	1.770
2000	1.650	0.997	1.645	1.486	1.015	1.510	1.510	1.510
2001	1.543	0.967	1.490	1.179	0.995	1.175	1.175	1.175
2002	1.595	1.005	1.605	1.187	1.044	1.240	1.240	1.240
2003	1.421	1.086	1.545	1.021	1.165	1.190	1.190	1.190
2004	1.211	1.233	1.495	1.000	1.165	1.165	1.165	1.165
2005	1.253	1.436	1.800	1.000	1.188	1.190	1.190	1.190
2006	1.000	1.580	1.580	1.000	1.278	1.280	1.280	1.280



**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Development of Increased Limits Factors

Illinois  
Factor from \$200,000 Limits to Total Policy Limits - Paid Loss and ALAE Basis  
Claims-Made Basis

Report Year	6	18	30	42	54	66	78	90	102
1998	1.000	1.000	1.401	1.349	1.429	1.464	1.449	1.461	1.444
1999	1.000	2.012	1.684	1.451	1.866	1.835	1.793	1.754	
2000	1.000	1.323	1.466	1.362	1.484	1.569	1.486		
2001	1.000	1.000	1.000	1.000	1.000	1.179			
2002	1.000	1.000	1.000	1.000	1.187				
2003	1.000	1.000	1.000	1.021					
2004	1.000	1.000	1.000						
2005	1.000	1.000							
2006	1.000								
Report Year	Development Factor to Ultimate								
	6-18	18-30	30-42	42-54	54-66	66-78	78-90	90-Ult.	
1998	1.000	1.401	0.963	1.059	1.024	0.990	1.009	0.988	
1999	2.012	0.837	0.862	1.286	0.984	0.977	0.978		
2000	1.323	1.108	0.929	1.089	1.057	0.947			
2001	1.000	1.000	1.000	1.000	1.179				
2002	1.000	1.000	1.000	1.187					
2003	1.000	1.000	1.021						
2004	1.000	1.000							
2005	1.000								
Wtd Avg	1.167	1.026	0.951	1.130	1.046	0.971	0.992	0.988	
Wtd Avg - 3	1.000	1.000	1.007	1.092	1.054	0.971			
Wtd Avg - 5	1.000	1.027	0.949	1.130					
Prior Sel	1.111	1.029	0.958	1.107	1.022	0.963	1.009	1.015	
Selected	1.075	1.020	1.000	1.115	1.050	0.980	1.005	1.005	1.005
Ultimate	1.278	1.188	1.165	1.165	1.044	0.995	1.015	1.010	1.005

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Adjustment of Premium From Collected to On-Level Basis  
Illinois  
Premiums as of 6/30/2006

<u>Year</u> (1)	<u>Earned Premium</u> (2)	<u>Average Credits</u> (3)	<u>Adjustment to Current Rate Level</u> (4)	<u>Estimated On-Level Earned Premium [(2)/(3)]x(4)</u> (5)
1998	15,819,165	0.742	2.481	52,893,999
1999	18,358,275	0.745	2.481	61,136,753
2000	16,771,173	0.765	2.368	51,913,906
2001	16,418,606	0.794	2.153	44,520,477
2002	16,447,169	0.849	1.897	36,749,446
2003	20,124,336	0.851	1.543	36,488,661
2004	22,000,291	0.785	1.212	33,967,329
2005	23,802,544	0.757	1.040	32,696,564
2006	<u>11,482,832</u>	0.749	0.999	<u>15,324,442</u>
Total	<u>161,224,391</u>			<u>365,691,577</u>

**Notes:** (2),(3) Reflects ProNational's historical experience for the state of Illinois.  
(2) Excludes excess premium and tail premium.  
(4) Exhibit 4, Sheet 2.

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Development of Current Rate Level Factors

Illinois

<u>Date</u> (1)	<u>Rate Change</u> (2)	<u>Cumulative Rate Level Adjustment</u> (3)
7/1/1996	Base	1.000
1/1/2000	10.0%	0.909
1/1/2001	10.0%	0.826
1/1/2002	17.5%	0.703
1/1/2003	30.0%	0.541
1/1/2004	24.0%	0.436
1/1/2005	8.6%	0.402
1/1/2006	-0.2%	0.403

<u>Calendar Year</u> (4)	<u>Current Rate Level Factor</u> (5)		
1998	$[(1.000 \times 1.000) / 0.403]$	=	2.481
1999	$[(1.000 \times 1.000) / 0.403]$	=	2.481
2000	$[(0.500 \times 1.000) + (0.500 \times 0.909) / 0.403]$	=	2.368
2001	$[(0.500 \times 0.909) + (0.500 \times 0.826) / 0.403]$	=	2.153
2002	$[(0.500 \times 0.826) + (0.500 \times 0.703) / 0.403]$	=	1.897
2003	$[(0.500 \times 0.703) + (0.500 \times 0.541) / 0.403]$	=	1.543
2004	$[(0.500 \times 0.541) + (0.500 \times 0.436) / 0.403]$	=	1.212
2005	$[(0.500 \times 0.436) + (0.500 \times 0.402) / 0.403]$	=	1.040
2006	$[(0.500 \times 0.402) + (0.500 \times 0.403) / 0.403]$	=	0.999

Notes: (5) Current rate level factors on an earned basis are calculated by multiplying the factors in item (3) by the proportion of premium written in each policy period.

ProNational Insurance Company

Physicians and Surgeons Professional Liability  
Calculation of Class Plan Off-Balance Factor

Illinois

Current Class (1)	ProNational Exposure Distribution (2)	Current Relativity (3)	Proposed Class (4)	ProNational Exposure Distribution (5)	Proposed Relativity (6)
1	3.78%	0.530	1	3.49%	0.500
2	23.28%	0.750	2	18.63%	0.750
3	38.56%	1.000	3	36.67%	1.000
4	1.02%	1.180	4	13.10%	1.250
5	5.24%	1.300	5	8.88%	1.500
6	7.42%	1.540	6	5.82%	1.800
7	1.75%	1.820	7	1.46%	2.000
8	5.82%	1.930	8	0.15%	2.410
9	1.19%	2.410	9	7.28%	3.000
10	7.42%	3.000	10	0.15%	3.500
11	0.15%	3.500	11	0.44%	4.000
12	0.00%	4.000	12	3.49%	4.500
13	3.93%	4.500	13	0.00%	5.000
14	0.00%	5.000	14	0.44%	6.500
15	0.44%	6.580	15	0.00%	7.000
Total/Avg.	100.00%	1.381	Total/Avg.	100.00%	1.385

(7) Off Balance Factor: [Total of (3) / Total of (6)] 0.997

Notes: (2),(5) Distribution of ProNational Illinois physicians as of 3/31/2006.  
(6) See Sheet 2 for details of the changes.

ProNational Insurance Company

Physicians and Surgeons Professional Liability  
Changes to Class Plan

Illinois

Below are the changes that are being made to the specialty class plan with this filing.

Code (1)	Description (2)	Experience Indicated Relativity (3)	ISMIE Charged Relativity (4)	ISO Charged Relativity (5)	Model Class Relativity (6)	Current		Proposed		Change (11)	Inforce at 3/31/2006 (12)
						Class (7)	Relativity (8)	Class (9)	Relativity (10)		
80102(A)	Emergency Medicine - Moonlighting - no surgery	N/A	1.937	2,500	0,500	1	0.53	1	0.50	-5.7%	0
80102(C)	Emergency Medicine -- clinic/hosp. primarily	0.441	2,158	2,500	2,500	9	2.41	7	2.00	-17.0%	8
80114	Ophthalmology -- major surgery	1.324	1,055	1,500	1,250	4	1.18	4	1.25	5.9%	7
80115	Colon and rectal -- major surgery	0.031	1.937	2,500	2,500	7	1.82	6	1.80	-1.1%	1
80117(A)	Family/General Practice, No OB -- major surgery	0.883	1.937	3,000	2,500	9	2.41	7	2.00	-17.0%	0
80117(B)	Family/General Practice, Limited OB -- major surgery	0.005	1.937	3,000	3,000	10	3.00	8	2.41	-19.7%	1
80117(C)	Family/General Practice, Significant OB -- major surgery	N/A	1.937	3,000	3,500	11	3.50	9	3.00	-14.3%	0
80143	General N.O.C. -- major surgery	1.141	3,040	4,000	3,500	10	3.00	9	3.00	---	35
80144	Thoracic -- major surgery	1.741	4,253	4,500	4,500	13	4.50	12	4.50	---	1
80145(B)	Urology -- minor surgery	N/A	1.441	2,500	1,250	4	1.18	4	1.25	5.9%	0
80145(C)	Urology -- major surgery	0.791	1,662	2,500	1,800	6	1.54	5	1.50	-2.6%	17
80146	Vascular -- major surgery	0.537	4,253	4,500	4,000	11	3.50	10	3.50	---	1
80150	Cardiovascular Disease -- major surgery	0.958	4,253	4,500	4,500	11	3.50	10	3.50	---	0
80152	Neurology -- major surgery	0.562	7,231	6,500	7,000	15	6.58	14	6.50	-1.2%	3
80153	Obstetrics/Gynecology -- major surgery	0.787	4,253	5,000	5,000	13	4.50	12	4.50	---	23
80154(A)	Orthopedic (No Spines) -- major surgery	0.940	3,812	4,500	3,500	10	3.00	9	3.00	---	10
80154(B)	Orthopedic (Spines) -- major surgery	1.244	4,584	4,500	4,000	13	4.50	11	4.00	-11.1%	3
80155	Plastic -- otorhinolaryngology -- major surgery	1.504	3,261	3,500	3,000	10	3.00	9	3.00	---	0
80156	Plastic N.O.C. -- major surgery	0.016	3,261	4,000	3,500	10	3.00	9	3.00	---	5
80159	Otorhinolaryngology (no plastic) -- major surgery	1.141	1,937	2,500	2,000	8	1.93	6	1.80	-6.7%	9
80167	Gynecology -- major surgery	0.640	2,158	3,500	2,500	8	1.93	6	1.80	-6.7%	7
80169	Hand -- major surgery	N/A	2,158	4,000	3,000	10	3.00	9	3.00	---	0
80171	Traumatic -- major surgery	N/A	N/A	4,000	4,500	12	4.00	11	4.00	---	0
80178	Administrative Medicine	N/A	N/A	N/A	0,500	1	0.53	1	0.50	-5.7%	0
80179	Semi-Retired Physicians	N/A	N/A	N/A	1,000	1	0.53	1	0.50	-5.7%	0
80222(A)	Hospitalist - Hosp. Employed/ Sngl. Hosp. Affill.	N/A	N/A	1,750	1,000	N/A	N/A	3	1.00	---	0
80222(B)	Hospitalist - Non-Hosp. Employed/Mult. Hosp. Affill.	N/A	N/A	1,750	1,250	N/A	N/A	4	1.25	---	0
80231	General Preventive Medicine -- no surgery	N/A	0,559	0,750	1,000	1	0.53	1	0.50	-5.7%	0
80235	Physical Medicine and Rehabilitation	N/A	0,559	0,750	1,000	1	0.53	1	0,50	-5.7%	8
80236	Public Health	N/A	0,559	0,750	0,750	1	0,53	1	0,50	-5.7%	0
80240	Forensic/Legal Medicine	N/A	0,559	0,600	0,500	1	0,53	1	0,50	-5.7%	1
80241	Gastroenterology -- no surgery	2,256	1,441	1,000	1,000	3	1,00	4	1,25	25.0%	7
80246	Infectious Diseases -- no surgery	N/A	1,055	1,000	N/A	5	1,30	4	1,25	-3.8%	6
80253	Radiology -- diagnostic -- no surgery	2,155	1,276	1,000	1,250	5	1,30	4	1,25	-3.8%	21
80254	Allergy	0,003	0,559	0,600	0,500	1	0,53	1	0,50	-5.7%	3
80256(A)	Dermatology -- no surgery	0,047	0,669	0,750	0,500	1	0,53	1	0,50	-5.7%	11
80261	Neurology -- no surgery	1,431	1,441	1,500	1,500	3	1,00	4	1,25	25.0%	40
80263	Ophthalmology -- no surgery	0,923	0,669	0,600	0,750	1	0,53	2	0,75	41.5%	2
80265	Otorhinolaryngology -- no surgery	N/A	0,559	0,750	1,000	1	0,53	1	0,50	-5.7%	1
80266	Pathology	1,184	0,669	1,000	1,000	2	0,75	3	1,00	33.3%	34
80269	Pulmonary Diseases -- no surgery	2,315	1,276	1,000	1,250	5	1,30	4	1,25	-3.8%	9
80274	Gastroenterology -- minor surgery	0,014	1,441	1,500	1,500	6	1,54	5	1,50	-2.6%	9
80277	Gynecology -- minor surgery	9,140	1,937	1,250	1,500	6	1,54	6	1,80	16.9%	0
80278	Hematology -- minor surgery	7,041	1,000	1,250	1,500	6	1,54	5	1,50	-2.6%	0
80280	Radiology -- diagnostic -- minor surgery	0,688	1,441	1,500	1,800	6	1,54	5	1,50	-2.6%	4
80281(A)	Cardiovascular Dis. -- mnr surg	1,761	1,441	1,750	1,500	8	1,93	6	1,80	-6.7%	22
80281(B)	Cardiovascular Dis. -- mnr surg, spec. proc.	N/A	1,441	1,750	2,000	8	1,93	7	2,00	3.6%	0
80283	Intensive Care Medicine	N/A	N/A	1,750	1,500	7	1,82	5	1,50	-17.6%	10
80284	Internal Medicine -- minor surgery	0,238	1,441	1,500	1,500	6	1,54	5	1,50	-2.6%	1
80286	Oncology -- minor surgery	N/A	1,055	1,250	1,500	6	1,54	5	1,50	-2.6%	0
80287	Nephrology -- minor surgery	N/A	1,276	1,250	1,500	6	1,54	5	1,50	-2.6%	0
80288	Neurology -- minor surgery	0,259	1,441	2,500	1,500	6	1,54	5	1,50	-2.6%	2
80291	Otorhinolaryngology -- minor surgery	N/A	1,441	1,000	1,500	6	1,54	5	1,50	-2.6%	0
80293	Pediatrics -- minor surgery	N/A	1,441	1,500	1,500	6	1,54	5	1,50	-2.6%	6
80294	Physicians N.O.C. -- minor surgery	0,119	N/A	1,000	1,500	6	1,54	5	1,50	-2.6%	6
80360	Interventional Radiology	N/A	1,055	1,500	1,800	6	1,54	5	1,50	-2.6%	0
80421(A)	FP or GP -- assist in maj surg - own patients only (no minor)	N/A	1,000	1,500	1,250	5	1,30	4	1,25	-3.8%	0
80421(B)	FP or GP -- assist in maj surg - own pts	1,094	1,937	1,500	1,500	6	1,54	5	1,50	-2.6%	5
80421(C)	FP or GP -- assist in major surgery	N/A	1,551	1,500	1,800	7	1,82	6	1,80	-1.1%	0
80424(F)	Urgent Care -- no surgery	N/A	N/A	2,500	1,500	6	1,54	5	1,50	-2.6%	0
80425	Radiation Therapy	N/A	1,055	N/A	1,500	6	1,54	5	1,50	-2.6%	1
80472	Dermatology -- major surgery	N/A	0,669	N/A	2,500	7	1,82	6	1,80	-1.1%	2
80475(A)	Pain Management -- no major surgery	N/A	1,276	2,500	2,000	8	1,93	7	2,00	3.6%	2
80475(B)	Pain Management -- basic procedures	N/A	1,276	2,500	4,000	12	4,00	11	4,00	---	0
80475(C)	Pain Management -- intermediate procedures	N/A	7,231	6,500	5,000	14	5,00	13	5,00	---	0
80475(D)	Pain Management -- advanced procedures	N/A	7,231	6,500	7,000	15	6,58	14	6,50	-1.2%	0
80476	Bariatrics -- major surgery	N/A	1,000	4,500	5,000	14	5,00	13	5,00	---	0

Notes:

- (4) ISMIE Relativities from ISMIE filing for Physicians and Surgeons Professional Liability in the state of Illinois, effective 7/1/2005.
- (5) Relativities are from Circular LI-PR-2005-114, from the Insurance Services Office (ISO), used with their permission.
- (11) = [(10) / (8)] - 1.0
- (12) Exposures are for ProNational in the state of Illinois as of 03/31/06.

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Calculation of Territory Plan Off-Balance Factor

Illinois

<u>Current Territory</u> (1)	<u>ProNational Exposure Distribution</u> (2)	<u>Current Relativity</u> (3)	<u>Proposed Territory</u> (4)	<u>ProNational Exposure Distribution</u> (5)	<u>Proposed Relativity</u> (6)
1	30.37%	1.000	1	35.16%	1.000
2	6.10%	0.700	2	6.10%	0.700
3	36.65%	0.560	3	36.65%	0.560
4	26.88%	0.850	4	20.92%	0.850
			5	1.16%	0.900
<hr/>					
Total/Avg.	<u>100.00%</u>	<u>0.780</u>	Total/Avg.	<u>100.00%</u>	<u>0.788</u>

(7) Off Balance Factor: [Total of (3) / Total of (6)]

0.990

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Changes to Territory Plan

Illinois

Below are the changes that are being made to the territory plan with this filing.

County (1)	ProNational Indicated Relativity (2)	ISMIE Charged Relativity (3)	Current		Proposed		Change (8)	Inforce at 3/31/2006 (9)
			Territory (4)	Relativity (5)	Territory (6)	Relativity (7)		
Champaign	N/A	0.700	4	0.85	2	0.70	-17.6%	0
Jackson	3.264	0.900	4	0.85	5	0.90	5.9%	7
Vermilion	0.929	0.900	4	0.85	5	0.90	5.9%	1
Will	1.712	1.000	4	0.85	1	1.00	17.6%	33

Notes:

(2) Indicated Relativity based on ProNational experience in the state of Illinois, for the years 1998-2005.

(3) ISMIE Relativities from filing for Physicians and Surgeons Professional Liability in the state of Illinois, effective 7/1/2005.

(8) = [(7) / (5)] - 1.0

(9) Exposures are for ProNational in the state of Illinois as of 03/31/06.

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Calculation of Fixed Expense Off-Balance Factor  
Illinois  
Claims-Made Basis

	<u>Claims-Made</u>
(1) Current Class and Territory Average Relativity	1.033
(2) Proposed Class and Territory Average Relativity	1.048
(3) Fixed Expense Off Balance Factor	0.999

Notes: (1),(2) Based on current inforce distribution of ProNational Illinois physicians as of 3/31/2006.

(3) =  $[A + B + C] / D$ , where

(A) =  $[\text{Current Base Rate} - \text{Current Fixed Expense}] \times (1)$

(B) = Current Fixed Expense

(C) =  $[\text{Proposed Fixed Expense} / (1.0 + \text{Rate Change})] \times [(2) - 1.0]$

(D) = Current Base Rate  $\times$  Class Off-Balance  $\times$  Territory Off-Balance  $\times$  (2).

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Expense Provisions and Target Loss Ratio

Illinois

(1)	Expense Provisions	
	(a) General Expense	2.8%
	(b) Fixed Expense Portion of General Expense Provision	2.7%
	(c) Acquisition	4.0%
	(d) Commission	8.0%
	(e) Premium Taxes, Licenses, & Fees	1.4%
	(f) Death, Disability and Retirement Provision	5.0%
	(g) Profit and Contingencies: [Exhibit 9, Sheet 1]	3.5%
	(h) Unallocated LAE: [Exhibit 10]	9.0%
	(i) TOTAL: [Sum (a) to (h)]	<hr/> 36.4%
(2)	Target Loss and ALAE Ratio: [1.00-(1i)]	63.6%

Notes: (1) Based on budgeted amounts.

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Profit and Contingencies Load  
TMAC, PN and NCRIC Combined Countrywide, Medical Malpractice Direct Business Written  
Illinois

	Claims- Made
<b>Estimated Investment Income on Unearned Premium and Loss Reserves (\$000's)</b>	
(1) Mean Unearned Premium Reserve (UPR) as % of Direct Written Premium (WP)	48.59%
(2) Average Agents' Balances and Uncollected Premiums as % of Direct WP	21.06%
(3) Prepaid Expenses (commissions & brokerage fees, taxes, other) as % of Direct WP	18.87%
(4) Other Income Less Other Expense	-1.35%
(5) Deduction for Federal Income Tax Payable: $[20\% \times (1) \times 35\% \text{ Federal Income Tax Rate}]$	3.40%
(6) UPR Subject to Investment Income as % of Direct WP: $[(1) \times \{1.00 - (2) - (3) + (4) - (5)\}]$	26.88%
(7) Premium Discount Provision	15.00%
(8) UPR subject to Investment Income as % of Manual Premium: $[(6) \times \{1 - (7)\}]$	22.85%
(9) Expected Incurred Loss & LAE as % of Manual Premium	72.63%
(10) Ratio of Loss & LAE Reserves to Incurred Losses	3.182
(11) Expected Loss & LAE Reserves as % of Manual Premium: $[(9) \times (10)]$	231.07%
(12) Average IRS Loss Reserve Discount Factor on Loss and LAE Reserves	10.40%
(13) Loss and LAE Reserves Available for Investment as % of Manual Premium $[(11) \times \{1 - [(12) \times 35\%\}]$	221.36%
(14) Total Reserves subject to Investment as % of Manual Premium: $[(8) + (13)]$	244.21%
(15) Expected Pre-Tax Investment Yield: [Sheet 2]	4.10%
(16) Pre-Tax Investment Earnings on Total Reserves subject to Investment as % of Manual Premium: $[(14) \times (15)]$	10.01%
<b>Profit Loading Provision</b>	
(17) Required After Tax Rate of Return On Surplus	13.00%
(18) Federal Income Tax Rate	35.00%
(19) Required Pre-Tax Rate of Return On Surplus: $[(17) / \{1.00 - (18)\}]$	20.00%
(20) Expected Pre-Tax Return on Surplus Funds: [Sheet 2]	4.10%
(21) Required Pre-Tax Return from Insurance Operations as a Percent of Surplus: $[(19) - (20)]$	15.90%
(22) Premium to Surplus Ratio	1.00
(23) Required Return from Insurance Operations as % of Charged Premium: $[(21) / (22)]$	15.90%
(24) Premium Discount Provision	15.00%
(25) Required Return from Insurance Operations as % of Manual Premium: $[(23) \times \{1.00 - (24)\}]$	13.52%
<b>Profit Provision</b>	
(26) Profit Provision Net of Investment Income as % of Manual Premium: $[(25) - (16)]$	3.5%

- Notes: (1),(2),(4) Based on average values for 2003-2005 ProNational, TMAC and NCRIC Insurance Expense Exhibits.  
 (3) = Selected for ProNational based on historic company experience. Includes fixed expense portion.  
 (5) 20% of the change in unearned premium reserve is included in federal taxable income. Taxes paid as a result of this provision are unavailable for investment.  
 (9) This value represents the percentage of the manual premium, i.e. premium before the application of premium credits and debits, that is attributable to loss and loss adjustment expenses. In other words, that portion of the manual premium that will not go towards corporate costs such as overhead expenses. The actual formula is as follows:  
 $\{1.0 - \text{Variable Expense Load} - \text{DD\&R Load} - \text{Fixed Expense \%}\}$   
 where the fixed expenses of \$910 represents 2.7% of premium.  
 (10) Based on an analysis of historical medical malpractice claims-made payment patterns for the ProAssurance companies  
 (12) From IRS Revenue Procedure 2005-49.  
 (13) Adjusts item (11) for federal tax payable due to IRS loss reserve discounting.

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Investment Income  
TMAC, PN, and NCRIC Combined Countrywide, Medical Malpractice Direct Business Written  
Illinois

**Investment Income as a % of Invested Assets, Including Net Realized Capital Gains/Losses**

Historical Earnings Levels

<u>Cal. Yr.</u> (1)	<u>Net Investment Gain</u> (2)	<u>Invested Assets</u> (3)	<u>Inv. Inc. to Invested Assets</u> (4)
2001	87,630,321	1,517,219,472	5.68%
2002	74,114,271	1,677,040,821	4.64%
2003	70,979,773	1,960,084,363	3.90%
2004	80,797,061	2,308,087,482	3.79%
2005	94,575,132	2,672,071,420	3.80%

Future Earnings Levels

<u>Maturity Distri- bution</u> (5)	<u>Calendar Year 2005 Bond Holdings</u> (6)	<u>09/06 U.S. Treasury Rate</u> (7)
<=1yr	369,707,184	5.04%
2-5 yrs	921,982,032	4.72%
6-10yrs	852,235,143	4.73%
11-20yrs	148,560,493	4.88%
>20yrs	64,208,980	4.94%
Total	<u>2,356,693,832</u>	<u>4.79%</u>

(8) Prior Selected

3.80%

(9) Projected

4.10%

Notes: (2) From Page 4 of historical Annual Statements.  
(3) From Page 2 of historical Annual Statements.  
(4) = Column 2 divided by average of current and prior calendar year entry for Column (3).

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Indicated ULAE Load - ProAssurance Group of Companies  
Claims-Made Basis  
Illinois

Calendar Year	Direct Paid		Change Direct Case O/S Loss & ALAE (4)	Direct ULAE Base (3)+[0.5x(4)] (5)	ULAE Ratio Indications	
	ULAE (2)	Loss & ALAE (3)			Paid ULAE Ratio to Base (2)/(5) (6)	Ratio of Paid ULAE to Loss + ALAE (2)/(3) (7)
2001	21,443	282,468	(11,513)	276,712	7.7%	7.6%
2002	22,785	311,613	61,599	342,413	6.7%	7.3%
2003	25,945	290,088	64,524	322,350	8.0%	8.9%
2004	29,245	268,209	69,098	302,758	9.7%	10.9%
2005	31,037	236,481	133,967	303,465	10.2%	13.1%
Total	<u>130,455</u>	<u>1,388,859</u>	<u>317,675</u>	<u>1,547,697</u>	<u>8.4%</u>	<u>9.4%</u>

(8) Previously Selected ULAE Load 8.5%

(9) Selected ULAE Load 9.0%

Notes: (2)-(4) From Insurance Expense Exhibits for the ProAssurance group of companies for the medical malpractice line of business.

## ProNational Insurance Company

Physicians and Surgeons Professional Liability  
Selection of Paramedical Employee Factors  
Illinois

Shared Policies						
Specialty	Code	Current Shared Factor (4th Year)	Proposed Shared Factor (4th Year)	Current Separate Factor (5th Year)	Proposed Separate Factor (5th Year)	Inforce at 03/31/06
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<b>Factors based on 80420</b>						
Certified Nurse Practitioner (CNP)	80964	0.041	0.045	0.125	0.138	28
Emergency Medical Technician (EMT)	-	0.004	0.004	0.010	0.010	0
Perfusionist	80764	0.166	0.166	0.500	0.500	0
Physician's Assistant (PA)	80116(A)	0.025	0.027	0.075	0.083	20
Psychologist	80912	0.016	0.016	0.045	0.050	1
Surgeon's Assistant (SA)	80116(B)	0.037	0.041	0.1125	0.1238	3
Specialty	Code	Current Shared Factor (4th Year)	Proposed Shared Factor (4th Year)	Current Separate Factor (5th Year)	Proposed Separate Factor (5th Year)	Inforce at 03/31/06
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<b>Factors based on 80151</b>						
CRNA - not part of an insured group	80960(M)	n/a	n/a	0.420	0.420	0
CRNA - employed by an insured group (separate limits)		n/a	n/a	0.300	0.300	0
CRNA - employed by an insured group (shared limits) Ratio of CRNAs to anesthesiologists between 2:1 to 4:1		0.180	0.180	n/a	n/a	57
CRNA - employed by an insured group (shared limits) Ratio of CRNAs to anesthesiologists less than 2:1		0.090	0.090	n/a	n/a	0
<b>Factors based on 80153</b>						
Certified Nurse Midwives (CNM)	80410	0.129	0.129	0.388	0.388	0
<b>Factors based on 80266</b>						
Cytotechnologist	-	0.100	0.100	n/a	n/a	0
<b>Factors based on 80114</b>						
Optometrist	80944	0.020	0.020	0.040	0.040	2
Separate Policies						
Specialty	Code	Current Separate Factor	ProAssurance C-W Model Factor	Proposed Separate Factor	Change (5)/(3)-1.0	Inforce at 03/31/06
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<b>Factors based on 80420</b>						
Audiologist	80760	0.018	0.018	0.018	0.0%	0
Cardiac Technician	80751	0.025	0.025	0.025	0.0%	0
Casting Technician	80752	0.020	0.020	0.020	0.0%	0
Certified Nurse Practitioner (CNP)	80964	0.125	0.400	0.138	10.0%	8
Clinical Nurse Specialist	80964	0.400	0.400	0.400	0.0%	0
Counselor	80712	0.045	0.045	0.045	0.0%	0
Dietician	89761	0.018	0.018	0.018	0.0%	0
EKG Technician	80763	0.018	0.018	0.018	0.0%	0
Medical Assistant	80762	0.018	0.018	0.018	0.0%	0
Medical Lab Technician	80711	0.018	0.018	0.018	0.0%	0
Nurse	80998	0.018	0.018	0.018	0.0%	0
Nurse - Student	82998	0.005	0.005	0.005	0.0%	0
Nurse, RN Perform X-Ray Therapy	80714	0.018	0.018	0.018	0.0%	0
Occupational Therapist	80750	0.025	0.025	0.025	0.0%	0
O.R. Technician	80758	0.125	0.125	0.125	0.0%	0
Ophthalmic Assistant	80755	0.018	0.018	0.018	0.0%	0
Orthopedic Technician	80756	0.020	0.020	0.020	0.0%	0
Perfusionist	80764	0.500	0.500	0.500	0.0%	0
Pharmacist	59112	0.025	0.025	0.025	0.0%	0
Phlebotomist	80753	0.018	0.018	0.018	0.0%	0
Physical Therapist (Employee)	80945	0.025	0.025	0.025	0.0%	0
Physical Therapist (Independent)	80946	0.090	0.090	0.090	0.0%	0
Physical Therapy Aide	80995	0.018	0.018	0.018	0.0%	0
Physician Assistant	80116(A)	0.075	0.400	0.083	10.0%	20
Physiotherapist	80938	0.018	0.018	0.018	0.0%	0
Psychologist	80912	0.045	0.111	0.050	10.0%	4
Pump Technician	88888	0.020	0.020	0.020	0.0%	0
Respiratory Therapist	80601	0.122	0.025	0.025	-79.5%	0
Social Worker	80911	0.045	0.045	0.045	0.0%	0
Sonographer	80754	0.018	0.018	0.018	0.0%	0
Surgeon's Assistant	80116(B)	0.1125	0.400	0.124	10.0%	2
X-Ray/Radiologic Technician	80713	0.018	0.018	0.018	0.0%	0
X-Ray Therapy Technician	80716	0.025	0.025	0.025	0.0%	0
<b>Factors based on 80211</b>						
Dental Assistant	80207	0.100	0.100	0.100	0.0%	0
Dental Hygienist	80208	0.100	0.100	0.100	0.0%	0
CRNA - Dental	80960(D)	4.306	4.306	4.306	0.0%	0
<b>Factors based on 80151</b>						
CRNA - not part of an insured group	80960(M)	0.420	0.431	0.420	0.0%	0
<b>Factors based on 80114</b>						
Optometrist (Optical)	80944	0.032	0.032	0.032	0.0%	3
Optometrist (Employee*)	80944	*	*	*	N/A	0
Optometrist (Independent**)	80944	**	**	**	N/A	0

\* Proposed 25% of an ophthalmologist's (80114) base premium (if administering topical ocular pharmaceutical agents).

\*\* Proposed 75% of an ophthalmologist's (80114) base premium (if administering topical ocular pharmaceutical agents).

**ProNational Insurance Company**  
Physicians and Surgeons Professional Liability  
Rate Tables - Mature Claims-Made \$1,000,000/\$3,000,000 Limits  
Illinois  
Physician and Surgeon Rates - Effective January 1, 2007

Territory 1 - Cook, Madison, St. Clair, and Will Counties

1	C - M Reporting Year				
	1	2	3	4	5+
1	7,317	13,213	17,143	19,109	21,074
2	10,265	19,109	25,004	27,952	30,900
3	13,213	25,004	32,865	36,796	40,726
4	16,161	30,900	40,726	45,639	50,552
5	19,109	36,796	48,587	54,482	60,378
6	22,646	43,870	58,020	65,095	72,169
7	25,004	48,587	64,309	72,169	80,030
8	29,839	58,256	77,200	86,673	96,145
9	36,796	72,169	95,752	107,543	119,334
10	42,691	83,961	111,474	125,230	138,986
11	48,587	95,752	127,195	142,917	158,639
12	54,482	107,543	142,917	160,604	178,291
13	60,378	119,334	158,639	178,291	197,943
14	78,065	154,708	205,804	231,351	256,899
15	83,961	166,499	221,525	249,038	276,551

Territory 2 - Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson, Kankakee, Macon, Randolph Washington, and Williamson Counties

2	C - M Reporting Year				
	1	2	3	4	5+
1	5,549	9,676	12,427	13,803	15,178
2	7,612	13,803	17,930	19,993	22,056
3	9,676	17,930	23,432	26,183	28,935
4	11,739	22,056	28,935	32,374	35,813
5	13,803	26,183	34,437	38,564	42,691
6	16,279	31,136	41,040	45,993	50,945
7	17,930	34,437	45,442	50,945	56,448
8	21,314	41,205	54,467	61,097	67,728
9	26,183	50,945	67,453	75,707	83,961
10	30,310	59,199	78,458	88,088	97,717
11	34,437	67,453	89,463	100,468	111,474
12	38,564	75,707	100,468	112,849	125,230
13	42,691	83,961	111,474	125,230	138,986
14	55,072	108,722	144,489	162,372	180,256
15	59,199	116,976	155,494	174,753	194,012

Notes:

Claims-made coverage rates are calculated as:

$$\frac{\{\text{Base Pure Premium} \times \text{Class Relativity} \times \text{Territory Relativity} \times \text{Claims-Made Step Factor} \times \text{ILF}\} + \text{Fixed Expense}}{\{(1.0 - \text{Variable Expense Load} - \text{DD\&R Load}) \times (1.0 - \text{Premium Discount Off-Balance})\}}$$

Where the base pure premium for ratemaking purposes is calculated as the product of the selected pure premium and the selected ULAE load.

For example, the class 5, territory 1, 3rd year claims-made rate at limits of \$1M/\$3M is equal to:

$$\frac{\{\$25,156 \times 1.500 \times 1.000 \times 0.800 \times 1.000\} + \$910}{\{(1.0 - 0.1970 - 0.050) \times (1.0 - 0.150)\}}$$

**ProNational Insurance Company**  
Physicians and Surgeons Professional Liability  
Rate Tables - Mature Claims-Made \$1,000,000/\$3,000,000 Limits  
Illinois  
Physician and Surgeon Rates - Effective January 1, 2007

Territory 3 - Remainder of State

3	C - M Reporting Year				
	1	2	3	4	5+
1	4,723	8,025	10,226	11,326	12,427
2	6,374	11,326	14,628	16,279	17,930
3	8,025	14,628	19,030	21,231	23,432
4	9,676	17,930	23,432	26,183	28,935
5	11,326	21,231	27,834	31,136	34,437
6	13,307	25,193	33,117	37,079	41,040
7	14,628	27,834	36,638	41,040	45,442
8	17,335	33,249	43,858	49,162	54,467
9	21,231	41,040	54,247	60,850	67,453
10	24,533	47,644	63,051	70,754	78,458
11	27,834	54,247	71,855	80,659	89,463
12	31,136	60,850	80,659	90,564	100,468
13	34,437	67,453	89,463	100,468	111,474
14	44,342	87,262	115,876	130,182	144,489
15	47,644	93,865	124,680	140,087	155,494

Territory 4 - Dupage, Kane, Lake, McHenry, and Sangamon Counties

4	C - M Reporting Year				
	1	2	3	4	5+
1	6,433	11,444	14,785	16,456	18,126
2	8,939	16,456	21,467	23,973	26,478
3	11,444	21,467	28,149	31,490	34,830
4	13,950	26,478	34,830	39,006	43,182
5	16,456	31,490	41,512	46,523	51,535
6	19,462	37,503	49,530	55,544	61,557
7	21,467	41,512	54,875	61,557	68,239
8	25,576	49,731	65,834	73,885	81,936
9	31,490	61,557	81,602	91,625	101,647
10	36,501	71,580	94,966	106,659	118,352
11	41,512	81,602	108,329	121,693	135,056
12	46,523	91,625	121,693	136,726	151,760
13	51,535	101,647	135,056	151,760	168,465
14	66,568	131,715	175,146	196,862	218,577
15	71,580	141,738	188,510	211,896	235,282

Territory 5 - Jackson and Vermilion Counties

5	C - M Reporting Year				
	1	2	3	4	5+
1	6,728	12,034	15,571	17,340	19,109
2	9,381	17,340	22,646	25,299	27,952
3	12,034	22,646	29,721	33,258	36,796
4	14,687	27,952	36,796	41,217	45,639
5	17,340	33,258	43,870	49,176	54,482
6	20,524	39,625	52,360	58,727	65,095
7	22,646	43,870	58,020	65,095	72,169
8	26,997	52,572	69,622	78,148	86,673
9	33,258	65,095	86,319	96,931	107,543
10	38,564	75,707	100,468	112,849	125,230
11	43,870	86,319	114,618	128,767	142,917
12	49,176	96,931	128,767	144,686	160,604
13	54,482	107,543	142,917	160,604	178,291
14	70,401	139,380	185,365	208,358	231,351
15	75,707	149,992	199,515	224,277	249,038

**ProNational Insurance Company**  
 Physicians and Surgeons Professional Liability  
 Rate Tables - Mature Claims-Made \$500,000/\$1,500,000 Limits  
 Illinois  
 Physician and Surgeon Rates - Effective January 1, 2007

Territory 1 - Cook, Madison, St. Clair, and Will Counties

1	C - M Reporting Year				
	1	2	3	4	5+
1	5,985	10,548	13,590	15,111	16,633
2	8,267	15,111	19,675	21,956	24,238
3	10,548	19,675	25,759	28,801	31,843
4	12,830	24,238	31,843	35,646	39,449
5	15,111	28,801	37,928	42,491	47,054
6	17,849	34,277	45,229	50,705	56,180
7	19,675	37,928	50,096	56,180	62,265
8	23,416	45,411	60,074	67,406	74,737
9	28,801	56,180	74,433	83,560	92,686
10	33,364	65,307	86,602	97,249	107,897
11	37,928	74,433	98,770	110,939	123,108
12	42,491	83,560	110,939	124,629	138,318
13	47,054	92,686	123,108	138,318	153,529
14	60,744	120,065	159,613	179,387	199,161
15	65,307	129,192	171,782	193,077	214,372

Territory 2 - Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson, Kankakee, Macon, Randolph Washington, and Williamson Counties

2	C - M Reporting Year				
	1	2	3	4	5+
1	4,616	7,810	9,940	11,005	12,069
2	6,213	11,005	14,199	15,796	17,393
3	7,810	14,199	18,458	20,587	22,717
4	9,407	17,393	22,717	25,379	28,041
5	11,005	20,587	26,976	30,170	33,364
6	12,921	24,420	32,087	35,920	39,753
7	14,199	26,976	35,494	39,753	44,012
8	16,818	32,214	42,479	47,611	52,743
9	20,587	39,753	52,530	58,918	65,307
10	23,782	46,141	61,048	68,501	75,954
11	26,976	52,530	69,566	78,084	86,602
12	30,170	58,918	78,084	87,667	97,249
13	33,364	65,307	86,602	97,249	107,897
14	42,947	84,472	112,156	125,998	139,839
15	46,141	90,861	120,674	135,580	150,487

**ProNational Insurance Company**  
Physicians and Surgeons Professional Liability  
Rate Tables - Mature Claims-Made \$500,000/\$1,500,000 Limits  
Illinois  
Physician and Surgeon Rates - Effective January 1, 2007

Territory 3 - Remainder of State

3	C - M Reporting Year				
	1	2	3	4	5+
1	3,977	6,533	8,236	9,088	9,940
2	5,255	9,088	11,643	12,921	14,199
3	6,533	11,643	15,051	16,754	18,458
4	7,810	14,199	18,458	20,587	22,717
5	9,088	16,754	21,865	24,420	26,976
6	10,621	19,821	25,954	29,020	32,087
7	11,643	21,865	28,679	32,087	35,494
8	13,739	26,056	34,267	38,373	42,479
9	16,754	32,087	42,308	47,419	52,530
10	19,310	37,197	49,123	55,085	61,048
11	21,865	42,308	55,937	62,751	69,566
12	24,420	47,419	62,751	70,418	78,084
13	26,976	52,530	69,566	78,084	86,602
14	34,642	67,862	90,009	101,082	112,156
15	37,197	72,973	96,823	108,749	120,674

Territory 4 - Dupage, Kane, Lake, McHenry, and Sangamon Counties

4	C - M Reporting Year				
	1	2	3	4	5+
1	5,301	9,179	11,765	13,058	14,351
2	7,240	13,058	16,937	18,876	20,815
3	9,179	16,937	22,108	24,694	27,280
4	11,119	20,815	27,280	30,512	33,745
5	13,058	24,694	32,452	36,330	40,209
6	15,385	29,349	38,658	43,312	47,967
7	16,937	32,452	42,795	47,967	53,138
8	20,117	38,813	51,276	57,508	63,740
9	24,694	47,967	63,482	71,239	78,996
10	28,573	55,724	73,825	82,875	91,926
11	32,452	63,482	84,168	94,511	104,855
12	36,330	71,239	94,511	106,148	117,784
13	40,209	78,996	104,855	117,784	130,713
14	51,845	102,269	135,885	152,692	169,500
15	55,724	110,026	146,228	164,329	182,429

Territory 5 - Jackson and Vermillion Counties

5	C - M Reporting Year				
	1	2	3	4	5+
1	5,529	9,636	12,374	13,742	15,111
2	7,582	13,742	17,849	19,903	21,956
3	9,636	17,849	23,325	26,063	28,801
4	11,689	21,956	28,801	32,224	35,646
5	13,742	26,063	34,277	38,384	42,491
6	16,207	30,991	40,848	45,776	50,705
7	17,849	34,277	45,229	50,705	56,180
8	21,217	41,012	54,209	60,807	67,406
9	26,063	50,705	67,132	75,346	83,560
10	30,170	58,918	78,084	87,667	97,249
11	34,277	67,132	89,036	99,987	110,939
12	38,384	75,346	99,987	112,308	124,629
13	42,491	83,560	110,939	124,629	138,318
14	54,811	108,201	143,794	161,591	179,387
15	58,918	116,415	154,746	173,911	193,077

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Rate Tables - Mature Claims-Made \$250,000/\$750,000 Limits  
Illinois  
Physician and Surgeon Rates - Effective January 1, 2007

Territory 1 - Cook, Madison, St. Clair, and Will Counties

1	C - M Reporting Year				
	1	2	3	4	5+
1	4,611	7,801	9,927	10,990	12,054
2	6,206	10,990	14,180	15,775	17,369
3	7,801	14,180	18,433	20,559	22,685
4	9,396	17,369	22,685	25,343	28,001
5	10,990	20,559	26,938	30,128	33,317
6	12,904	24,386	32,041	35,869	39,696
7	14,180	26,938	35,444	39,696	43,949
8	16,795	32,169	42,418	47,542	52,667
9	20,559	39,696	52,454	58,833	65,212
10	23,749	46,075	60,960	68,402	75,844
11	26,938	52,454	69,465	77,971	86,476
12	30,128	58,833	77,971	87,539	97,108
13	33,317	65,212	86,476	97,108	107,740
14	42,886	84,350	111,992	125,814	139,635
15	46,075	90,729	120,498	135,382	150,267

Territory 2 - Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson, Kankakee, Macon, Randolph Washington, and Williamson Counties

2	C - M Reporting Year				
	1	2	3	4	5+
1	3,654	5,887	7,376	8,120	8,864
2	4,771	8,120	10,352	11,469	12,585
3	5,887	10,352	13,329	14,818	16,306
4	7,003	12,585	16,306	18,167	20,027
5	8,120	14,818	19,283	21,516	23,749
6	9,459	17,497	22,855	25,535	28,214
7	10,352	19,283	25,237	28,214	31,191
8	12,183	22,945	30,119	33,706	37,293
9	14,818	28,214	37,145	41,610	46,075
10	17,051	32,679	43,098	48,308	53,518
11	19,283	37,145	49,052	55,006	60,960
12	21,516	41,610	55,006	61,704	68,402
13	23,749	46,075	60,960	68,402	75,844
14	30,447	59,471	78,821	88,496	98,171
15	32,679	63,937	84,775	95,194	105,613

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Rate Tables - Mature Claims-Made \$250,000/\$750,000 Limits  
Illinois  
Physician and Surgeon Rates - Effective January 1, 2007

Territory 3 - Remainder of State

3	C - M Reporting Year				
	1	2	3	4	5+
1	3,208	4,994	6,185	6,780	7,376
2	4,101	6,780	8,566	9,459	10,352
3	4,994	8,566	10,948	12,139	13,329
4	5,887	10,352	13,329	14,818	16,306
5	6,780	12,139	15,711	17,497	19,283
6	7,852	14,282	18,569	20,712	22,855
7	8,566	15,711	20,474	22,855	25,237
8	10,031	18,640	24,380	27,249	30,119
9	12,139	22,855	30,000	33,572	37,145
10	13,925	26,428	34,763	38,931	43,098
11	15,711	30,000	39,526	44,289	49,052
12	17,497	33,572	44,289	49,648	55,006
13	19,283	37,145	49,052	55,006	60,960
14	24,642	47,861	63,341	71,081	78,821
15	26,428	51,434	68,104	76,440	84,775

Territory 4 - Dupage, Kane, Lake, McHenry, and Sangamon Counties

4	C - M Reporting Year				
	1	2	3	4	5+
1	4,133	6,844	8,651	9,555	10,459
2	5,488	9,555	12,266	13,622	14,977
3	6,844	12,266	15,881	17,688	19,496
4	8,200	14,977	19,496	21,755	24,014
5	9,555	17,688	23,111	25,822	28,533
6	11,182	20,942	27,448	30,702	33,955
7	12,266	23,111	30,340	33,955	37,570
8	14,489	27,557	36,269	40,624	44,980
9	17,688	33,955	44,799	50,222	55,644
10	20,400	39,377	52,029	58,355	64,681
11	23,111	44,799	59,259	66,488	73,718
12	25,822	50,222	66,488	74,622	82,755
13	28,533	55,644	73,718	82,755	91,792
14	36,666	71,911	95,407	107,155	118,903
15	39,377	77,333	102,636	115,288	127,940

Territory 5 - Jackson and Vermilion Counties

5	C - M Reporting Year				
	1	2	3	4	5+
1	4,292	7,163	9,077	10,034	10,990
2	5,728	10,034	12,904	14,339	15,775
3	7,163	12,904	16,732	18,645	20,559
4	8,598	15,775	20,559	22,951	25,343
5	10,034	18,645	24,386	27,257	30,128
6	11,756	22,090	28,979	32,424	35,869
7	12,904	24,386	32,041	35,869	39,696
8	15,258	29,094	38,318	42,930	47,542
9	18,645	35,869	47,351	53,092	58,833
10	21,516	41,610	55,006	61,704	68,402
11	24,386	47,351	62,661	70,316	77,971
12	27,257	53,092	70,316	78,927	87,539
13	30,128	58,833	77,971	87,539	97,108
14	38,739	76,057	100,935	113,374	125,814
15	41,610	81,798	108,590	121,986	135,382

**ProNational Insurance Company**  
 Physicians and Surgeons Professional Liability  
 Rate Tables - Extended Reporting Period (Tail) Factors by Month  
 Illinois  
 Physician and Surgeon Rates - Effective January 1, 2007

CM Year	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
1	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
2	1.010	1.080	1.150	1.220	1.280	1.340	1.400	1.460	1.520	1.580	1.640	1.700
3	1.730	1.760	1.790	1.820	1.850	1.880	1.900	1.920	1.940	1.960	1.980	2.000
4	2.030	2.067	2.100	2.133	2.167	2.200	2.233	2.267	2.300	2.333	2.367	2.400
5	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400

Example:

An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

**Proposed ProNational Illinois Dental Rates & Classes - January 1, 2007 - \$1M/\$3M Limits**

Class	Description	Claims-Made Rates by Year				
		1	2	3	4	5
<b>Territory 1 - Cook, Madison, St. Clair, and Will Counties</b>						
1A	General dentists - No surgery *	1,081	2,030	2,662	3,011	3,361
1	General dentists	1,318	2,504	3,294	3,723	4,151
2	Implants, sedation by anesthesiologist	1,615	3,087	4,085	4,612	5,139
3	Gen. dentists; IV or IM sedation in office	3,097	6,060	8,036	9,057	10,079
4	Oral surgeons; anesthesia in office	9,024	17,916	23,843	26,840	29,837
<b>Territory 2 - Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson, Kanawakee, Macon, Randolph, Washington, and Williamson Counties</b>						
1A	General dentists - No surgery *	798	1,464	1,907	2,162	2,417
1	General dentists	965	1,796	2,351	2,661	2,972
2	Implants, sedation by anesthesiologist	1,173	2,212	2,905	3,285	3,665
3	Gen. dentists; IV or IM sedation in office	2,212	4,292	5,678	6,404	7,131
4	Oral surgeons; anesthesia in office	6,371	12,610	16,769	18,881	20,994
<b>Territory 3 - Remainder of State</b>						
1A	General dentists - No surgery *	666	1,200	1,555	1,766	1,977
1	General dentists	800	1,466	1,911	2,166	2,422
2	Implants, sedation by anesthesiologist	966	1,800	2,355	2,666	2,977
3	Gen. dentists; IV or IM sedation in office	1,800	3,466	4,577	5,166	5,755
4	Oral surgeons; anesthesia in office	5,133	10,133	13,467	15,167	16,867
<b>Territory 4 - Dupage, Kane, Lake, McHenry, and Sangamon Counties</b>						
1A	General dentists - No surgery *	940	1,747	2,285	2,587	2,889
1	General dentists	1,141	2,150	2,823	3,192	3,561
2	Implants, sedation by anesthesiologist	1,394	2,654	3,495	3,948	4,402
3	Gen. dentists; IV or IM sedation in office	2,654	5,176	6,857	7,731	8,605
4	Oral surgeons; anesthesia in office	7,698	15,262	20,306	22,861	25,415
<b>Territory 5 - Jackson and Vermillion Counties</b>						
1A	General dentists - No surgery *	987	1,841	2,410	2,728	3,046
1	General dentists	1,200	2,268	2,980	3,369	3,758
2	Implants, sedation by anesthesiologist	1,467	2,802	3,692	4,170	4,648
3	Gen. dentists; IV or IM sedation in office	2,802	5,471	7,250	8,173	9,096
4	Oral surgeons; anesthesia in office	8,140	16,147	21,485	24,188	26,890

\* No Surgery defined as no extractions, root canals or other oral surgery or endodontic procedures.

**Notes:**

Factor for Class 1 mature Dental rate to Class 3 physician rate at 1M/3M:

	Current	0.1000
Proposed	0.1000	

**C-M Factor:**

Reporting Endorsement Factor:  
Fixed Expense

	1	2	3	4	5
0.300	0.600	0.800	0.900	1.000	1.000
0.940	1.700	2.000	2.400	2.400	2.400
100	100	100	125	150	150

Class	Description	Current		Proposed		Mature CM 1M/3M Rate	Weight
		0.80	1.00	0.80	1.00		
1A	General dentists - No surgery *	0.80	1.00	0.80	1.00	T1	35.2%
1	General dentists	1.00	1.25	1.00	1.25	T2	6.1%
2	Implants, sedation by anesthesiologist	1.25	2.50	1.25	2.50	T3	36.6%
3	Gen. dentists; IV or IM sedation in office	2.50	7.50	2.50	7.50	T4	20.9%
4	Oral surgeons; anesthesia in office	7.50	0.197	7.50	0.197	T5	1.2%

Variable expense ratio

**Proposed ProNational Illinois Dental Rates & Classes - January 1, 2007 - \$500,000/\$1,500,000 Limits**

Class	Description	Claims-Made Rates by Year				
		1	2	3	4	5
<b>Territory 1 - Cook, Madison, St. Clair, and Will Counties</b>						
1A	General dentists - No surgery *	867	1,601	2,090	2,368	2,646
1	General dentists	1,050	1,968	2,580	2,919	3,258
2	Implants, sedation by anesthesiologist	1,280	2,427	3,191	3,607	4,023
3	Gen. dentists; IV or IM sedation in office	2,427	4,721	6,250	7,048	7,846
4	Oral surgeons; anesthesia in office	7,015	13,897	18,485	20,812	23,139
<b>Territory 2 - Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson, Kankakee, Macon, Randolph, Washington, and Williamson Counties</b>						
1A	General dentists - No surgery *	648	1,163	1,506	1,711	1,916
1	General dentists	777	1,420	1,850	2,097	2,345
2	Implants, sedation by anesthesiologist	938	1,742	2,279	2,580	2,882
3	Gen. dentists; IV or IM sedation in office	1,742	3,352	4,425	4,995	5,564
4	Oral surgeons; anesthesia in office	4,961	9,790	13,009	14,652	16,294
<b>Territory 3 - Remainder of State</b>						
1A	General dentists - No surgery *	546	958	1,234	1,404	1,575
1	General dentists	649	1,165	1,509	1,714	1,919
2	Implants, sedation by anesthesiologist	778	1,423	1,853	2,101	2,349
3	Gen. dentists; IV or IM sedation in office	1,423	2,713	3,573	4,036	4,499
4	Oral surgeons; anesthesia in office	4,003	7,873	10,453	11,777	13,100
<b>Territory 4 - Dupage, Kane, Lake, McHenry, and Sangamon Counties</b>						
1A	General dentists - No surgery *	757	1,382	1,798	2,040	2,281
1	General dentists	913	1,694	2,215	2,508	2,802
2	Implants, sedation by anesthesiologist	1,109	2,085	2,735	3,094	3,452
3	Gen. dentists; IV or IM sedation in office	2,085	4,036	5,337	6,021	6,705
4	Oral surgeons; anesthesia in office	5,988	11,843	15,747	17,732	19,716
<b>Territory 5 - Jackson and Vermilion Counties</b>						
1A	General dentists - No surgery *	794	1,455	1,896	2,149	2,403
1	General dentists	959	1,785	2,336	2,645	2,954
2	Implants, sedation by anesthesiologist	1,166	2,199	2,887	3,265	3,642
3	Gen. dentists; IV or IM sedation in office	2,199	4,265	5,642	6,364	7,085
4	Oral surgeons; anesthesia in office	6,330	12,528	16,660	18,759	20,858

\* No Surgery defined as no extractions, root canals or other oral surgery or endodontic procedures.

Proposed ProNational Illinois Dental Rates & Classes - January 1, 2007 - \$250,000/\$750,000 Limits

Class	Description	Claims-Made Rates by Year				
		1	2	3	4	5
<b>Territory 1 - Cook, Madison, St. Clair, and Will Counties</b>						
1A	General dentists - No surgery *	646	1,159	1,501	1,705	1,910
1	General dentists	774	1,416	1,843	2,090	2,337
2	Implants, sedation by anesthesiologist	935	1,736	2,271	2,571	2,872
3	Gen. dentists; IV or IM sedation in office	1,736	3,340	4,409	4,976	5,544
4	Oral surgeons; anesthesia in office	4,943	9,753	12,960	14,597	16,233
<b>Territory 2 - Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson, Kankakee, Macon, Randolph, Washington, and Williamson Counties</b>						
1A	General dentists - No surgery *	493	853	1,093	1,246	1,399
1	General dentists	583	1,033	1,333	1,516	1,699
2	Implants, sedation by anesthesiologist	695	1,258	1,633	1,854	2,074
3	Gen. dentists; IV or IM sedation in office	1,258	2,383	3,133	3,541	3,949
4	Oral surgeons; anesthesia in office	3,508	6,883	9,133	10,291	11,449
<b>Territory 3 - Remainder of State</b>						
1A	General dentists - No surgery *	421	710	902	1,032	1,161
1	General dentists	493	854	1,095	1,248	1,401
2	Implants, sedation by anesthesiologist	584	1,035	1,335	1,519	1,702
3	Gen. dentists; IV or IM sedation in office	1,035	1,936	2,537	2,871	3,205
4	Oral surgeons; anesthesia in office	2,838	5,543	7,347	8,281	9,216
<b>Territory 4 - Dupage, Kane, Lake, McHenry, and Sangamon Counties</b>						
1A	General dentists - No surgery *	569	1,006	1,297	1,476	1,654
1	General dentists	678	1,224	1,588	1,803	2,018
2	Implants, sedation by anesthesiologist	815	1,497	1,952	2,212	2,473
3	Gen. dentists; IV or IM sedation in office	1,497	2,861	3,771	4,239	4,747
4	Oral surgeons; anesthesia in office	4,225	8,318	11,046	12,444	13,841
<b>Territory 5 - Jackson and Vermillion Counties</b>						
1A	General dentists - No surgery *	595	1,057	1,365	1,552	1,739
1	General dentists	710	1,288	1,673	1,899	2,124
2	Implants, sedation by anesthesiologist	855	1,577	2,058	2,332	2,606
3	Gen. dentists; IV or IM sedation in office	1,577	3,021	3,983	4,498	5,012
4	Oral surgeons; anesthesia in office	4,465	8,797	11,684	13,162	14,639

\* No Surgery defined as no extractions, root canals or other oral surgery or endodontic procedures.

**ProNational Insurance Company**

Physicians and Surgeons Professional Liability  
Rate Tables - Extended Reporting Period (Tail) Factors by Month  
Illinois  
Dental Professional Liability Rates - Effective January 1, 2007

CM Year	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
1	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
2	1.010	1.080	1.150	1.220	1.280	1.340	1.400	1.460	1.520	1.580	1.640	1.700
3	1.730	1.760	1.790	1.820	1.850	1.880	1.900	1.920	1.940	1.960	1.980	2.000
4	2.030	2.067	2.100	2.133	2.167	2.200	2.233	2.267	2.300	2.333	2.367	2.400
5	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400

Example:  
An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

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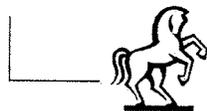
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# ILLINOIS MANUAL

HEALTH CARE PROFESSIONALS

UNDERWRITING RULES AND RATES

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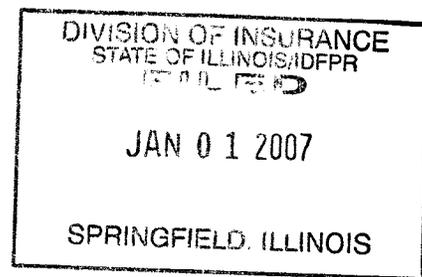
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**SECTION 1**

**INTRODUCTION**

## INTRODUCTION

This manual contains the classifications and rates governing the underwriting of Physicians', Surgeons', Dentists', Podiatrists', Allied Health Professionals' and Groups' Professional Liability Insurance by ProNational Insurance Company, hereinafter referred to as "the Company."

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR

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SPRINGFIELD, ILLINOIS

### **I. RATES AND PREMIUM CALCULATIONS**

- A. Rates apply on a per incident and annual aggregate basis. The rates for the premium classifications selected by the Company or any special situations not delineated herein are those described in the Professional Liability State Rates and Exceptions Section of this manual, with a minimum premium being \$500 (not applicable to paramedicals). If an individual's practice involves two or more rating territories or rating classifications, the highest rating territory or classification applies. Endorsements adding risks/exposures mid-term will be rated in accordance with the Rates and Rules in effect as of the endorsement effective date. Subject to Section 3., VIII, (Rate Adjustments for Changes in Exposure) of this manual, Reporting Endorsements will be rated in accordance with the Rates and Rules in effect as of the endorsement effective date. Subject to Section 3, VIII, (Rate Adjustments for Changes in Exposure) of this manual, endorsements effecting changes on risks/exposures currently insured will be rated using the Rules (e.g., rating classification, limits of liability and rating territory) in effect on the date of the change combined with the rates in effect on the later date of either i) the policy term effective date or ii) risk effective date.
- B. Refer to the Company for: Agents should refer to the Company any risk meeting one of the following criteria: a) Any risk or exposure for which there is no manual rate or applicable classification, or b) Risks developing annualized premium of \$100,000 or more for basic limits for individual (a) rating.
- C. Non-Standard Risks: Individuals rejected for standard coverage by the Company may be individually considered for coverage at an additional premium charge or other applicable coverage conditions and limitations on an individually agreed, consent-to-rate basis.
- D. Whole Dollar Premium Rule: The premiums appearing in the State Rates and Exceptions Section of this manual have been rounded to the nearest whole dollar. This procedure shall also apply to all interim premium adjustments, including endorsements or cancellations. A premium involving \$.50 or over, shall be rounded to the next higher whole dollar.

### **II. CANCELLATIONS**

Cancellations shall be made only within the parameters established by the State of policy issuance as framed in the Cancellation provisions of the policy including any State-specific endorsement thereto.

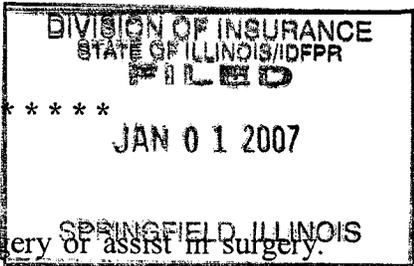
- A. By the Company: The earned premium shall be determined on a "pro rata" basis.
- B. By the Insured: The earned premium shall be determined on a "short rate" basis.
- C. Removal from the State: Subject to state provisions, the policy may be canceled by the Company after the insured no longer maintains at least 75% of his medical practice within the state of issuance, regardless of whether notice has been given by the insured.

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**SECTION 2**  
**PHYSICIANS & SURGEONS SPECIALTY CODES**  
**AND DESCRIPTIONS**

**SPECIALTY CODES AND DESCRIPTIONS**

\*\*\*\*\*



**Column Heading Definitions**

**No Surgery:** General practitioners and specialists who do not perform surgery or assist in surgery. Incision of boils and superficial abscesses and suturing of skin and superficial fascia are not considered surgery.

**Minor Surgery:** General practitioners and specialists who perform minor surgery or invasive procedures for diagnostic purposes, or who assist in major surgery on their own patients.

**Major Surgery:** General practitioners and specialists who perform major surgery on their own patients, or who assist in major surgery on patients of others.

**PHYSICIANS' & SURGEONS' SPECIALTY CLASSIFICATIONS & CODES**

\*\*\*\*\*

<u>Specialty</u>	<u>Industry Class Code</u>		
	<u>No Surgery</u>	<u>Minor Surgery</u>	<u>All Other Surgery</u>
Administrative Medicine	80178	-	-
Allergy	80254	-	-
Anesthesiology	-	-	80151
Bariatrics	-	-	80476
Cardiovascular Disease	80255	80281(A) 80281(B)-specified procedures	80150
Colon & Rectal	-	-	80115
Dermatopathology	-	80474	-
Dermatology	80256(A)	80282	80472
Dermatology This classification applies to any dermatologist who performs the following procedures: a) excision of skin lesions with graft or flap repair; b) collagen injections.	80256(B)	-	-
Emergency Medicine This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility.	-	80102(C)	-
Emergency Medicine - Moonlighting (Refer to Classification and/or Rating Modifications & Procedures Section)	80102(A)	80102(B)	-

**PHYSICIANS' & SURGEONS' SPECIALTY CLASSIFICATIONS & CODES**

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**Industry Class Code**

SPRINGFIELD, ILLINOIS  
**All Other Surgery**

<u>Specialty</u>	<u>No Surgery</u>	<u>Minor Surgery</u>	<u>All Other Surgery</u>
Family Practitioner or General Practitioner - Limited Obstetrics	-	-	80117(B)
Family Practitioner or General Practitioner – Significant Obstetrics	-	-	80117(C)
Family Practitioner or General Practitioner - No Obstetrics	80420	80421(A)*	80117(A)
	-	80421(B)*	-
	-	80421(C)*	-
Forensic/Legal Medicine	80240	-	-
Gastroenterology	80241	80274	-
General – N.O.C. This classification does not apply to any family or general practitioners or specialists who occasionally perform surgery.	-	-	80143
General Preventive Medicine	80231	-	-
Gynecology	80244	80277	80167
Hand	-	-	80169
Hematology	80245	80278	-
Hospitalist	-	80222(A) 80222(B)	-
Intensive Care Medicine	-	80283	-
Internal Medicine	80257	80284	-
Nephrology	80260	80287	-
Neurology	80261	80288	80152
Obstetrics/Gynecology	-	-	80153
Occupational Medicine	80233	-	-
Oncology	80473	80286	-
Ophthalmology	80263	80289	80114
Orthopedic – No Spinal Surgery	-	-	80154(A)
Orthopedic – Including Spinal Surgery	-	-	80154(B)

\*refer to Classification and/or Rating Modifications & Procedures Section for further definition

PHYSICIANS' & SURGEONS' SPECIALTY CLASSIFICATIONS & CODES

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<u>Specialty</u>	<u>No Surgery</u>	<u>Industry Class Code</u>	
		<u>Minor Surgery</u>	<u>All Other Surgery</u>
Otorhinolaryngology	80265	80291	80159
Otorhinolaryngology – Including Plastic	-	-	80155
Pain Management	80475(A)	-	80475(B)-basic procedures
	-	-	80475(C)-intermediate procedures
	-	-	80475(D)-advanced procedures
Pathology	80266	-	-
Pediatrics	80267	80293**	-
Physical Medicine & Rehabilitation	80235	-	-
Physicians - N.O.C.	80268	80294	-
Plastic	-	-	80156
Podiatrist	80620	-	80621
Psychiatry	80249	-	-
Psychiatry Including Shock Therapy	80431	-	-
Public Health	80236	-	-
Pulmonary Diseases	80269	***	-
Radiology - Diagnostic	80253	80280	-
Radiology - Including Radiation Therapy	-	80425	-
Radiology – Interventional	-	80360	-
Rheumatology	80252	-	-
Semi-Retired Physicians (Refer to Classification and/or Rating Modifications and Procedures Section.)	80179	-	-
Thoracic	-	-	80144
Traumatic	-	-	80171
Urgent Care (Non-ER, no surgery)	80424(F)	-	-
Urology	80145(A)	80145(B)	80145(C)
Vascular	-	-	80146

\*\*For rating purposes, include Neonatology in this risk class.  
\*\*\*See Internal Medicine – Minor Surgery.

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**SECTION 3**

**CLASSIFICATION AND/OR RATING MODIFICATIONS  
AND PROCEDURES**

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**CLASSIFICATION AND/OR RATING MODIFICATIONS AND PROCEDURES**

**I. "MOONLIGHTING" PHYSICIANS**

Physicians and surgeons who perform covered "moonlighting" activities may be eligible to be insured at 50% of the rate applicable to the specialty in which the physician or surgeon is "moonlighting."

Covered "moonlighting" activities include:

- A. Physicians and surgeons in active, full-time military service requesting coverage for outside activities.
- B. Full-time Federal Government employed physicians and surgeons (such as V.A. Hospital employees) requesting coverage for outside activities.
- C. Physicians and surgeons employed full-time by the State or County Health Department requesting coverage for outside activities.
- D. Residents or fellows currently attending their training program who are requesting coverage for outside activities but only while they are enrolled in such program.

**II. FELLOWS, RESIDENTS AND INTERNS**

- A. Coverage may be written for fellows, residents and interns practicing within the scope of their training in the teaching environment. Clinical exposure must not exceed 30 hours per week. The rate shall generally be 50% of the appropriate specialty classification, but may vary from 25% to 75% depending upon the clinical exposure of each individual rated.
- B. If fellows, residents and interns wish to practice outside their training program 100 hours or less per month, coverage may be written at a rate equal to 50% of the appropriate specialty classification. (HOWEVER, the appropriate rate for Emergency Room Moonlighting is equal to 50% of the premium assigned to Class Code 80102(A).
- C. Residents who continue to practice in the Emergency Room (part-time or full-time) during an interruption in their training for a period of time not to exceed one year, may qualify for the premium assigned to Class Code 80102(B) if they have no other clinical activities.

**III. FAMILY PRACTICE / GENERAL PRACTICE - MINOR SURGERY**

Those Family Practice/General Practice Physicians who perform minor surgery procedures and/or assist in surgery on their own or other than their own patients will be classified as follows:

<u>Classification</u>	<u>Rating Criteria:</u>
80421(A)	Assist in major surgery on their own patients only (do not also perform minor surgical procedures).
80421(B)	Perform minor surgical procedures (may also assist in major surgery on their own patients).
80421(C)	Assist in major surgery on the patients of others (may also perform minor surgical procedures and/or assist in major surgery on their own patients).

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#### IV. PART-TIME AND SEMI-RETIRED PHYSICIANS

The Part-Time Discount is available to physicians and surgeons only, not dentists or oral surgeons;

- A. who have at least 15 years of postgraduate clinical practice experience and are scaling back their practice in anticipation of retirement; or
- B. who practice less than 20 hours per week due to family needs (caring for young children and/or ill or disabled family members); or
- C. who are required to practice on a reduced basis as a result of a physical or medical condition, with the company's approval; or
- D. who practice at least 30 hours per week at a hospital, community health center or other health care facility where medical professional liability insurance is provided by the facility. A certificate of insurance listing the Company as certificate holder must be presented annually for the credit to apply.

Insureds eligible for the New Doctor Discount are not eligible for the Part-Time Discount. Also, physicians employing or supervising paramedicals are not eligible for the Part-Time Discount.

This discount is intended to more accurately rate the insured who practices his specialty on a limited basis. The available discounts are:

<u>TYPE</u>	<u>Class</u>	<u>Average Weekly Practice</u>
		<u>Hours &lt;20 hours</u>
Physician	1 to 7	50%
Surgeon	8 to 15	35%
All other		None

\* Physicians and Surgeons whose average weekly practice hours of less than 12 hours will be individually evaluated by the company.

Practice hours are defined as:

- hospital rounds,
- charting and patient planning,
- on call hours involving patient contact, whether direct or by telephone,
- consultation with other physicians, and
- patient visits/consultations.

Practice hours of physicians receiving the Part-Time Discount are subject to random audit by the Company.

#### V. LOCUM TENENS

Locum tenens coverage is provided at no additional charge for up to 45 days in any policy year and provides a shared limit with the insured. The locum tenens doctor must submit an application for Company approval in advance of the requested effective date of coverage.

#### VI. CORPORATE LIABILITY - SHARED LIMIT

No charge will be made for entities sharing in the available limits of liability of the insured physicians or dentists or other insured organizations, providing each member is insured by the Company and the risk is otherwise acceptable.

#### VII. FULL-TIME EQUIVALENT RATING

Rating of certain multi-physician groups may, at the Company's option, be determined on a full-time equivalent (FTE) unit basis. Under this rating method, policies may be issued to positions with individuals who may fill such positions identified rather than being issued to specific individuals. An FTE rate will be determined based upon the filed and approved rate for a given classification of physicians or surgeons but will be allocated based upon either the number of average hours of practice for a given specialty or the average number of patient contacts/visits in a 12 month period. A risk with fewer than 50,000 patient encounters each year will not qualify for full-time equivalent rating.

All FTE rated applications shall be referred to the Company.

**VIII. RATE ADJUSTMENTS FOR CHANGES IN EXPOSURE -- RETROACTIVE, AND REPORTING ENDORSEMENT COVERAGE**

**A. Claims-Made Coverage**

The calculations for changes in exposure are performed by taking ~~the difference between~~ claims-made rates for each period of differing exposures. These calculations are appropriate for changes in practice specialty, changes in rating territory or practice in other states, changes between part-time and full-time practice, and other changes that would affect a calculated rate. Currently approved rates, classification tables and discount or surcharge factors for the appropriate state(s) are used. This method can be generalized by using the following formula to calculate a rate for the upcoming year.

1. Rate for current practice, determined using a retroactive date equal to the date that the *current* practice patterns began,
2. plus rate for prior practice, determined using a retroactive date equal to the date that the *previous* practice patterns began,
3. less rate for prior practice, determined using a retroactive date equal to the date that the *current* practice patterns began.

This method is applied in a similar manner if more than one practice change occurred during the previous four years, and the components are pro-rated if the change occurred at a date other than the policy anniversary date.

For example, if a physician had practiced obstetrics and gynecology for many years, then stopped practicing obstetrics and began to practice gynecology only, the appropriate premium for the upcoming policy period would be:

Gynecology rate for claims-made year one,  
plus OB/GYN rate for claims-made year five,  
less OB/GYN rate for claims-made year one.

This produces a blended rate, reflecting the remaining OB/GYN exposure that makes up the majority of the expected reported claims in the upcoming year, plus the initial gynecology exposure.

The rate for the second year of gynecology-only practice would be:

Gynecology rate for claims-made year two,  
plus OB/GYN rate for claims-made year five,  
less OB/GYN rate for claims-made year two.

This adjustment process continues for two more years, until the beginning of the fifth year in the new specialty. At that time, the blended rate would be:

Gynecology rate for claims-made year five,  
plus OB/GYN rate for claims-made year five,  
less OB/GYN rate for claims-made year five,

which is simply equal to the gynecology rate for claims-made year five.

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SPECIAL RATES

Although this method of adjusting rates is designed to accommodate most situations, changes in medical practice often result from increasing or decreasing patient loads, additional medical training, relocation of the practice, gradual reduction in practice nearing retirement and other underwriting factors which affect the risk of loss. As a result, the Company may choose to waive the exposure change adjustment process in specific situations, thereby utilizing the current rating variables without modification. Conversely, a debit under the Special Rating Plan may be applied at the underwriter's discretion, based on more than five years of practice in specialties with long claim emergence patterns, such as Pediatrics or Obstetrics.

**B. Prior Acts Coverage**

When prior acts coverage is provided, the same method is utilized, as if the insured had been with the Company during the prior acts period. Practice information regarding the prior acts period is obtained from the insurance application.

**C. Reporting Endorsement Coverage**

If reporting endorsement coverage is to be rated, the same method is utilized, substituting the reporting endorsement rates for the claims-made rates. For example, a reporting endorsement purchased at the end of the second year of gynecology practice in the obstetrics/gynecology example described above would be:

Gynecology reporting endorsement premium for claims-made year two,  
plus OB/GYN reporting endorsement premium for claims-made year five,  
less OB/GYN reporting endorsement premium for claims-made year two.

**IX. REPORTING ENDORSEMENTS (Claims-made only)**

**A. Reporting Endorsement Premium Calculation**

With respect to calculation of Reporting Endorsement premium, the only credits/discounts that apply are the Part-Time Discount and Deductibles credit. All debit/surcharges will apply to Reporting Endorsement premium calculations. With respect to risks or exposures written on a consent-to-rate basis, (a) rated basis or Full-Time Equivalent Rating basis at the time the Reporting Endorsement is issued, Reporting Endorsement premium will be calculated on that same basis. If the policy is terminated during the first year, pro-rate the tail premium. For terminations during the second, third or fourth claims-made policy year, blend the applicable tail factors. The Company may refuse to offer deductible options for premium credit on reporting endorsements in the case of insufficient securitization.

**B. Waiver of Reporting Endorsement Premium**

The premium for the reporting endorsement may be waived as provided by the contract in force or at the discretion of the Company.

**X. RATE CHANGE AMELIORATION**

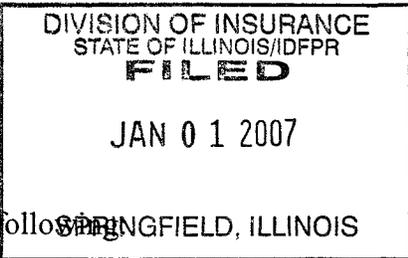
In situations where a rate change affects a single specialty by greater than 30%, a credit up to 25% may be applied to the new premium for an affected insured to lessen the single year impact of such a significant increase if, based on the underwriter's evaluation of the quality of the risk, such consideration is warranted. The underwriter will consider training and experience, longevity with the company, practice situation and claims history when making any such recommendation. Management approval is required.

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**SECTION 4**

**PROFESSIONAL LIABILITY DISCOUNTS**

**PROFESSIONAL LIABILITY DISCOUNTS**



**I. MAXIMUM CREDIT**

Maximum credit available per insured will be limited to 40% except for the following:

- Part-time exposure rating: up to 50%. Deductible credits and attendance of a ProAssurance Loss Prevention Seminar credit may be combined with the part-time credit but no other credits or discounts apply.
- New doctor discounts: up to 50%. Deductible credits may be combined with the New Doctor discount but no other credits or discounts apply.
- Deductibles/Self-Insured Retentions
- Risks developing \$100,000 or more annualized premium

**II. NEW DOCTOR DISCOUNT**

This discount will apply only to solo practicing physicians who have never been in practice and proceed directly into practice from training, or physicians who fit within that category except for an interim period of employment not to exceed two years. Physicians who would otherwise qualify but who are joining an established group practice insured by the Company where their clinical exposure will not exceed 30 hours per week are to be submitted to the Company for rating.

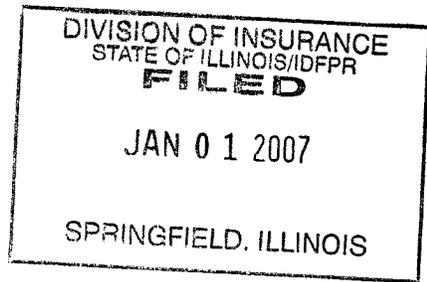
<u>Year of Coverage Since Training</u>	<u>Annual Premium Discount Per Policy</u>
Year 1	50%
Year 2	25%
Year 3	0%

**III. RISK MANAGEMENT PREMIUM CREDITS**

Insureds who participate in risk management activities approved by the Company are eligible for the following premium credits, up to a maximum of 10%.

- A. Individual Risk Management Activities: Individual insureds may receive premium credits as indicated for completion, within the 12 months prior to application, of the following activities:

<u>Activity</u>	<u>Credit</u>
1. Successful completion of an approved fee-for-service office analysis and education program. Positive response to recommendations made may result in the application of this credit for up to three policy years. Applicable only to accounts generating \$250,000 or more in annual premium.	0% - 5%
2. a. A Company sponsored Loss Prevention or other approved risk management seminar carrying at least two CME credits (annual); and/or,	0% - 5%



- b. an approved closed claim review (annual); and/or 0% - 5%
- c. successful completion of an approved risk management correspondence course carrying at least two CME credits (annual). 0% - 5%
- 3. Demonstrated regular use of an approved patient information system or program. 0% - 5%

Educational activities must qualify for Continuing Medical Education credit (where applicable) to be acceptable for risk management credits. The applicant must provide proof (Certificate) of CME credits earned at the time of application. Activities submitted for risk management credits must have been completed within twelve months prior to application.

B. In addition to the above, any physician or surgeon whose practice benefits from the risk management activities of an employed practice administrator or risk manager may receive one of the following credits:

- 1. If the practice employs a full-time, qualified, professional risk manager primarily engaged in risk management and loss prevention activities, each insured may receive up to a 5% credit.
- 2. If the practice administrator or office manager participates in a Company-sponsored Loss Prevention or other risk management seminar, each insured may receive a 2% credit. Certain requirements apply:
  - a. The seminar must be designated by the Company as eligible for practice administrator credit.
  - b. Attendance must occur within the twelve months prior to application.
  - c. At least 75% of the insureds in the practice must qualify for risk management credit as a result of individual risk management activities under the terms of Section III (A)(2), above.
  - d. The practice administrator or office manager must actively manage the practice for thirty or more hours per week. In the case of shared practice management, determination of eligibility will rest with the Company.

C. Any risk management credit may be revoked or withheld for any of the following reasons:

- 1. Failure by an individual insured to certify adherence to risk management guidelines adopted by the Company and in effect at the time of application.
- 2. Demonstrable evidence which indicates that the insured has been or is practicing in violation of guidelines or underwriting criteria adopted by the Company,
- 3. Results of an underwriting audit which show serious deficiencies, including but not limited to non-compliance with specialty risk management guidelines; or
- 4. Evidence of falsification of attendance, credit or completion of risk management activities applied towards a risk management credit.
- 5. Negative claim history.

Information obtained in the process of handling a claim may be used in evaluating an insured with respect to the above condition; however, the filing of a claim or incurring any expense or indemnity on behalf of an insured shall not alone be considered grounds for reducing, revoking or withholding a credit.

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#### IV. HOSPITAL BASED DISCOUNT PROGRAMS

##### A. Advanced Obstetrical Risk Management Program

Obstetrical services may be targeted with a special Advanced Obstetrical Risk Management Program relating to all phases of obstetrical services in both the physician's office or clinic and in the hospital including, but not limited to, intrapartum fetal surveillance, induction and augmentation of labor, emergency cesarean section times, documentation, and anesthesia. The physician must actively participate in the program in order to receive a discount of up to 10%.

No combination of Risk Management and Advanced Obstetrical Risk Management credits shall exceed 20%.

##### B. Any hospital based discount may be revoked or withheld for any of the following reasons:

1. Failure by an individual insured to certify adherence to risk management guidelines adopted by the Company and in effect at the time of application.
2. Demonstrable evidence which indicates that the insured has been or is practicing in violation of guidelines or underwriting criteria adopted by the Company.
3. Results of an underwriting audit which show serious deficiencies, including but not limited to non-compliance with specialty risk management guidelines; or
4. Evidence of falsification of attendance, credit or completion of risk management activities applied towards a risk management credit.
5. Negative claim history.

#### V. SCHEDULED RATING PROGRAM

The Company has determined that significant variability exists in the hazards faced by physicians and surgeons engaged in the practice of medicine. Exposure conditions vary with respect to:

1. Number of years experience in medicine;
2. Number of patient exposures;
3. Organization (if any) and size;
4. Medical standards review and claims review committees;
5. Other risk management practices and procedures;
6. Training, accreditation and credentialing;
7. Continuing Medical Education activities;
8. Professional liability claim experience;
9. Record-keeping practices;
10. Maintenance and utilization of certain monitoring equipment, diagnostic tests or diagnostic procedures;
11. Participation in capitation contracts; and\*
12. Insured group maintains differing limits of liability on members.\*

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In order to recognize these and other factors affecting a particular practitioner or group practice, the Company proposes to apply a debit or credit to the otherwise applicable rate dependent upon the underwriter's overall evaluation of the risk.

The maximum credit will be 25%; the maximum debit will be 25%.

The Scheduled Rating Plan will apply to individuals as well as groups of two or more physicians as the Company becomes aware of variability in the risk characteristics of the individual or group. At the underwriter's discretion, objective credits otherwise applicable to an insured will not be applied in situations where a scheduled debit is deemed necessary.

\* NOTE: No credit will be given for #11 or #12 above.

## VI. DEDUCTIBLES

Deductibles may apply either to indemnity only or indemnity and allocated loss adjustment expenses (ALAE). Any discount will apply only to the primary limit premium layer (\$1M/\$3M). Deductibles are subject to approval by the company based on financial statements to be submitted by the insured and financial guarantees as required. The company reserves the right to require acceptable securitization in the amount of the per claim and/or aggregate deductible amount from any insured covered by a policy to which a deductible is attached.

### A. Individual Deductibles

See State Rates and Exceptions.

### B. Group Deductibles

An optional deductible which limits the amount the entire group will have to pay, if multiple claims are made in a policy year, is available. Under this program, the per claim deductible continues to apply separately to each insured involved in a suit. However, the aggregate deductible applies to all insureds in the group combined thereby reducing the organization's maximum potential liability in a policy year.

When an organization is insured with a separate limit of coverage, the organization is counted when totaling the number of insureds below.

See State Rates and Exceptions.

### C. Self-Insured Retentions

Insureds may self-insure a portion of their professional and general liability risk with the Company's policy attaching in excess of the Self-Insured Retention selected. The Self-Insured Retention limit may include ALAE, or ALAE may be paid pro rata. All such policies must be referred to the Company for special consideration.

**VII. GENERAL RULES**

- A. Discounts will only be applied to qualifying insureds at the initial issuance of such policy or at the next renewal date.
- B. Discounts will apply in the following order:
  1. Deductible Discount (primary premium only).
  2. New Doctor Discount or other resident or part-time, semi-retired discount;
  3. Risk Management Discount and Scheduled Rating (apply the net credit or debit); and  
Example: Class 1, \$1M/\$3M, 1st year new doctor, Risk Management Seminar within 12 months. \$25,000 deductible. Assume manual rate \$7,500.

\$7,500	Manual Rate for \$1M/\$3M
<u>x .91</u>	Less 9% (Deductible Credit)
6825	
<u>x .50</u>	Less 50% (New Doctor)
3,413	Applicable Net Premium
<u>x .85</u>	Less 15% (Risk Management Programs, Scheduled Rating)
2,901	Net Premium

- C. Additional practice charges will be applied to the premium after all discounts have been applied.
- D. Corporate Liability premium will be determined after all discounts and surcharges have been applied.

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**SECTION 5**

**ADDITIONAL PRACTICE CHARGES**

**ADDITIONAL PRACTICE CHARGES**

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**I. MEDICAL SERVICES PROVIDED IN A STATE OUTSIDE THE STATE OF POLICY ISSUANCE**

Insureds engaging in the routine care and treatment of patients outside the ~~state in which the policy~~ is issued may be subject to appropriate surcharge or credit based upon rates consistent with those charged for a like risk in said state.

**II. PARTNERSHIP - CORPORATION - PROFESSIONAL ASSOCIATION COVERAGE**

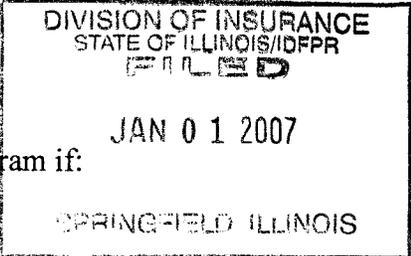
Coverage for partnerships, corporations, or professional associations may be written with a separate limit of liability. The premium charge will be a percentage (selected from the table below) of the sum of each member physician's net individual premium. For each member physician not individually insured by the Company, a premium charge will be made equal to 30% of the appropriate specialty rate if the Company agrees to provide such coverage. In order for the entity to be eligible for coverage under the separate policy, the Company must insure all member physicians or at least 60% of the physician members must be insured by the Company and the remaining physicians must be insured by another professional liability program acceptable to the Company.

<u>Number of Insureds</u>	<u>Percent</u>
2 - 5	15.0%
6 - 9	12.0%
10 - 19	9.0%
20 - 49	7.0%
50 or more	5.0%

A separate corporate limit is not available for solo practitioners or dentists. A separate corporate limit is not available to insureds purchasing limits of less than \$1M/\$3M.

**III. PARTNERSHIP-CORPORATION-PROFESSIONAL ASSOCIATION EXTENDED REPORTING ENDORSEMENT COVERAGE**

Partnerships, corporations, or professional associations that purchase a separate limit of liability may be eligible to purchase an Extended Reporting Endorsement upon cancellation of the coverage. For the entity to be eligible for the separate limit extended reporting endorsement, all physician members insured on the policy must exercise their right to purchase an individual extended reporting endorsement. The premium charge for the entity extended reporting endorsement will be a percentage of the sum of each member physician's net individual reporting endorsement premium, based on the number of insureds and the table in Paragraph II, above.



**IV. CLAIMS FREE CREDIT PROGRAM**

A physician will be considered claims free for purposes of this credit program if:

1. no loss payment has been made during the Evaluation Period, and
2. the total of allocated loss adjustment expense [ALAE] payments made during the Evaluation Period plus any Company established reserves for loss or ALAE does not exceed \$35,000.

Only claims reported during the Evaluation Period shall be included in measuring the payment and reserve criteria stated above. The Evaluation Period is based upon the physician's rating class as defined in the table below and shall end on the effective date of the policy period to be rated. The Evaluation Period shall begin no earlier than the time when the physician first begins the practice of medicine following formal training (residency or a continuous period of residency and fellowships). The Company will review the claims history of each insured or applicant for the purpose of evaluating the applicability of each claim based upon the facts and circumstances of specific claims. Reported incidents that do not involve a demand for damages by a third party will not be included in the evaluation.

Class	Evaluation Period
1 - 4	10 Yrs.
5 - 9	7 Yrs.
10 - 15	5 Yrs.

The claims free physician will receive a 3% credit for compliance with the minimum Claims Free Period and will earn an additional 1% credit for each continuous claims free year thereafter up to 15% in total. However, if the physician has been continuously insured by the Company for 10 or more years, the maximum allowable Claims Free Credit that can be earned will be increased to 20%.

Credits will be applied or removed at policy inception or renewal only. Inclusion of claims history with prior carriers is subject to presentation of information acceptable to the Company. The determination of claims to be included and payment or reserve amounts to be considered will be based upon information available at the time the policy is rated, typically 60 days prior to effective date.

Notwithstanding any other provisions of this section, no insured with 3 or more claims will be eligible for a claims free credit without management approval.

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**V. LEGAL DEFENSE COVERAGE**

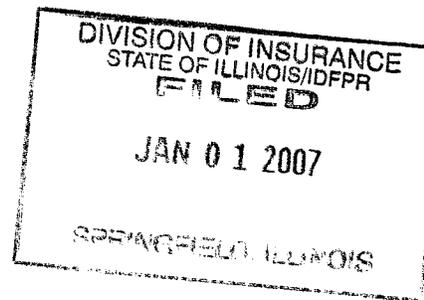
The Company offers two levels of Professional Legal Defense Coverage to insured physicians. No charge is made for the basic coverage. The most comprehensive entails a base premium charge of \$500 per insured physician. A volume discount will be given, per the schedule below.

# of Insured Physicians	Discount %
5 and under	0%
6 through 10	5%
11 through 20	10%
over 20	15%

Limits of Liability will be offered as follows:

<u># of insureds</u>	<u>"Each Covered Investigation"</u>	<u>"Each Policy Period"</u>
1 - 5	\$25,000	\$ 25,000 x (# of insureds)
6 - 10	\$25,000	\$125,000
11 - 20	\$25,000	\$175,000
21 +	\$25,000	\$225,000

The limit of liability for "covered audits" will be \$5,000 per covered insured with a deductible of \$1,000 per audit per insured.



**SECTION 6**

**PHYSICIAN EXTENDER, PARAMEDICAL AND  
ALLIED HEALTH PROFESSIONAL LIABILITY RATING**

**I. PHYSICIAN EXTENDER, AND PARAMEDICAL EMPLOYEES, APPLIED HEALTH  
EMPLOYEE PROFESSIONAL LIABILITY**

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STATE OF ILLINOIS/IDFPR  
**APPLIED HEALTH**  
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Professional employees (other than cytotechnologists, dentists, emergency medical technicians, certified registered nurse anesthetists, nurse midwives, nurse practitioners, optometrists, perfusionists, physicians, physicians' assistants, psychologists, surgeons or surgeons' assistants) are automatically included, at no additional charge, as additional insureds under policies issued to their employers. The limits of liability are on a shared basis with the employer.

The following paramedical employees may be individually covered by the Company by payment of an additional premium or covered elsewhere through a program deemed acceptable to the Company with minimum limits of liability equal to or greater than those of the insured employer. Coverage is available on a shared-limits basis or with separate individual limits. To determine the additional premium for the coverage selected, apply the appropriate factor from the premium assigned to Physician Class Codes 80420, 80151, 80153, 80266 or 80114, as specified, for the applicable claims-made year and limits of liability:

(Paramedical employees written on a shared-limits basis will be charged a fourth year claims-made premium regardless of retroactive date and the shared-limits factors stated above will always be applied to a fourth year claims-made premium.)

Employee	(Factors based on 80420)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Physician's Assistant (PA)	0.132	0.400	0.120
Surgeon's Assistant (SA)	0.132	0.400	0.120
Certified Nurse Practitioner (CNP)	0.132	0.400	0.120
Psychologist	0.040	0.111	0.033
Emergency Medical Technician (EMT)	0.004	0.010	0.003
Perfusionist	0.165	0.496	0.148

Employee	(Factors based on 80151)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Certified Nurse Anesthetist (CRNA) – not part of an insured group	N/A	0.350	0.105
CRNA employed by an insured group - separate limits basis	N/A	0.250	0.075
CRNA employed by an insured group – shared limits basis with ratio of CRNAs to anesthesiologists between 2:1 and 4:1	0.150	N/A	N/A
CRNA employed by an insured group – shared limits basis with ratio of CRNAs to anesthesiologists no more than 2:1	0.075	N/A	N/A

For CRNAs employed by an insured performing pain management procedures, the 80475(C) ISO code and applicable rate class.

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(If the ratio of employed CRNA's to Anesthesiologists exceeds 4-to-1, the Company may decline to insure the risk, or apply an additional premium, at its sole discretion.)

Employee	(Factors based on 80153)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Certified Nurse Midwife (CNM)	0.116	0.350	0.105

Employee	(Factors based on 80266)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Cytotechnologist	0.100	N/A	N/A

Employee	(Factors based on 80114)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Optometrist	0.025	0.050	0.015

**NOTE:** When the limits of liability apply on a shared basis with the physicians of the group, the premium charge for the excess limits for the paramedical employees will be calculated at the level that the majority of physicians carry.

## II. ALLIED HEALTH PROFESSIONAL EMPLOYEES

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Certain Allied Health professionals are eligible for separate insurance by the Company at individual limits of liability. The premium charge will be determined by applying the factors below to the appropriate rate for the designated Physician Class Code in the applicable rating SPRINGFIELD, ILLINOIS

SPECIALTY	CLASS CODE	\$1M/\$3M
		(Factors based on 80420)
Audiologist	80760	0.018
Cardiac Technician	80751	0.025
Casting Technician	80752	0.020
Certified Nurse Practitioner	80964	0.400
Clinical Nurse Specialist	80964	0.400
Counselor	80712	0.045
Dietitian	89761	0.018
EKG Technician	80763	0.018
Medical Assistant	80762	0.018
Medical Lab Technician	80711	0.018
Nurse	80998	0.018
Nurse - Student	82998	0.005
Nurse, RN Perform X-Ray Therapy	80714	0.018
Occupational Therapist	80750	0.025
O.R. Technician	80758	0.125
Ophthalmic Assistant	80755	0.018
Orthopedic Technician	80756	0.020
Perfusionist	80764	0.500
Pharmacist	59112	0.025
Phlebotomist	80753	0.018
Physical Therapist (Emp)	80945	0.025
Physical Therapist (Ind)	80946	0.090
Physical Therapy Aide	80995	0.018
Physiotherapist	80938	0.018
Psychologist	80912	0.111
Pump Technician	88888	0.020
Respiratory Therapist	80601	0.122
Social Worker	80911	0.045
Sonographer	80754	0.018
X-Ray/Radiologic Technician	80713	0.018
X-Ray Therapy Technician	80716	0.025
		(Factors based on 80211)
Dental Assistant	80207	0.100
Dental Hygienist	80208	0.100
		(Factors based on 80114)
Optometrist (Optical)	80944	0.032
Optometrist (Employee*)	80944	**See note below
Optometrist (Independent**)	80944	**See note below

\*25% of an Ophthalmologists base premium. (If administering topical ocular pharmaceutical agents.)

\*\*75% of an Ophthalmologists base premium. (If administering topical ocular pharmaceutical agents.)

At the discretion of the underwriter, additional insured status may be granted to the non-insured allied health entity for a 10% additional charge. The entity will share in the limits of liability of the insured allied health provider but only for the activities of such provider.

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Reporting Endorsements are available to Allied Health Professionals insured under separate policies by application of the factors below.

<u>Prior Year Claims-Made</u>	<u>Factors</u>
1	1.00
2	1.25
3+	1.50

**STEP-RATING FACTORS**

First Year	50% of mature premium
Second Year	80% of mature premium
Third Year	100% of mature premium

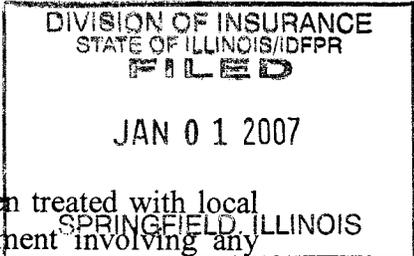
Mature premiums under \$500 are not eligible for the step-rating factors.

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**SECTION 7**

**DENTAL PROFESSIONAL LIABILITY**

I. DENTAL SPECIALTY CODES & CLASSIFICATIONS



DENTISTS - CLASS 1A

80213 Applies to dentists who perform dentistry on patients who have been treated with local anesthesia or by inhalation sedation and does not apply to treatment involving any general anesthesia or intravenous or intramuscular agent unless performed in a hospital. **This class does not apply to dentists performing extractions, root canals or other oral surgery or endodontic procedures.** This class does not apply to oral surgeons.

DENTISTS - CLASS 1

80211 Applies to dentists who perform dentistry on patients who have been treated with local anesthesia or by inhalation sedation and does not apply to treatment involving any general anesthesia or intravenous or intramuscular agent unless performed in a hospital. This class does not apply to dentists performing the initial placement of dental implants. This class does not apply to oral surgeons.

80214 Applies to orthodontists and endodontists who perform dentistry on patients who have been treated with local anesthesia or by inhalation sedation and does not apply to treatment involving any general anesthesia or intravenous or intramuscular agent unless performed in a hospital. This class does not apply to dentists performing the initial placement of dental implants. This class does not apply to oral surgeons.

80215 Applies to periodontists who perform dentistry on patients who have been treated with local anesthesia or by inhalation sedation and does not apply to treatment involving any general anesthesia or intravenous or intramuscular agent unless performed in a hospital. This class does not apply to dentists performing the initial placement of dental implants. This class does not apply to oral surgeons.

DENTISTS - CLASS 2

80211.1 Applies to dentists, endodontists and periodontists as defined for Class 1 but, in addition, permits the initial placement of dental implants. This classification also permits dentistry on patients who have been treated by intravenous or intramuscular sedation in the office, but only if the sedation is administered by a Dental or Medical Anesthetist. If intravenous or intramuscular sedation is performed in a hospital only, Class 1 will apply. This class does not apply to oral surgeons.

DENTISTS - CLASS 3

80209 Applies to dentists as defined for Classes 1 or 2 but, in addition, permits dentistry on patients who have been treated by intravenous or intramuscular sedation in the office, administered by the dentist or a CRNA. If intravenous or intramuscular sedation is performed in a hospital only, Class 1 or 2 will apply, as appropriate. This class does not apply to oral surgeons.

ORAL SURGERY - CLASS 4

80210 Includes all oral surgeons and also applies to dentists as defined in Classes 1A through 3 who additionally perform dentistry on patients who are being treated with general anesthesia in the office.

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## II. PARADENTAL EMPLOYEE COVERAGE

Coverage on a shared limits basis is automatically provided for professional employees of the Policyholder or an insured under the policy with no additional charge (e.g., dental assistants, dental hygienists and lab technicians).

While a dental insured's insured paradental employees are automatically covered under the policy, a premium charge for Certified Registered Nurse Anesthetists (CRNAs) will be made as indicated in Section 6, I – Employed Certified Registered Nurse Anesthetist.

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**SECTION 8**

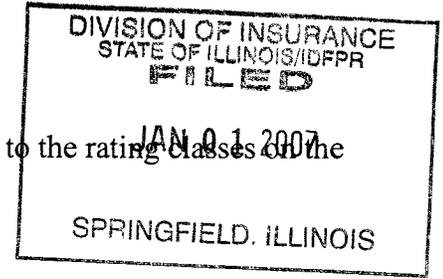
**STATE RATES AND EXCEPTIONS – DENTISTS AND ORAL SURGEONS**

# I. RATES

## A. Dental Rating Classes – Illinois

The following indicates the specialty classification codes applicable to the rating classes on the following pages:

<u>Rating Classes</u>	<u>Industry Class Codes</u>
1A	80213
1	80211 80214 80215
2	80211.1
3	80209
4	80210



**B. Dentists Professional Liability Rates**

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**1. Claims-Made Rates by Year**

Territory 001 - Cook, Madison, St. Clair and Will Counties

\$250,000 / \$750,000

Class Code	1	2	3	4	5+
1A	646	1,159	1,501	1,705	1,910
1	774	1,416	1,843	2,090	2,337
2	935	1,736	2,271	2,571	2,872
3	1,736	3,340	4,409	4,976	5,544
4	4,943	9,753	12,960	14,597	16,233

Territory 002 – Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson  
Kankakee, Macon, Randolph, Washington and Williamson Counties

\$250,000 / \$750,000

Class Code	1	2	3	4	5+
1A	493	853	1,093	1,246	1,399
1	583	1,033	1,333	1,516	1,699
2	695	1,258	1,633	1,854	2,074
3	1,258	2,383	3,133	3,541	3,949
4	3,508	6,883	9,133	10,291	11,449

Territory 003 – Remainder of State

\$250,000 / \$750,000

Class Code	1	2	3	4	5+
1A	421	710	902	1,032	1,161
1	493	854	1,095	1,248	1,401
2	584	1,035	1,335	1,519	1,702
3	1,035	1,936	2,537	2,871	3,205
4	2,838	5,543	7,347	8,281	9,216

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**1. Claims-Made Rates by Year (cont.)**

Territory 004 – DuPage, Kane, Lake, McHenry and Sangamon Counties

Class Code	\$250,000 / \$750,000				
	1	2	3	4	5+
1A	569	1,006	1,297	1,476	1,654
1	678	1,224	1,588	1,803	2,018
2	815	1,497	1,952	2,212	2,473
3	1,497	2,861	3,771	4,259	4,747
4	4,225	8,318	11,046	12,444	13,841

Territory 005 – Jackson and Vermilion Counties

Class Code	\$250,000 / \$750,000				
	1	2	3	4	5+
1A	595	1,057	1,365	1,552	1,739
1	710	1,288	1,673	1,899	2,124
2	855	1,577	2,058	2,332	2,606
3	1,577	3,021	3,983	4,498	5,012
4	4,465	8,797	11,684	13,162	14,639

**1. Claims-Made Rates by Year (cont.)**

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Territory 001 - Cook, Madison, St. Clair and Will Counties

Class Code	\$500,000 / \$1,500,000				
	1	2	3	4	5+
1A	867	1,601	2,090	2,368	2,646
1	1,050	1,968	2,580	2,919	3,258
2	1,280	2,427	3,191	3,607	4,023
3	2,427	4,721	6,250	7,048	7,846
4	7,015	13,897	18,485	20,812	23,139

Territory 002 – Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson Kankakee, Macon, Randolph, Washington and Williamson Counties

Class Code	\$500,000 / \$1,500,000				
	1	2	3	4	5+
1A	648	1,163	1,506	1,711	1,916
1	777	1,420	1,850	2,097	2,345
2	938	1,742	2,279	2,580	2,882
3	1,742	3,352	4,425	4,995	5,564
4	4,961	9,790	13,009	14,652	16,294

Territory 003 – Remainder of State

Class Code	\$500,000 / \$1,500,000				
	1	2	3	4	5+
1A	546	958	1,234	1,404	1,575
1	649	1,165	1,509	1,714	1,919
2	778	1,423	1,853	2,101	2,349
3	1,423	2,713	3,573	4,036	4,499
4	4,003	7,873	10,453	11,777	13,100

**1. Claims-Made Rates by Year (cont.)**

Territory 004 – DuPage, Kane, Lake, McHenry and Sangamon Counties

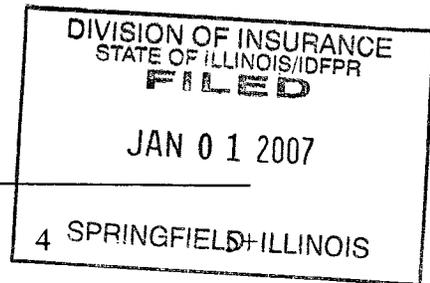
Class Code	\$500,000 / \$1,500,000				
	1	2	3	4	5+
1A	757	1,382	1,798	2,040	2,281
1	913	1,694	2,215	2,508	2,802
2	1,109	2,085	2,735	3,094	3,452
3	2,085	4,036	5,337	6,021	6,705
4	5,988	11,843	15,747	17,732	19,716

Territory 005 – Jackson and Vermilion Counties

Class Code	\$500,000 / \$1,500,000				
	1	2	3	4	5+
1A	794	1,455	1,896	2,149	2,403
1	959	1,785	2,336	2,645	2,954
2	1,166	2,199	2,887	3,265	3,642
3	2,199	4,265	5,642	6,364	7,085
4	6,330	12,528	16,660	18,759	20,858

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**1. Claims-Made Rates by Year (cont.)**



Territory 001 - Cook, Madison, St. Clair and Will Counties

Class Code	\$1,000,000 / \$3,000,000				
	1	2	3	4	5
1A	1,081	2,030	2,662	3,011	3,361
1	1,318	2,504	3,294	3,723	4,151
2	1,615	3,097	4,085	4,612	5,139
3	3,097	6,060	8,036	9,057	10,079
4	9,024	17,916	23,843	26,840	29,837

Territory 002 – Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson Kankakee, Macon, Randolph, Washington and Williamson Counties

Class Code	\$1,000,000 / \$3,000,000				
	1	2	3	4	5+
1A	798	1,464	1,907	2,162	2,417
1	965	1,796	2,351	2,661	2,972
2	1,173	2,212	2,905	3,285	3,665
3	2,212	4,292	5,678	6,404	7,131
4	6,371	12,610	16,769	18,881	20,994

Territory 003 – Remainder of State

Class Code	\$1,000,000 / \$3,000,000				
	1	2	3	4	5+
1A	666	1,200	1,555	1,766	1,977
1	800	1,466	1,911	2,166	2,422
2	966	1,800	2,355	2,666	2,977
3	1,800	3,466	4,577	5,166	5,755
4	5,133	10,133	13,467	15,167	16,867

**1. Claims-Made Rates by Year (cont.)**

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Territory 004 – DuPage, Kane, Lake, McHenry and Sangamon Counties

Class Code	\$1,000,000 / \$3,000,000				
	1	2	3	4	5+
1A	940	1,747	2,285	2,587	2,889
1	1,141	2,150	2,823	3,192	3,561
2	1,394	2,654	3,495	3,948	4,402
3	2,654	5,176	6,857	7,731	8,605
4	7,698	15,262	20,306	22,861	25,415

Territory 005 – Jackson and Vermilion Counties

Class Code	\$1,000,000 / \$3,000,000				
	1	2	3	4	5+
1A	987	1,841	2,410	2,728	3,046
1	1,200	2,268	2,980	3,369	3,758
2	1,467	2,802	3,692	4,170	4,648
3	2,802	5,471	7,250	8,173	9,096
4	8,140	16,147	21,485	24,188	26,890

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**2. Extended Reporting Period Endorsement (Tail Coverage)**

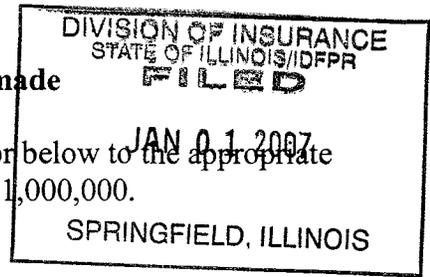
Extended Reporting Period (Tail) Factors  
By Month

Claims-Made  
Year

	1	2	3	4	5	6	7	8	9	10	11	12
1	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
2	1.010	1.080	1.150	1.220	1.280	1.340	1.400	1.460	1.520	1.580	1.640	1.700
3	1.730	1.760	1.790	1.820	1.850	1.880	1.900	1.920	1.940	1.960	1.980	2.000
4	2.030	2.067	2.100	2.133	2.167	2.200	2.233	2.267	2.300	2.333	2.367	2.400
5	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400

Example: An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

**C. Excess Limits of Liability for Dentists and Oral Surgeons – Claims-made**



Excess limits premium shall be derived by applying the appropriate factor below to the appropriate primary rate. Excess limits are only offered above underlying limits of \$1,000,000.

Factors for limits above \$1 Million/\$3 Million Primary:

<b>Excess Limits</b>	<b>Factors</b>
\$1M	0.1977
\$2M	0.3164

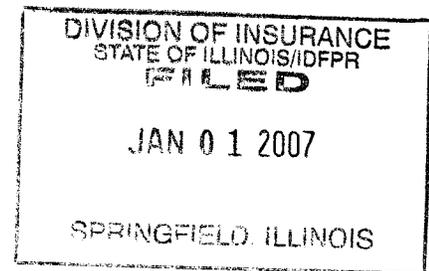
These factors are based upon negotiated reinsurance agreements. Deviation from these factors up to 25% based upon negotiated agreements with reinsurers and/or underwriting judgment may apply.

## II. STATE EXCEPTIONS

### A. Policy Issuance

### B. Rules

1. Item X, Rate Change Amelioration, of Section 3, Classification and/or Rating Modifications and Procedures, is hereby deleted.



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### III. STATE REQUIREMENTS

#### A. Policy Issuance

1. The Illinois State Law Endorsement must be attached to the policy at the time of issuance.
2. Item III, Quarterly Installment Options, is hereby added to Section 1, Introduction, as follows:

#### III. QUARTERLY INSTALLMENT OPTIONS

1. Quarterly Installment Option One – (40/20/20/20)
  - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
  - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
2. Quarterly Installment Option Two – (35/25/25/15)
  - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;
  - b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.

#### B. Rules

1. Item I, Rates and Premium Calculations, of Section 1, Introduction, is hereby amended.
  - A. Rates apply on a per incident and annual aggregate basis. The rates for the premium classifications selected by the Company or any special situations not delineated herein are those described in the Professional Liability State Rates and Exceptions Section of this manual, with a minimum premium being \$500 (not applicable to paramedics). If an individual's practice involves two or more rating territories or rating classifications, the highest rating territory or classification applies. Endorsements adding risks/exposures mid-term will be rated in accordance with the Rates and Rules in effect as of the endorsement effective date. Subject to Section 3., VIII, (Rate Adjustments for Changes in Exposure) of this manual, Reporting Endorsements will be rated in accordance with the Rates and Rules in effect as of the policy effective date. Subject to Section 3, VIII, (Rate Adjustments for Changes in Exposure) of this manual, endorsements effecting changes on risks/exposures currently insured will be rated using the Rules (e.g., rating classification, limits of liability and rating territory) in effect on the date of the change combined with the rates in effect on the later date of either i) the policy term effective date or ii) risk effective date.

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2. Item IX, Reporting Endorsements, of Section 3, Classification and/or Rating Modifications and Procedures, is hereby amended.

With respect to calculation of Reporting Endorsement premium, the only credits/discounts that apply are the Part-Time Discount and Deductibles credit. All debit/surcharges will apply to Reporting Endorsement premium calculations. With respect to risks or exposures written on a consent-to-rate basis, (a) rated basis or Full-Time Equivalent Rating basis at the time the Reporting Endorsement is issued, Reporting Endorsement premium will be calculated on that same basis. The Company may refuse to offer deductible options for premium credit on reporting endorsements in the case of insufficient securitization.

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**SECTION 9**

**STATE RATES AND EXCEPTIONS – PHYSICIANS, SURGEONS AND  
PODIATRISTS**

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SPRINGFIELD, ILLINOIS

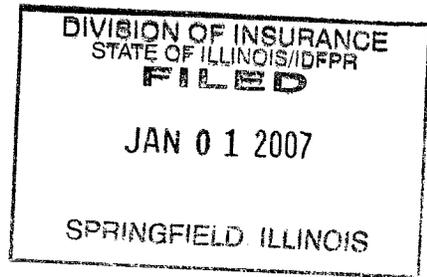
**I. RATES**

**A. Rating Classes - Illinois**

The following indicates the classification codes that are applicable to the rating classes on the following pages:

<b>Rating Class</b>	<b>Industry Class Codes</b>					
1	80102(A) 80178	80179 80231	80235 80236	80240 80254	80256(A) 80265	
2	80233 80238	80249 80252	80256(B) 80263	80267 80474	80620	
3	80102(B) 80145(A) 80151	80222(A) 80244 80245	80255 80257 80260	80266 80268 80282	80289 80420 80431	80473 80621
4	80114 80145(B)	80222(B) 80241	80246 80253	80261 80269	80421(A)	
5	80145(C) 80274 80278	80280 80283 80284	80286 80287 80288	80291 80293 80294	80360 80421(B) 80425	80424(F)
6	80115 80159	80167 80277	80281(A) 80421(C)	80472		
7	80102(C)	80117(A)	80281(B)	80475(A)		
8	80117(B)					
9	80117(C)	80143	80154(A)	80155	80156	80169
10	80146	80150				
11	80154(B)	80171	80475(B)			
12	80144	80153				
13	80475(C)	80476				
14	80152	80475(D)				
15	Not used at this time.					

**B. Physicians and Surgeons Professional Liability Rates**



**1. Claims-Made Rates by Year**

Territory 001 - Cook, Madison, St. Clair and Will Counties

\$250,000 / \$750,000

Class Code	1	2	3	4	5+
1	4,611	7,801	9,927	10,990	12,054
2	6,206	10,990	14,180	15,775	17,369
3	7,801	14,180	18,433	20,559	22,685
4	9,396	17,369	22,685	25,343	28,001
5	10,990	20,559	26,938	30,128	33,317
6	12,904	24,386	32,041	35,869	39,696
7	14,180	26,938	35,444	39,696	43,949
8	16,795	32,169	42,418	47,542	52,667
9	20,559	39,696	52,454	58,833	65,212
10	23,749	46,075	60,960	68,402	75,844
11	26,938	52,454	69,465	77,971	86,476
12	30,128	58,833	77,971	87,539	97,108
13	33,317	65,212	86,476	97,108	107,740
14	42,886	84,350	111,992	125,814	139,635
15	46,075	90,729	120,498	135,382	150,267

Territory 002 – Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson Kankakee, Macon, Randolph, Washington and Williamson Counties

\$250,000 / \$750,000

Class Code	1	2	3	4	5+
1	3,654	5,887	7,376	8,120	8,864
2	4,771	8,120	10,352	11,469	12,585
3	5,887	10,352	13,329	14,818	16,306
4	7,003	12,585	16,306	18,167	20,027
5	8,120	14,818	19,283	21,516	23,749
6	9,459	17,497	22,855	25,535	28,214
7	10,352	19,283	25,237	28,214	31,191
8	12,183	22,945	30,119	33,706	37,293
9	14,818	28,214	37,145	41,610	46,075
10	17,051	32,679	43,098	48,308	53,518
11	19,283	37,145	49,052	55,006	60,960
12	21,516	41,610	55,006	61,704	68,402
13	23,749	46,075	60,960	68,402	75,844
14	30,447	59,471	78,821	88,496	98,171
15	32,679	63,937	84,775	95,194	105,613

JAN 01 2007

SPRINGFIELD, ILLINOIS

1. Claims-Made Rates by Year (cont.)

Territory 003 – Remainder of State

Class Code	\$250,000 / \$750,000				
	1	2	3	4	5+
1	3,208	4,994	6,185	6,780	7,376
2	4,101	6,780	8,566	9,459	10,352
3	4,994	8,566	10,948	12,139	13,329
4	5,887	10,352	13,329	14,818	16,306
5	6,780	12,139	15,711	17,497	19,283
6	7,852	14,282	18,569	20,712	22,855
7	8,566	15,711	20,474	22,855	25,237
8	10,031	18,640	24,380	27,249	30,119
9	12,139	22,855	30,000	33,572	37,145
10	13,925	26,428	34,763	38,931	43,098
11	15,711	30,000	39,526	44,289	49,052
12	17,497	33,572	44,289	49,648	55,006
13	19,283	37,145	49,052	55,006	60,960
14	24,642	47,861	63,341	71,081	78,821
15	26,428	51,434	68,104	76,440	84,775

Territory 004 – DuPage, Kane, Lake, McHenry and Sangamon Counties

Class Code	\$250,000 / \$750,000				
	1	2	3	4	5+
1	4,133	6,844	8,651	9,555	10,459
2	5,488	9,555	12,266	13,622	14,977
3	6,844	12,266	15,881	17,688	19,496
4	8,200	14,977	19,496	21,755	24,014
5	9,555	17,688	23,111	25,822	28,533
6	11,182	20,942	27,448	30,702	33,955
7	12,266	23,111	30,340	33,955	37,570
8	14,489	27,557	36,269	40,624	44,980
9	17,688	33,955	44,799	50,222	55,644
10	20,400	39,377	52,029	58,355	64,681
11	23,111	44,799	59,259	66,488	73,718
12	25,822	50,222	66,488	74,622	82,755
13	28,533	55,644	73,718	82,755	91,792
14	36,666	71,911	95,407	107,155	118,903
15	39,377	77,333	102,636	115,288	127,940

1. Claims-Made Rates by Year (cont.)

Territory 005 – Jackson and Vermilion Counties

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR <b>FILED</b>  JAN 0 1 2007  SPRINGFIELD, ILLINOIS
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Class Code	\$250,000 / \$750,000				
	1	2	3	4	5+
1	4,292	7,163	9,077	10,034	10,990
2	5,728	10,034	12,904	14,339	15,775
3	7,163	12,904	16,732	18,645	20,559
4	8,598	15,775	20,559	22,951	25,343
5	10,034	18,645	24,386	27,257	30,128
6	11,756	22,090	28,979	32,424	35,869
7	12,904	24,386	32,041	35,869	39,696
8	15,258	29,094	38,318	42,930	47,542
9	18,645	35,869	47,351	53,092	58,833
10	21,516	41,610	55,006	61,704	68,402
11	24,386	47,351	62,661	70,316	77,971
12	27,257	53,092	70,316	78,927	87,539
13	30,128	58,833	77,971	87,539	97,108
14	38,739	76,057	100,935	113,374	125,814
15	41,610	81,798	108,590	121,986	135,382

**1. Claims-Made Rates by Year (cont.)**

Territory 001 - Cook, Madison, St. Clair and Will Counties

Class Code	\$500,000 / \$1,500,000				
	1	2	3	4	5+
1	5,985	10,548	13,590	15,111	16,633
2	8,267	15,111	19,675	21,956	24,238
3	10,548	19,675	25,759	28,801	31,843
4	12,830	24,238	31,843	35,646	39,449
5	15,111	28,801	37,928	42,491	47,054
6	17,849	34,277	45,229	50,705	56,180
7	19,675	37,928	50,096	56,180	62,265
8	23,416	45,411	60,074	67,406	74,737
9	28,801	56,180	74,433	83,560	92,686
10	33,364	65,307	86,602	97,249	107,897
11	37,928	74,433	98,770	110,939	123,108
12	42,491	83,560	110,939	124,629	138,318
13	47,054	92,686	123,108	138,318	153,529
14	60,744	120,065	159,613	179,387	199,161
15	65,307	129,192	171,782	193,077	214,372

Territory 002 -- Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson  
Kankakee, Macon, Randolph, Washington and Williamson Counties

Class Code	\$500,000 / \$1,500,000				
	1	2	3	4	5+
1	4,616	7,810	9,940	11,005	12,069
2	6,213	11,005	14,199	15,796	17,393
3	7,810	14,199	18,458	20,587	22,717
4	9,407	17,393	22,717	25,379	28,041
5	11,005	20,587	26,976	30,170	33,364
6	12,921	24,420	32,087	35,920	39,753
7	14,199	26,976	35,494	39,753	44,012
8	16,818	32,214	42,479	47,611	52,743
9	20,587	39,753	52,530	58,918	65,307
10	23,782	46,141	61,048	68,501	75,954
11	26,976	52,530	69,566	78,084	86,602
12	30,170	58,918	78,084	87,667	97,249
13	33,364	65,307	86,602	97,249	107,897
14	42,947	84,472	112,156	125,998	139,839
15	46,141	90,861	120,674	135,580	150,487

1. Claims-Made Rates by Year (cont.)

Territory 003 – Remainder of State

Class Code	\$500,000 / \$1,500,000				
	1	2	3	4	5+
1	3,977	6,533	8,236	9,088	9,940
2	5,255	9,088	11,643	12,921	14,199
3	6,533	11,643	15,051	16,754	18,458
4	7,810	14,199	18,458	20,587	22,717
5	9,088	16,754	21,865	24,420	26,976
6	10,621	19,821	25,954	29,020	32,087
7	11,643	21,865	28,679	32,087	35,494
8	13,739	26,056	34,267	38,373	42,479
9	16,754	32,087	42,308	47,419	52,530
10	19,310	37,197	49,123	55,085	61,048
11	21,865	42,308	55,937	62,751	69,566
12	24,420	47,419	62,751	70,418	78,084
13	26,976	52,530	69,566	78,084	86,602
14	34,642	67,862	90,009	101,082	112,156
15	37,197	72,973	96,823	108,749	120,674



Territory 004 – DuPage, Kane, Lake, McHenry and Sangamon Counties,

Class Code	\$500,000 / \$1,500,000				
	1	2	3	4	5+
1	5,301	9,179	11,765	13,058	14,351
2	7,240	13,058	16,937	18,876	20,815
3	9,179	16,937	22,108	24,694	27,280
4	11,119	20,815	27,280	30,512	33,745
5	13,058	24,694	32,452	36,330	40,209
6	15,385	29,349	38,658	43,312	47,967
7	16,937	32,452	42,795	47,967	53,138
8	20,117	38,813	51,276	57,508	63,740
9	24,694	47,967	63,482	71,239	78,996
10	28,573	55,724	73,825	82,875	91,926
11	32,452	63,482	84,168	94,511	104,855
12	36,330	71,239	94,511	106,148	117,784
13	40,209	78,996	104,855	117,784	130,713
14	51,845	102,269	135,885	152,692	169,500
15	55,724	110,026	146,228	164,329	182,429

1. Claims-Made Rates by Year (cont.)

Territory 005 – Jackson and Vermilion Counties

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
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SPRINGFIELD, ILLINOIS

Class Code	\$500,000 / \$1,500,000				
	1	2	3	4	5+
1	5,529	9,636	12,374	13,742	15,111
2	7,582	13,742	17,849	19,903	21,956
3	9,636	17,849	23,325	26,063	28,801
4	11,689	21,956	28,801	32,224	35,646
5	13,742	26,063	34,277	38,384	42,491
6	16,207	30,991	40,848	45,776	50,705
7	17,849	34,277	45,229	50,705	56,180
8	21,217	41,012	54,209	60,807	67,406
9	26,063	50,705	67,132	75,346	83,560
10	30,170	58,918	78,084	87,667	97,249
11	34,277	67,132	89,036	99,987	110,939
12	38,384	75,346	99,987	112,308	124,629
13	42,491	83,560	110,939	124,629	138,318
14	54,811	108,201	143,794	161,591	179,387
15	58,918	116,415	154,746	173,911	193,077

**1. Claims-Made Rates by Year (cont.)**

Territory 001 - Cook, Madison, St. Clair and Will Counties

DIVISION OF INSURANCE  
 STATE OF ILLINOIS/IDFPR  
**FILED**  
  
 JAN 0 1 2007  
  
 SPRINGFIELD, ILLINOIS

Class Code	\$1,000,000 / \$3,000,000				
	1	2	3	4	5+
1	7,317	13,213	17,143	19,109	21,074
2	10,265	19,109	25,004	27,952	30,900
3	13,213	25,004	32,865	36,796	40,726
4	16,161	30,900	40,726	45,639	50,552
5	19,109	36,796	48,587	54,482	60,378
6	22,646	43,870	58,020	65,095	72,169
7	25,004	48,587	64,309	72,169	80,030
8	29,839	58,256	77,200	86,673	96,145
9	36,796	72,169	95,752	107,543	119,334
10	42,691	83,961	111,474	125,230	138,986
11	48,587	95,752	127,195	142,917	158,639
12	54,482	107,543	142,917	160,604	178,291
13	60,378	119,334	158,639	178,291	197,943
14	78,065	154,708	205,804	231,351	256,899
15	83,961	166,499	221,525	249,038	276,551

Territory 002 – Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson Kankakee, Macon, Randolph, Washington and Williamson Counties

Class Code	\$1,000,000 / \$3,000,000				
	1	2	3	4	5+
1	5,549	9,676	12,427	13,803	15,178
2	7,612	13,803	17,930	19,993	22,056
3	9,676	17,930	23,432	26,183	28,935
4	11,739	22,056	28,935	32,374	35,813
5	13,803	26,183	34,437	38,564	42,691
6	16,279	31,136	41,040	45,993	50,945
7	17,930	34,437	45,442	50,945	56,448
8	21,314	41,205	54,467	61,097	67,728
9	26,183	50,945	67,453	75,707	83,961
10	30,310	59,199	78,458	88,088	97,717
11	34,437	67,453	89,463	100,468	111,474
12	38,564	75,707	100,468	112,849	125,230
13	42,691	83,961	111,474	125,230	138,986
14	55,072	108,722	144,489	162,372	180,256
15	59,199	116,976	155,494	174,753	194,012

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SPRINGFIELD, ILLINOIS

**1. Claims-Made Rates by Year (cont.)**

Territory 003 – Remainder of State

Class Code	\$1,000,000 / \$3,000,000				
	1	2	3	4	5+
1	4,723	8,025	10,226	11,326	12,427
2	6,374	11,326	14,628	16,279	17,930
3	8,025	14,628	19,030	21,231	23,432
4	9,676	17,930	23,432	26,183	28,935
5	11,326	21,231	27,834	31,136	34,437
6	13,307	25,193	33,117	37,079	41,040
7	14,628	27,834	36,638	41,040	45,442
8	17,335	33,249	43,858	49,162	54,467
9	21,231	41,040	54,247	60,850	67,453
10	24,533	47,644	63,051	70,754	78,458
11	27,834	54,247	71,855	80,659	89,463
12	31,136	60,850	80,659	90,564	100,468
13	34,437	67,453	89,463	100,468	111,474
14	44,342	87,262	115,876	130,182	144,489
15	47,644	93,865	124,680	140,087	155,494

Territory 004 – DuPage, Kane, Lake, McHenry and Sangamon Counties

Class Code	\$1,000,000 / \$3,000,000				
	1	2	3	4	5+
1	6,433	11,444	14,785	16,456	18,126
2	8,939	16,456	21,467	23,973	26,478
3	11,444	21,467	28,149	31,490	34,830
4	13,950	26,478	34,830	39,006	43,182
5	16,456	31,490	41,512	46,523	51,535
6	19,462	37,503	49,530	55,544	61,557
7	21,467	41,512	54,875	61,557	68,239
8	25,576	49,731	65,834	73,885	81,936
9	31,490	61,557	81,602	91,625	101,647
10	36,501	71,580	94,966	106,659	118,352
11	41,512	81,602	108,329	121,693	135,056
12	46,523	91,625	121,693	136,726	151,760
13	51,535	101,647	135,056	151,760	168,465
14	66,568	131,715	175,146	196,862	218,577
15	71,580	141,738	188,510	211,896	235,282

1. Claims-Made Rates by Year (cont.)

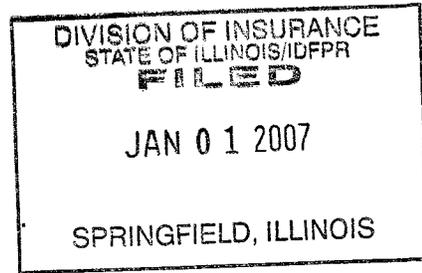
Territory 005 -- Jackson and Vermilion Counties

\$1,000,000 / \$3,000,000



Class Code	1	2	3	4	5+
1	6,728	12,034	15,571	17,340	19,109
2	9,381	17,340	22,646	25,299	27,952
3	12,034	22,646	29,721	33,258	36,796
4	14,687	27,952	36,796	41,217	45,639
5	17,340	33,258	43,870	49,176	54,482
6	20,524	39,625	52,360	58,727	65,095
7	22,646	43,870	58,020	65,095	72,169
8	26,997	52,572	69,622	78,148	86,673
9	33,258	65,095	86,319	96,931	107,543
10	38,564	75,707	100,468	112,849	125,230
11	43,870	86,319	114,618	128,767	142,917
12	49,176	96,931	128,767	144,686	160,604
13	54,482	107,543	142,917	160,604	178,291
14	70,401	139,380	185,365	208,358	231,351
15	75,707	149,992	199,515	224,277	249,038

**2. Extended Reporting Period Endorsement (Tail Coverage)**



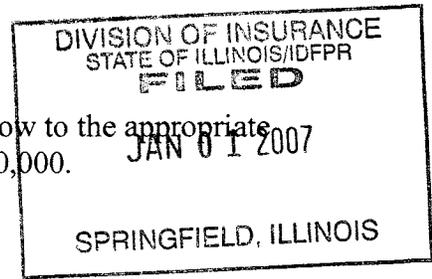
Extended Reporting Period (Tail) Factors  
By Month

Claims-Made  
Year

	1	2	3	4	5	6	7	8	9	10	11	12
1	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
2	1.010	1.080	1.150	1.220	1.280	1.340	1.400	1.460	1.520	1.580	1.640	1.700
3	1.730	1.760	1.790	1.820	1.850	1.880	1.900	1.920	1.940	1.960	1.980	2.000
4	2.030	2.067	2.100	2.133	2.167	2.200	2.233	2.267	2.300	2.333	2.367	2.400
5	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400

Example: An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

**C. Excess Limits Premium Factors**



Excess limits premium shall be derived by applying the appropriate factor below to the appropriate primary rate. Excess limits are only offered above underlying limits of \$1,000,000.

Factors for limits above \$1 Million/\$3 Million Primary:

EXCESS LIMITS	\$1M/\$3M Primary	
	Classes 1 – 8	Classes 9 – 15
\$1M	0.1977	0.2535
\$2M	0.3164	0.4040
\$3M	0.4055	0.5169
\$4M	0.4723	0.6016
\$5M	0.5324	0.6779

These factors are based upon negotiated reinsurance agreements. Deviation from these factors up to 25% based upon negotiated agreements with reinsurers and/or underwriting judgment may apply.

**D. Replacement Coverage Factors for Insurance of Unreported Claims on Previously Issued Reporting Endorsements or Occurrence Coverage**

DIVISION OF INSURANCE  
 STATE OF ILLINOIS/IDFPR  
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 SPRINGFIELD, ILLINOIS

Apply the appropriate factor from the tables below to the insured's mature rate for 1M/3M limits

1. Factors for Indefinite Reporting Endorsement

a) All Specialties other than OB/GYN, Pediatrics or Anesthesiology

Prior Occurrence Coverage Expiration Date or Prior Tail Issue Date	C-M Maturity or Years of Occurrence Coverage Year at Time of Prior Tail Issuance					
	1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year+
Up to 1 yr. ago	0.840	1.380	1.680	1.860	1.980	2.040
1+ to 2 yrs. ago	0.540	0.840	1.020	1.140	1.200	1.200
2+ to 3 yrs. ago	0.300	0.480	0.600	0.660	0.660	0.660
3+ to 4 yrs. ago	0.180	0.300	0.360	0.360	0.360	0.360
4+ to 5 yrs. ago	0.120	0.180	0.180	0.180	0.180	0.180
5+ to 6 yrs. ago	0.060	0.060	0.060	0.060	0.060	0.060
More than 6 yrs. ago	0.000	0.000	0.000	0.000	0.000	0.000

Minimum factor to apply: .07.

b) Anesthesiologist Specialty

Prior Occurrence Coverage Expiration Date or Prior Tail Issue Date	C-M Maturity or Years of Occurrence Coverage Year at Time of Prior Tail Issuance					
	1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year+
Up to 1 yr. ago	0.600	0.900	1.080	1.140	1.164	1.176
1+ to 2 yrs. ago	0.300	0.480	0.540	0.564	0.576	0.576
2+ to 3 yrs. ago	0.180	0.240	0.264	0.276	0.276	0.276
3+ to 4 yrs. ago	0.060	0.084	0.096	0.096	0.096	0.096
4+ to 5 yrs. ago	0.024	0.036	0.036	0.036	0.036	0.036
5+ to 6 yrs. ago	0.012	0.012	0.012	0.012	0.012	0.012
More than 6 yrs. ago	0.000	0.000	0.000	0.000	0.000	0.000

Minimum factor to apply: .07.

c) OB/GYN and Pediatric Specialties

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Prior Occurrence Coverage Expiration Date or Prior Tail Issue Date	C-M Maturity or Years of Occurrence Coverage Year at Time of Prior Tail Issuance					
	1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year
Up to 1 yr. ago	0.720	1.260	1.620	1.800	1.920	2.016
1+ to 2 yrs. ago	0.540	0.900	1.080	1.200	1.296	1.368
2+ to 3 yrs. ago	0.360	0.540	0.660	0.756	0.828	0.876
3+ to 4 yrs. ago	0.180	0.300	0.396	0.468	0.516	0.552
4+ to 5 yrs. ago	0.120	0.216	0.288	0.336	0.372	0.396
5+ to 6 yrs. ago	0.096	0.168	0.216	0.252	0.276	0.288
6+ to 7 yrs. ago	0.072	0.120	0.156	0.180	0.192	0.192
7+ to 8 yrs. ago	0.048	0.084	0.108	0.120	0.120	0.120
8+ to 9 yrs. ago	0.036	0.060	0.072	0.072	0.072	0.072
9+ to 10 yrs. ago	0.024	0.036	0.036	0.036	0.036	0.036
10+ to 11 yrs. ago	0.012	0.012	0.012	0.012	0.012	0.012
More than 11 yrs. ago	0.000	0.000	0.000	0.000	0.000	0.000
		7th Year	8th Year	9th Year	10th Year	11th Year+
Up to 1 yr. ago		2.088	2.136	2.172	2.196	2.208
1+ to 2 yrs. ago		1.416	1.452	1.476	1.488	1.488
2+ to 3 yrs. ago		0.912	0.936	0.948	0.948	0.948
3+ to 4 yrs. ago		0.576	0.588	0.588	0.588	0.588
4+ to 5 yrs. ago		0.408	0.408	0.408	0.408	0.408
5+ to 6 yrs. ago		0.288	0.288	0.288	0.288	0.288
6+ to 7 yrs. ago		0.192	0.192	0.192	0.192	0.192
7+ to 8 yrs. ago		0.120	0.120	0.120	0.120	0.120
8+ to 9 yrs. ago		0.072	0.072	0.072	0.072	0.072
9+ to 10 yrs. ago		0.036	0.036	0.036	0.036	0.036
10+ to 11 yrs. ago		0.012	0.012	0.012	0.012	0.012
More than 11 yrs. ago		0.000	0.000	0.000	0.000	0.000

Minimum factor to apply: .07.

2. Factors for Annually Renewed Prior Occurrence and Tail Replacement Coverage

This option is intended to allow the policyholder the choice of a shorter reporting period and a lesser premium than charged for the indefinite period and an effectively longer payment plan than otherwise offered. It is not intended to allow the Company the option to refuse to extend the reporting period at any given year. If the insured elects to renew a sufficient number of times (seven for OB/GYN and Pediatrics and four for all other specialties), this coverage will convert from an annually renewing reporting period to an indefinite reporting period.

a) All Specialties other than OB/GYN, Pediatrics or Anesthesiology

Occurrence Coverage End Date or Tail Issue Date	C-M Maturity or Years of Occurrence Coverage Year at Time of Prior Tail Issuance					
	1st Year	2nd Year	3rd Year	4 <sup>th</sup> Year	5th Year	6th Year+
Up to 1 yr. ago	0.275	0.495	0.605	0.660	0.715	0.770
1+ to 2 yrs. ago	0.220	0.330	0.385	0.440	0.495	0.495
2+ to 3 yrs. ago	0.110	0.165	0.220	0.275	0.275	0.275
3+ to 4 yrs. ago	0.055	0.110	0.165	0.165	0.165	0.165
4+ to 5 yrs. ago	0.055	0.110	0.110	0.110	0.110	0.110
5+ to 6 yrs. ago	0.055	0.055	0.055	0.055	0.055	0.055
More than 6 yrs. ago	0.000	0.000	0.000	0.000	0.000	0.000

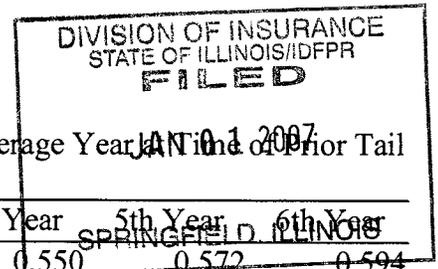
Minimum factor to apply: .07.

b) Anesthesiologist Specialty

Occurrence Coverage End Date or Tail Issue Date	C-M Maturity or Years of Occurrence Coverage Year at Time of Prior Tail Issuance					
	1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year+
Up to 1 yr. ago	0.275	0.385	0.495	0.528	0.539	0.550
1+ to 2 yrs. ago	0.110	0.220	0.253	0.264	0.275	0.275
2+ to 3 yrs. ago	0.110	0.143	0.154	0.165	0.165	0.165
3+ to 4 yrs. ago	0.033	0.044	0.055	0.055	0.055	0.055
4+ to 5 yrs. ago	0.011	0.022	0.022	0.022	0.022	0.022
5+ to 6 yrs. ago	0.011	0.011	0.011	0.011	0.011	0.011
More than 6 yrs. ago	0.000	0.000	0.000	0.000	0.000	0.000

Minimum factor to apply: .07.

c) OB/GYN and Pediatric Specialties



Occurrence Coverage End Date or Tail Issue Date	C-M Maturity or Years of Occurrence Coverage Year of Issuance						
	1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	7th Year
Up to 1 yr. ago	0.165	0.330	0.495	0.550	0.572	0.594	
1+ to 2 yrs. ago	0.165	0.330	0.385	0.407	0.429	0.451	
2+ to 3 yrs. ago	0.165	0.220	0.242	0.264	0.286	0.297	
3+ to 4 yrs. ago	0.055	0.077	0.099	0.121	0.132	0.143	
4+ to 5 yrs. ago	0.022	0.044	0.066	0.077	0.088	0.099	
5+ to 6 yrs. ago	0.022	0.044	0.055	0.066	0.077	0.088	
6+ to 7 yrs. ago	0.022	0.033	0.044	0.055	0.066	0.066	
7+ to 8 yrs. ago	0.011	0.022	0.033	0.044	0.044	0.044	
8+ to 9 yrs. ago	0.011	0.022	0.033	0.033	0.033	0.033	
9+ to 10 yrs. ago	0.011	0.022	0.022	0.022	0.022	0.022	
10+ to 11 yrs. ago	0.011	0.011	0.011	0.011	0.011	0.011	
More than 11 yrs. ago	0.000	0.000	0.000	0.000	0.000	0.000	

	7th Year	8th Year	9th Year	10th Year	11th Year+
Up to 1 yr. ago	0.616	0.627	0.638	0.649	0.660
1+ to 2 yrs. ago	0.462	0.473	0.484	0.495	0.495
2+ to 3 yrs. ago	0.308	0.319	0.330	0.330	0.330
3+ to 4 yrs. ago	0.154	0.165	0.165	0.165	0.165
4+ to 5 yrs. ago	0.110	0.110	0.110	0.110	0.110
5+ to 6 yrs. ago	0.088	0.088	0.088	0.088	0.088
6+ to 7 yrs. ago	0.066	0.066	0.066	0.066	0.066
7+ to 8 yrs. ago	0.044	0.044	0.044	0.044	0.044
8+ to 9 yrs. ago	0.033	0.033	0.033	0.033	0.033
9+ to 10 yrs. ago	0.022	0.022	0.022	0.022	0.022
10+ to 11 yrs. ago	0.011	0.011	0.011	0.011	0.011
More than 11 yrs. ago	0.000	0.000	0.000	0.000	0.000

Minimum factor to apply: .07.

3. Group Discount Factor

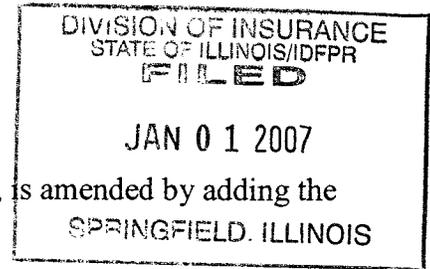
After calculating each insured's preliminary rate for the Replacement Coverage, apply the factor from the table below which corresponds to the number of insureds in the group for whom the coverage is purchased.

# of Physicians	Discount Factor
1	1.000
2-3	0.970
4-6	0.950
7-10	0.925
11-20	0.900
Over 20	0.850

**II. STATE EXCEPTIONS**

**A. Policy Issuance**

**B. Rules**



1. Section 2, Physicians & Surgeons Specialty Codes and Descriptions, is amended by adding the following:

<u>Specialty</u>	<u>Industry Class Code</u>		
	<u>No Surgery</u>	<u>Minor Surgery</u>	<u>Major Surgery</u>
Endocrinology	80238	-	-
Infectious Disease	80246	-	-

2. Section 2, Physicians & Surgeons Specialty Codes and Descriptions, is amended by adding the following:

**CLARIFICATION OF SPECIALTY CODES**

<u>Code</u>	<u>Specialty Description</u>
80102(A)	Emergency Medicine – Moonlighting - no surgery
80102(B)	Emergency Medicine – Moonlighting - minor surgery
80102(C)	Emergency Medicine – clinic/hosp. primarily
80117(A)	Family/General Practice, No OB – major surgery
80117(B)	Family/General Practice, Limited OB – major surgery
80117(C)	Family/General Practice, Significant OB – major surgery
80145(A)	Urology – no surgery
80145(B)	Urology – minor surgery
80145(C)	Urology – major surgery
80154(A)	Orthopedic (No Spines) – major surgery
80154(B)	Orthopedic (Spines) – major surgery
80222(A)	Hospitalist – Hosp. Employed/ Single Hospital Affiliation
80222(B)	Hospitalist – Non-Hosp. Employed/Multiple Hospital Affiliations
80256(A)	Dermatology – no surgery
80256(B)	Dermatology – no surgery (specified procedures)
80281(A)	Cardiovascular Dis. – minor surgery
80281(B)	Cardiovascular Dis. – minor surgery, specified procedures
80421(A)	FP or GP – assist in major surgery - own patients only (no minor)
80421(B)	FP or GP – minor surgery & assist in major surgery- own patients
80421(C)	FP or GP – assist in major surgery
80424(F)	Urgent Care – no surgery
80424(V)	Urgent Care – no surgery, rated on a per-visit basis
80475(A)	Pain Management – no major surgery
80475(B)	Pain Management – basic procedures
80475(C)	Pain Management – intermediate procedures
80475(D)	Pain Management – advanced procedures
80116(A)	Physician Assistant
80116(B)	Surgeon Assistant
80960(D)	Nurse Anesthetist – Dental
80960(M)	Nurse Anesthetist – Medical

3. Item X, Rate Change Amelioration, of Section 3, Classification and/or Rating Modifications and Procedures, is hereby deleted.
4. Item V, Scheduled Rating Program, of Section 4, Professional Liability Discounts, is amended as follows:

**V. SCHEDULED RATING PROGRAM**

The Company has determined that significant variability exists in the hazards faced by physicians and surgeons engaged in the practice of medicine. Exposure conditions vary with respect to:

	<u>Debit/Credit</u>
1. Number of years experience in medicine;	+/- 10%
2. Number of patient exposures;	+/- 10%
3. Organization (if any) and size;	+/- 10%
4. Medical standards review and claims review committees;	+/- 10%
5. Other risk management practices and procedures;	+/- 10%
6. Training, accreditation and credentialing;	+/- 10%
7. Continuing Medical Education activities;	+/- 10%
8. Professional liability claim experience;	+/- 10%
9. Record-keeping practices;	+/- 10%
10. Maintenance and utilization of certain monitoring equipment, diagnostic tests or diagnostic procedures;	+/- 10%
11. Participation in capitation contracts; and*	+ 10%
12. Insured group maintains differing limits of liability on members.*	+ 10%

In order to recognize these and other factors affecting a particular practitioner or group practice, the Company proposes to apply a debit or credit to the otherwise applicable rate dependent upon the underwriter's overall evaluation of the risk.

The maximum credit will be 25%; the maximum debit will be 25%.

The Scheduled Rating Plan will apply to individuals as well as groups of two or more physicians as the Company becomes aware of variability in the risk characteristics of the individual or group. At the underwriter's discretion, objective credits otherwise applicable to an insured will not be applied in situations where a scheduled debit is deemed necessary.

\* NOTE: No credit will be given for #11 or #12 above.

5. Item VI, Deductibles, of Section 4, Professional Liability Discounts following:

is hereby replaced by the  
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**VI. DEDUCTIBLES**

Deductibles may apply either to indemnity only or indemnity and allocated loss adjustment expenses (ALAE). Any discount will apply only to the primary limit premium layer (\$1M/\$3M). Deductibles are subject to approval by the company based on financial statements submitted by the insured and financial guarantees as required. The amount of the deductible credit may never exceed 80% of the annual aggregate, if any. In the event where the credit exceeds 80% of the aggregate, the annual aggregate will be adjusted accordingly. This Rule does not apply to any risk when a deductible has been added for underwriting reasons.

**A. Individual Deductibles**

Discount as a Percentage of Rate for Applicable Primary Limit

These per claim and aggregate (if any) deductibles apply to each insured separately.

<u>INDEMNITY ONLY</u>		<u>INDEMNITY AND ALAE</u>	
<u>Deductible Per Claim</u>		<u>Deductible Per Claim</u>	
\$ 5,000	2.5%	\$ 5,000	6.5%
\$10,000	4.5%	\$10,000	11.5%
\$15,000	6.0%	\$15,000	15.0%
\$20,000	8.0%	\$20,000	17.5%
\$25,000	9.0%	\$25,000	20.0%
\$50,000	15.0%	\$50,000	30.5%
\$100,000	25.0%	\$100,000	44.5%
\$200,000	37.5%	\$200,000	55.0%
\$250,000	42.0%	\$250,000	58.0%

<u>Per Claim/Aggregate</u>		<u>Per Claim/Aggregate</u>	
\$ 5,000/15,000	2.0%	\$ 5,000/15,000	5.5%
\$10,000/30,000	4.0%	\$10,000/30,000	10.5%
\$25,000/75,000	8.5%	\$25,000/75,000	19.0%
\$50,000/150,000	14.0%	\$50,000/150,000	29.5%
\$100,000/300,000	24.0%	\$100,000/300,000	43.0%
\$200,000/600,000	36.0%	\$200,000/600,000	53.5%
\$250,000/750,000	40.0%	\$250,000/750,000	56.5%

For other deductible amounts selected by policyholders, refer to management for rating.

**B. Group Deductibles**

An optional deductible which limits the amount the entire group will have to pay, if multiple claims are made in a policy year, is available. Under this program, the per claim deductible continues to apply separately to each insured involved in a suit. However, the aggregate deductible applies to all insureds in the group combined thereby reducing the organization's maximum potential liability in a policy year.

When an organization is insured with a separate limit of coverage, the organization is counted when totaling the number of insureds below.

Group aggregate deductible discounts apply to \$1M/\$3M premiums only. The applicable Deductible Discount will not change during the policy term despite changes in the number of insureds, but will be limited by any applicable maximum credit amount.

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**Indemnity Deductible**

Per Claim/Aggregate (\$000)	Number of Insureds				Maximum Credit
	2 - 19	20 - 40	41 - 60	61 - 100	
5/15	.020	.018	.015	.012	\$ 10,500
10/30	.038	.035	.030	.024	21,000
25/75	.084	.079	.070	.058	52,500
50/150	.145	.139	.127	.109	105,000
100/300	.234	.228	.216	.196	210,000
200/600	.348	.346	.338	.321	420,000
250/750	.385	.385	.381	.368	525,000

**Indemnity & ALAE  
Deductible**

Per Claim/Aggregate (\$000)	Number of Insureds				Maximum Credit
	2 - 19	20 - 40	41 - 60	61 - 100	
5/15	.029	.026	.021	.017	\$ 12,750
10/30	.068	.063	.054	.043	25,500
25/75	.119	.112	.099	.082	63,750
50/150	.186	.179	.163	.140	127,500
100/300	.258	.252	.239	.216	255,000
200/600	.396	.394	.385	.366	510,000
250/750	.467	.467	.462	.446	637,500

### III. STATE REQUIREMENTS

#### A. Policy Issuance

1. The Illinois State Law Endorsement must be attached to the policy at the time of issuance.
2. Item III, Quarterly Installment Options, is hereby added to Section 1, Introduction, as follows:

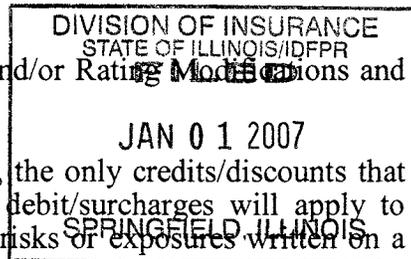
#### III. QUARTERLY INSTALLMENT OPTIONS

1. Quarterly Installment Option One
  - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
  - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
2. Quarterly Installment Option Two – (35/25/25/15)
  - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;
  - b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.

#### B. Rules

1. Item I, Rates and Premium Calculations, of Section 1, Introduction, is hereby amended.
  - A. Rates apply on a per incident and annual aggregate basis. The rates for the premium classifications selected by the Company or any special situations not delineated herein are those described in the Professional Liability State Rates and Exceptions Section of this manual, with a minimum premium being \$500 (not applicable to paramedicals). If an individual's practice involves two or more rating territories or rating classifications, the highest rating territory or classification applies. Endorsements adding risks/exposures mid-term will be rated in accordance with the Rates and Rules in effect as of the endorsement effective date. Subject to Section 3., VIII, (Rate Adjustments for Changes in Exposure) of this manual, Reporting Endorsements will be rated in accordance with the Rates and Rules in effect as of the policy effective date. Subject to Section 3, VIII, (Rate Adjustments for Changes in Exposure) of this manual, endorsements effecting changes on risks/exposures currently insured will be rated using the Rules (e.g., rating classification, limits of liability and rating territory) in effect on the date of the change combined with the rates in effect on the later date of either i) the policy term effective date or ii) risk effective date.

2. Item IX, Reporting Endorsements, of Section 3, Classification and/or Rating Modifications and Procedures, is hereby amended.



With respect to calculation of Reporting Endorsement premium, the only credits/discounts that apply are the Part-Time discount and Deductible credit. All debit/surcharges will apply to Reporting Endorsement premium calculations. With respect to risks or exposures written on a consent-to-rate basis, (a) rated basis or Full-Time Equivalent Rating basis at the time the Reporting Endorsement is issued, Reporting Endorsement premium will be calculated on that same basis. The Company may refuse to offer deductible options for premium credit on reporting endorsements in the case of insufficient securitization.

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SPRINGFIELD, ILLINOIS

**CorpCare™**

**SECTION 10**

**STATE RATES AND EXCEPTIONS – GROUPS**

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**I. RATES**

**A. Per Patient Rates – Emergency Room / Urgent Care**

1. Rating of Emergency Room and Urgent Care Groups may, at the Company's option be rated on a per 100 patient visit basis. A risk with fewer than 10,000 patient encounters each year will not qualify for this rating method.
2. For risks rated on a per patient basis, develop premium using the following per 100 patient visit rates. The above rates are subject to increased limit factors and standard CorpCare™ rating factors.

Claims-made Rate Per 100 Patient Visits \$1,000,000 / \$3,000,000						
Class	Code	Territory 1	Territory 2	Territory 3	Territory 4	Territory 5
Emergency Room	80429	\$2,287	\$1,613	\$1,298	\$1,950	\$2,062
Urgent Care	80424(V)	\$1,725	\$1,220	\$984	\$1,472	\$1,557

3. Extended Reporting Endorsement Period Endorsement (Tail Coverage)

Extended Reporting Period (Tail) Factors  
By Month

Claims-Made  
Year

	1	2	3	4	5	6	7	8	9	10	11	12
<b>1</b>	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
<b>2</b>	1.010	1.080	1.150	1.220	1.280	1.340	1.400	1.460	1.520	1.580	1.640	1.700
<b>3</b>	1.730	1.760	1.790	1.820	1.850	1.880	1.900	1.920	1.940	1.960	1.980	2.000
<b>4</b>	2.030	2.067	2.100	2.133	2.167	2.200	2.233	2.267	2.300	2.333	2.367	2.400
<b>5</b>	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400

Example: An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

Reporting Endorsement ("Tail") Premium Development

- a. Determine the tail premium for each current scheduled health care provider, if applicable. See Section 9, State Rates and Exceptions - Physicians, Surgeons and Podiatrists - Extended Reporting Period Endorsement (Tail Coverage). Deductibles and risk management credits are not applicable.
- b. For per patient rated risks, use average number of patient visits for the previous thirty-six months. Deductibles and risk management credits are not applicable.
- c. Determine the remaining optional separate limit premium, if applicable.
- d. Add premiums determined in Steps a., b. and c. to determine total policy premium.

**B. Rating Territories**

<b>Territory</b>	<b>County</b>
1	Cook, Madison, St. Clair and Will Counties
2	Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson, Kankakee, Macon, Randolph, Washington and Williamson Counties
3	Remainder of State
4	DuPage, Kane, Lake, McHenry and Sangamon Counties
5	Jackson and Vermilion Counties

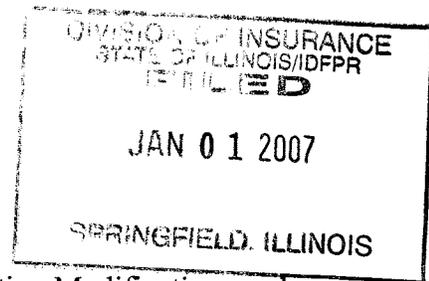
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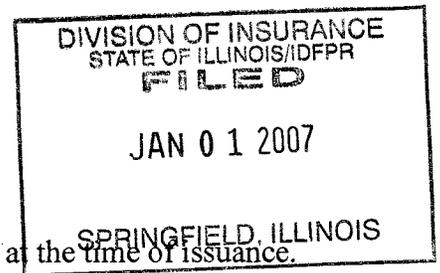
## II. STATE EXCEPTIONS

### A. Policy Issuance

### B. Rules

1. Item X, Rate Change Amelioration, of Section 3, Classification and/or Rating Modifications and Procedures, is hereby deleted.





### III. STATE REQUIREMENTS

#### A. Policy Issuance

1. The Illinois State Law Endorsement must be attached to the policy at the time of issuance.
2. Item III, Quarterly Installment Options, is hereby added to Section 1, Introduction, as follows:

#### III. QUARTERLY INSTALLMENT OPTIONS

1. Quarterly Installment Option One – (40/20/20/20)
  - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
  - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
2. Quarterly Installment Option Two – (35/25/25/15)
  - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;
  - b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.

#### B. Rules

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2007

SPRINGFIELD, ILLINOIS

**SECTION 11**

**STATE RATES AND EXCEPTIONS – PHYSICIAN EXTENDER, PARAMEDICAL**

**AND**

**ALLIED HEALTH PROFESSIONAL LIABILITY RATING**

**I. STATE EXCEPTIONS**

**A. Policy Issuance**

**B. Rules**

1. Item X, Amelioration, of Section 3, Classification and/or Rating Modifications and Procedures, is hereby deleted.
2. Item I of Section 6, Physician Extender, Paramedical and Allied Health Professional Liability Rating, is hereby amended as follows:

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STATE OF ILLINOIS/IDFPR  
**FILED**  
  
JAN 01 2007  
  
SPRINGFIELD, ILLINOIS

**I. PHYSICIAN EXTENDER, AND PARAMEDICAL EMPLOYEES, ALLIED HEALTH EMPLOYEE PROFESSIONAL LIABILITY**

Professional employees (other than cytotechnologists, dentists, emergency medical technicians, certified registered nurse anesthetists, nurse midwives, nurse practitioners, optometrists, perfusionists, physicians, physicians' assistants, psychologists, surgeons or surgeons' assistants) are automatically included, at no additional charge, as additional insureds under policies issued to their employers. The limits of liability are on a shared basis with the employer.

The following paramedical employees may be individually covered by the Company by payment of an additional premium or covered elsewhere through a program deemed acceptable to the Company with minimum limits of liability equal to or greater than those of the insured employer. Coverage is available on a shared-limits basis or with separate individual limits. To determine the additional premium for the coverage selected, apply the appropriate factor from the premium assigned to Physician Class Codes 80420, 80151, 80153, 80266 or 80114, as specified, for the applicable claims-made year and limits of liability.

(Paramedical employees written on a shared-limits basis will be charged a fourth year claims-made premium regardless of retroactive date and the shared-limits factors stated above will always be applied to a fourth year claims-made premium.)

Employee	(Factors based on 80420)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Physician's Assistant (PA)	0.027	0.083	0.025
Surgeon's Assistant (SA)	0.041	0.124	0.037
Certified Nurse Practitioner (CNP)	0.045	0.138	0.041
Psychologist	0.040	0.050	0.015
Emergency Medical Technician (EMT)	0.004	0.010	0.003
Perfusionist	0.166	0.500	0.149

Employee	(Factors based on 80151)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Certified Nurse Anesthetist (CRNA) – not part of an insured group	N/A	0.420	0.126
CRNA employed by an insured group - separate limits basis	N/A	0.300	0.090
CRNA employed by an insured group – shared limits basis with ratio of CRNAs to anesthesiologists between 2:1 and 4:1	0.180	N/A	N/A
CRNA employed by an insured group – shared limits basis with ratio of CRNAs to anesthesiologists no more than 2:1	0.090	N/A	N/A

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For CRNAs employed by an insured performing pain management procedures, apply the above factor to the 80475(C) ISO code and applicable rate class.

(If the ratio of employed CRNA's to Anesthesiologists exceeds 4-to-1, the Company may elect to insure the risk, or apply an additional premium, at its sole discretion.)

Employee	(Factors based on 80153)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Certified Nurse Midwife (CNM)	0.129	0.388	0.116

Employee	(Factors based on 80266)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Cytotechnologist	0.100	N/A	N/A

Employee	(Factors based on 80114)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Optometrist	0.020	0.040	0.012

**NOTE:** When the limits of liability apply on a shared basis with the physicians of the group, the premium charge for the excess limits for the paramedical employees will be calculated at the level that the majority of physicians carry.

3. Item II of Section 6, Physician Extender, Paramedical and Allied Health Professional Liability, amended as follows:

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STATE OF ILLINOIS  
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**II. ALLIED HEALTH PROFESSIONAL EMPLOYEES**

Certain Allied Health professionals are eligible for separate insurance by the Company at individual limits of liability. The premium charge will be determined by applying the factors below to the appropriate rate for the designated Physician Class Code in the applicable rating territory.

SPECIALTY	CLASS CODE	\$1M/\$3M (Factors based on 80420)
Audiologist	80760	0.018
Cardiac Technician	80751	0.025
Casting Technician	80752	0.020
Certified Nurse Practitioner	80964	0.138
Clinical Nurse Specialist	80964	0.400
Counselor	80712	0.045
Dietitian	89761	0.018
EKG Technician	80763	0.018
Medical Assistant	80762	0.018
Medical Lab Technician	80711	0.018
Nurse	80998	0.018
Nurse – Student	82998	0.005
Nurse, RN Perform X-Ray Therapy	80714	0.018
Occupational Therapist	80750	0.025
O.R. Technician	80758	0.125
Ophthalmic Assistant	80755	0.018
Orthopedic Technician	80756	0.020
Perfusionist	80764	0.500
Pharmacist	59112	0.025
Phlebotomist	80753	0.018
Physical Therapist (Emp)	80945	0.025
Physical Therapist (Ind)	80946	0.090
Physical Therapy Aide	80995	0.018
Physician Assistant	80116(A)	0.083
Physiotherapist	80938	0.018
Psychologist	80912	0.050
Pump Technician	88888	0.020
Respiratory Therapist	80601	0.025
Social Worker	80911	0.045
Sonographer	80754	0.018
Surgeon Assistant	80116(B)	0.124
X-Ray/Radiologic Technician	80713	0.018
X-Ray Therapy Technician	80716	0.025
(Factors based on 80211)		
Dental Assistant	80207	0.100
Dental Hygienist	80208	0.100
Nurse Anesthetist – Dental	80960(D)	4.306

**SPECIALTY****CLASS CODE**

Nurse Anesthetist – Medical

80960(M)

Optometrist (Optical)

80944

Optometrist (Employee\*)

80944

Optometrist (Independent\*\*)

80944

DIVISION OF INSURANCE	
STATE OF ILLINOIS/IDFPR	
\$1M/\$5M	ED
(Factors based on 80151)	0.420
(Factors based on 80114)	0.032
**See note below	
**See note below	
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\*25% of an Ophthalmologists base premium. (If administering topical ocular pharmaceutical agents.)

\*\*75% of an Ophthalmologists base premium. (If administering topical ocular pharmaceutical agents.)

Health Care Professional NOC

80301

Refer to Company

At the discretion of the underwriter, additional insured status may be granted to the non-insured allied health entity for a 10% additional charge. The entity will share in the limits of liability of the insured allied health provider but only for the activities of such provider.

**C. Extended Reporting Period Endorsement (Tail Coverage)**

Extended Reporting Period (Tail) Factors  
By Month

**Claims-Made  
Year**

	1	2	3	4	5	6	7	8	9	10	11	12
1	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
2	1.010	1.080	1.150	1.220	1.280	1.340	1.400	1.460	1.520	1.580	1.640	1.700
3	1.730	1.760	1.790	1.820	1.850	1.880	1.900	1.920	1.940	1.960	1.980	2.000
4	2.030	2.067	2.100	2.133	2.167	2.200	2.233	2.267	2.300	2.333	2.367	2.400
5	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400

Example: An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

## II. STATE REQUIREMENTS

### A. Policy Issuance

1. The Illinois State Law Endorsement must be attached to the policy at the time of issuance.
2. Item III, Quarterly Installment Options, is hereby added to Section 1, Introduction, as follows:

### III. QUARTERLY INSTALLMENT OPTIONS

1. Quarterly Installment Option One – (40/20/20/20)
  - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
  - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
2. Quarterly Installment Option Two – (35/25/25/15)
  - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;
  - b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.

### B. Rules

**Goodwin, LaQuita**

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**From:** Goodwin, LaQuita  
**Sent:** Friday, December 22, 2006 3:14 PM  
**To:** 'Anderson, Julie'  
**Cc:** Neuman, Gayle  
**Subject:** RE: ProNational Medical Malpractice Rate Filing for Illinois - #IL0107  
**Attachments:** IL Phys Surg Ins Dept Response 12222006.doc

Good afternoon,

Please find attached the response to your questions. If you have any further questions, please let me know. Thanks.

LaQuita B. Goodwin  
 Compliance Specialist  
 Legal Department  
 ProAssurance Professional Liability Group  
 Medical Assurance/ProNational/NCRIC/PIC WISCONSIN  
 Woodbrook Casualty/Red Mountain Casualty  
 Birmingham, Alabama  
 (205) 877-4426 or (800) 282-6242, ext. 4426 Fax (205) 414-2887

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**From:** Anderson, Julie [mailto:Julie.A.Anderson2@illinois.gov]  
**Sent:** Thursday, December 21, 2006 3:49 PM  
**To:** Goodwin, LaQuita  
**Cc:** Neuman, Gayle  
**Subject:** ProNational Medical Malpractice Rate Filing for Illinois - #IL0107

Good afternoon,

I have completed my initial review of the above referenced rate filing regarding Medical Malpractice rates in Illinois and have the following items that need to be addressed before I can continue my analysis:

1. Please provide a discussion regarding the cause behind the increase to the permissible loss ratio from the last rate filing from 60.3% to 63.6%. In particular, the commission percentage decreased by 2% and the profit and contingency load decreased by 1.5%.
2. It appears that there has been a change in methodology for developing pure premiums for the All Year Weighted Average that results in a higher indicated All Year Weighted Average pure premium than the last filing. In addition, all Indicated Pure Premiums shown on Exhibit 2 are significantly higher than previously filed, but the selected pure premium is only slightly higher than previous selections. Please provide a discussion to support the Selected Pure Premium shown on Exhibit 2.
3. How many policyholders will be affected by this rate change?
4. What is the maximum and the minimum rate change to a policyholder as a result of this filing?

Please provide your response directly to me by Friday, January 5, 2007. Have a great weekend and a happy holiday!

Julie Anderson  
 Assistant Casualty Actuary  
 IL Dept of Financial and Professional Regulation  
 Division of Insurance  
 Phone: 217-524-5421  
 Fax: 217-524-2271

Please note that my e-mail address has changed to: [Julie.A.Anderson2@illinois.gov](mailto:Julie.A.Anderson2@illinois.gov)

12/22/2006

This email message, including any attachments, is intended for the sole use of the addressee and it contains information that may be confidential, privileged and/or exempt from disclosure under applicable laws. Additionally, this email may contain information that is prohibited from disclosure by the Illinois Insurance Code 215 ILCS 5/101 et seq and any unauthorized disclosure may result in civil forfeitures or criminal penalties. This email is intended to be conveyed only to the designated recipient(s). If you are not an intended recipient of this message, please notify the sender by replying to this message, Julie.A.Anderson2@illinois.gov, and then delete it from your system. Use, dissemination, distribution, or reproduction of this message by unintended recipients is not authorized and may be unlawful.

1. Please provide a discussion regarding the cause behind the increase to the permissible loss ratio from the last rate filing from 60.3% to 63.6%. In particular, the commission percentage decreased by 2% and the profit and contingency load decreased by 1.5%.

The permissible loss ratio calculation is shown on Exhibit 8. As you mentioned, the two main components that resulted in our improved permissible loss ratio are the commission percentage and the profit and contingency load. In regards to the commission, ProNational Insurance Company has different commissions for various agents based on the agents' contracts. The highest commission offered is 10%. A review of the expected business production by agent for 2007 led us to project that an 8% load more accurately reflects the commission expense for the coming year.

The profit and contingency load is calculated on Exhibit 9. The decrease in the profit and contingency load resulted mainly from an increase in the expected rate of return from investments along with minor changes to other variables used in the calculation.

2. It appears that there has been a change in methodology for developing pure premiums for the All Year Weighted Average that results in a higher indicated All Year Weighted Average pure premium than the last filing. In addition, all Indicated Pure Premiums shown on Exhibit 2 are significantly higher than previously filed, but the selected pure premium is only slightly higher than previous selections. Please provide a discussion to support the Selected Pure Premium shown on Exhibit 2.

The indicated pure premium on Exhibit 2 compares the ultimate total losses and ALAE with pure premium at \$1,000,000/\$3,000,000 (\$1M/\$3M) limits. Column (3) on Exhibit 2 adjusts the losses and ALAE from \$200,000 limits to \$1M limits. A small portion of ProNational insureds in Illinois purchase limits of \$250,000/\$750,000 and \$500,000/\$1.5M. Column (6) was added in this year's review to adjust from average policy limits to \$1M limits.

In both years, the selected pure premium is the average of the four indicated pure premiums, (a) through (d).

3. How many policyholders will be affected by this rate change?

There are 729 physicians and surgeons and 7 dentists.

4. What is the maximum and the minimum rate change to a policyholder as a result of this filing?

The maximum change for physicians and surgeons is +34.6% for the Neurology – no surgery specialty (changed from Class 3 to 4) in Will County (changed from Territory 4 to 1.) The minimum change is -24.2% for the Family/General Practice, Limited OB – major surgery specialty (changed from Class 10 to 8.)

The maximum change for dentists is +8.1% in Will County which changed from Territory 4 to 1. The minimum change is -7.3%.

**Goodwin, LaQuita**

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**From:** Goodwin, LaQuita  
**Sent:** Monday, November 06, 2006 1:50 PM  
**To:** 'Neuman, Gayle'  
**Subject:** RE: Rate/Rule Filing #IL0107 - Response  
**Attachments:** IL rates eff 1-1-07.doc

Ms. Neuman,

Please refer to page 62 of the attached manual for this information. Since the addition of this information, the page numbering has changed. Please use this manual to continue your review. Thanks.

LaQuita B. Goodwin  
Compliance Specialist  
Legal Department  
ProAssurance Professional Liability Group  
Medical Assurance/ProNational/NCRIC/PIC WISCONSIN  
Woodbrook Casualty/Red Mountain Casualty  
Birmingham, Alabama  
(205) 877-4426 or (800) 282-6242, ext. 4426 Fax (205) 414-2887

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**From:** Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]  
**Sent:** Monday, November 06, 2006 7:45 AM  
**To:** Goodwin, LaQuita  
**Subject:** RE: Rate/Rule Filing #IL0107 - Response

Ms. Goodwin,

Thank you for your prompt attention to my e-mail of November 1, 2006.

With your November 3, 2006 e-mail response, you provide a page of "Clarification of Specialty Codes". We request this information be included as a page in the manual.

Your prompt attention is appreciated.

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

## II. STATE EXCEPTIONS

### A. Policy Issuance

### B. Rules

1. Section 2, Physicians & Surgeons Specialty Codes and Descriptions, is amended by adding the following:

<u>Specialty</u>	<u>Industry Class Code</u>		
	<u>No Surgery</u>	<u>Minor Surgery</u>	<u>Major Surgery</u>
Endocrinology	80238	-	-
Infectious Disease	80246		-

2. Section 2, Physicians & Surgeons Specialty Codes and Descriptions, is amended by adding the following:

### CLARIFICATION OF SPECIALTY CODES

<u>Code</u>	<u>Specialty Description</u>
80102(A)	Emergency Medicine – Moonlighting - no surgery
80102(B)	Emergency Medicine – Moonlighting - minor surgery
80102(C)	Emergency Medicine – clinic/hosp. primarily
80117(A)	Family/General Practice, No OB – major surgery
80117(B)	Family/General Practice, Limited OB – major surgery
80117(C)	Family/General Practice, Significant OB – major surgery
80145(A)	Urology – no surgery
80145(B)	Urology – minor surgery
80145(C)	Urology – major surgery
80154(A)	Orthopedic (No Spines) – major surgery
80154(B)	Orthopedic (Spines) – major surgery
80222(A)	Hospitalist – Hosp. Employed/ Single Hospital Affiliation
80222(B)	Hospitalist – Non-Hosp. Employed/Multiple Hospital Affiliations
80256(A)	Dermatology – no surgery
80256(B)	Dermatology – no surgery (specified procedures)
80281(A)	Cardiovascular Dis. – minor surgery
80281(B)	Cardiovascular Dis. – minor surgery, specified procedures
80421(A)	FP or GP – assist in major surgery - own patients only (no minor)
80421(B)	FP or GP – minor surgery & assist in major surgery- own patients
80421(C)	FP or GP – assist in major surgery
80424(F)	Urgent Care – no surgery
80424(V)	Urgent Care – no surgery, rated on a per-visit basis
80475(A)	Pain Management – no major surgery
80475(B)	Pain Management – basic procedures
80475(C)	Pain Management – intermediate procedures
80475(D)	Pain Management – advanced procedures
80116(A)	Physician Assistant
80116(B)	Surgeon Assistant
80960(D)	Nurse Anesthetist – Dental
80960(M)	Nurse Anesthetist – Medical

3. Item X, Rate Change Amelioration, of Section 3, Classification and/or Rating Modifications and Procedures, is hereby deleted.
4. Item V, Scheduled Rating Program, of Section 4, Professional Liability Discounts, is amended as follows:

**V. SCHEDULED RATING PROGRAM**

The Company has determined that significant variability exists in the hazards faced by physicians and surgeons engaged in the practice of medicine. Exposure conditions vary with respect to:

	<u>Debit/Credit</u>
1. Number of years experience in medicine;	+/- 10%
2. Number of patient exposures;	+/- 10%
3. Organization (if any) and size;	+/- 10%
4. Medical standards review and claims review committees;	+/- 10%
5. Other risk management practices and procedures;	+/- 10%
6. Training, accreditation and credentialing;	+/- 10%
7. Continuing Medical Education activities;	+/- 10%
8. Professional liability claim experience;	+/- 10%
9. Record-keeping practices;	+/- 10%
10. Maintenance and utilization of certain monitoring equipment, diagnostic tests or diagnostic procedures;	+/- 10%
11. Participation in capitation contracts; and*	+ 10%
12. Insured group maintains differing limits of liability on members.*	+ 10%

In order to recognize these and other factors affecting a particular practitioner or group practice, the Company proposes to apply a debit or credit to the otherwise applicable rate dependent upon the underwriter's overall evaluation of the risk.

The maximum credit will be 25%; the maximum debit will be 25%.

The Scheduled Rating Plan will apply to individuals as well as groups of two or more physicians as the Company becomes aware of variability in the risk characteristics of the individual or group. At the underwriter's discretion, objective credits otherwise applicable to an insured will not be applied in situations where a scheduled debit is deemed necessary.

\* NOTE: No credit will be given for #11 or #12 above.

5. Item VI, Deductibles, of Section 4, Professional Liability Discounts, is hereby replaced by the following:

**VI. DEDUCTIBLES**

Deductibles may apply either to indemnity only or indemnity and allocated loss adjustment expenses (ALAE). Any discount will apply only to the primary limit premium layer (\$1M/\$3M). Deductibles are subject to approval by the company based on financial statements to be submitted by the insured and financial guarantees as required. The amount of the deductible credit may never exceed 80% of the annual aggregate, if any. In the event where the credit exceeds 80% of the aggregate, the annual aggregate will be adjusted accordingly. This Rule does not apply to any risk when a deductible has been added for underwriting reasons.

A. Individual Deductibles

Discount as a Percentage of Rate for Applicable Primary Limit

These per claim and aggregate (if any) deductibles apply to each insured separately.

<u>INDEMNITY ONLY</u> <u>Deductible Per Claim</u>		<u>INDEMNITY AND ALAE</u> <u>Deductible Per Claim</u>	
\$ 5,000	2.5%	\$ 5,000	6.5%
\$10,000	4.5%	\$10,000	11.5%
\$15,000	6.0%	\$15,000	15.0%
\$20,000	8.0%	\$20,000	17.5%
\$25,000	9.0%	\$25,000	20.0%
\$50,000	15.0%	\$50,000	30.5%
\$100,000	25.0%	\$100,000	44.5%
\$200,000	37.5%	\$200,000	55.0%
\$250,000	42.0%	\$250,000	58.0%

<u>Per Claim/Aggregate</u>		<u>Per Claim/Aggregate</u>	
\$ 5,000/15,000	2.0%	\$ 5,000/15,000	5.5%
\$10,000/30,000	4.0%	\$10,000/30,000	10.5%
\$25,000/75,000	8.5%	\$25,000/75,000	19.0%
\$50,000/150,000	14.0%	\$50,000/150,000	29.5%
\$100,000/300,000	24.0%	\$100,000/300,000	43.0%
\$200,000/600,000	36.0%	\$200,000/600,000	53.5%
\$250,000/750,000	40.0%	\$250,000/750,000	56.5%

For other deductible amounts selected by policyholders, refer to management for rating.

B. Group Deductibles

An optional deductible which limits the amount the entire group will have to pay, if multiple claims are made in a policy year, is available. Under this program, the per claim deductible continues to apply separately to each insured involved in a suit. However, the aggregate deductible applies to all insureds in the group combined thereby reducing the organization's maximum potential liability in a policy year.

When an organization is insured with a separate limit of coverage, the organization is counted when totaling the number of insureds below.

Group aggregate deductible discounts apply to \$1M/\$3M premiums only. The applicable Deductible Discount will not change during the policy term despite changes in the number of insureds, but will be limited by any applicable maximum credit amount.

Indemnity Deductible

Per Claim/Aggregate (\$000)	Number of Insureds				Maximum Credit
	2 - 19	20 - 40	41 - 60	61 - 100	
5/15	.020	.018	.015	.012	\$ 10,500
10/30	.038	.035	.030	.024	21,000
25/75	.084	.079	.070	.058	52,500
50/150	.145	.139	.127	.109	105,000
100/300	.234	.228	.216	.196	210,000
200/600	.348	.346	.338	.321	420,000
250/750	.385	.385	.381	.368	525,000

Indemnity & ALAE

Deductible

Per Claim/Aggregate (\$000)	Number of Insureds				Maximum Credit
	2 - 19	20 - 40	41 - 60	61 - 100	
5/15	.029	.026	.021	.017	\$ 12,750
10/30	.068	.063	.054	.043	25,500
25/75	.119	.112	.099	.082	63,750
50/150	.186	.179	.163	.140	127,500
100/300	.258	.252	.239	.216	255,000
200/600	.396	.394	.385	.366	510,000
250/750	.467	.467	.462	.446	637,500

### III. STATE REQUIREMENTS

#### A. Policy Issuance

1. The Illinois State Law Endorsement must be attached to the policy at the time of issuance.
2. Item III, Quarterly Installment Options, is hereby added to Section 1, Introduction, as follows:

#### III. QUARTERLY INSTALLMENT OPTIONS

1. Quarterly Installment Option One
  - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
  - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
2. Quarterly Installment Option Two – (35/25/25/15)
  - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;
  - b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.

#### B. Rules

1. Item I, Rates and Premium Calculations, of Section 1, Introduction, is hereby amended.
  - A. Rates apply on a per incident and annual aggregate basis. The rates for the premium classifications selected by the Company or any special situations not delineated herein are those described in the Professional Liability State Rates and Exceptions Section of this manual, with a minimum premium being \$500 (not applicable to paramedicals). If an individual's practice involves two or more rating territories or rating classifications, the highest rating territory or classification applies. Endorsements adding risks/exposures mid-term will be rated in accordance with the Rates and Rules in effect as of the endorsement effective date. Subject to Section 3., VIII, (Rate Adjustments for Changes in Exposure) of this manual, Reporting Endorsements will be rated in accordance with the Rates and Rules in effect as of the policy effective date. Subject to Section 3, VIII, (Rate Adjustments for Changes in Exposure) of this manual, endorsements effecting changes on risks/exposures currently insured will be rated using the Rules (e.g., rating classification, limits of liability and rating territory) in effect on the date of the change combined with the rates in effect on the later date of either i) the policy term effective date or ii) risk effective date.

2. Item IX, Reporting Endorsements, of Section 3, Classification and/or Rating Modifications and Procedures, is hereby amended.

With respect to calculation of Reporting Endorsement premium, the only credits/discounts that apply are the Part-Time discount and Deductible credit. All debit/surcharges will apply to Reporting Endorsement premium calculations. With respect to risks or exposures written on a consent-to-rate basis, (a) rated basis or Full-Time Equivalent Rating basis at the time the Reporting Endorsement is issued, Reporting Endorsement premium will be calculated on that same basis. The Company may refuse to offer deductible options for premium credit on reporting endorsements in the case of insufficient securitization.

**CorpCare™**

**SECTION 10**

**STATE RATES AND EXCEPTIONS – GROUPS**

## I. RATES

### A. Per Patient Rates – Emergency Room / Urgent Care

1. Rating of Emergency Room and Urgent Care Groups may, at the Company's option be rated on a per 100 patient visit basis. A risk with fewer than 10,000 patient encounters each year will not qualify for this rating method.
2. For risks rated on a per patient basis, develop premium using the following per 100 patient visit rates. The above rates are subject to increased limit factors and standard CorpCare™ rating factors.

Claims-made Rate Per 100 Patient Visits \$1,000,000 / \$3,000,000						
Class	Code	Territory 1	Territory 2	Territory 3	Territory 4	Territory 5
Emergency Room	80429	\$2,287	\$1,613	\$1,298	\$1,950	\$2,062
Urgent Care	80424(V)	\$1,725	\$1,220	\$984	\$1,472	\$1,557

3. Extended Reporting Endorsement Period Endorsement (Tail Coverage)

#### Extended Reporting Period (Tail) Factors By Month

#### Claims-Made Year

	1	2	3	4	5	6	7	8	9	10	11	12
1	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
2	1.010	1.080	1.150	1.220	1.280	1.340	1.400	1.460	1.520	1.580	1.640	1.700
3	1.730	1.760	1.790	1.820	1.850	1.880	1.900	1.920	1.940	1.960	1.980	2.000
4	2.030	2.067	2.100	2.133	2.167	2.200	2.233	2.267	2.300	2.333	2.367	2.400
5	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400

Example: An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

#### Reporting Endorsement ("Tail") Premium Development

- a. Determine the tail premium for each current scheduled health care provider, if applicable. See Section 9, State Rates and Exceptions - Physicians, Surgeons and Podiatrists - Extended Reporting Period Endorsement (Tail Coverage). Deductibles and risk management credits are not applicable.
- b. For per patient rated risks, use average number of patient visits for the previous thirty-six months. Deductibles and risk management credits are not applicable.
- c. Determine the remaining optional separate limit premium, if applicable.
- d. Add premiums determined in Steps a., b. and c. to determine total policy premium.

## **B. Rating Territories**

<b>Territory</b>	<b>County</b>
1	Cook, Madison, St. Clair and Will Counties
2	Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson, Kankakee, Macon, Randolph, Washington and Williamson Counties
3	Remainder of State
4	DuPage, Kane, Lake, McHenry and Sangamon Counties
5	Jackson and Vermilion Counties

## **II. STATE EXCEPTIONS**

### **A. Policy Issuance**

### **B. Rules**

1. Item X, Rate Change Amelioration, of Section 3, Classification and/or Rating Modifications and Procedures, is hereby deleted.

### **III. STATE REQUIREMENTS**

#### **A. Policy Issuance**

1. The Illinois State Law Endorsement must be attached to the policy at the time of issuance.
2. Item III, Quarterly Installment Options, is hereby added to Section 1, Introduction, as follows:

#### **III. QUARTERLY INSTALLMENT OPTIONS**

1. Quarterly Installment Option One – (40/20/20/20)
  - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
  - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
2. Quarterly Installment Option Two – (35/25/25/15)
  - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;
  - b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.

#### **B. Rules**

**SECTION 11**  
**STATE RATES AND EXCEPTIONS – PHYSICIAN EXTENDER, PARAMEDICAL**  
**AND**  
**ALLIED HEALTH PROFESSIONAL LIABILITY RATING**

**I. STATE EXCEPTIONS**

**A. Policy Issuance**

**B. Rules**

1. Item X, Amelioration, of Section 3, Classification and/or Rating Modifications and Procedures, is hereby deleted.
2. Item I of Section 6, Physician Extender, Paramedical and Allied Health Professional Liability Rating, is hereby amended as follows:

**I. PHYSICIAN EXTENDER, AND PARAMEDICAL EMPLOYEES, ALLIED HEALTH EMPLOYEE PROFESSIONAL LIABILITY**

Professional employees (other than cytotechnologists, dentists, emergency medical technicians, certified registered nurse anesthetists, nurse midwives, nurse practitioners, optometrists, perfusionists, physicians, physicians’ assistants, psychologists, surgeons or surgeons’ assistants) are automatically included, at no additional charge, as additional insureds under policies issued to their employers. The limits of liability are on a shared basis with the employer.

The following paramedical employees may be individually covered by the Company by payment of an additional premium or covered elsewhere through a program deemed acceptable to the Company with minimum limits of liability equal to or greater than those of the insured employer. Coverage is available on a shared-limits basis or with separate individual limits. To determine the additional premium for the coverage selected, apply the appropriate factor from the premium assigned to Physician Class Codes 80420, 80151, 80153, 80266 or 80114, as specified, for the applicable claims-made year and limits of liability.

(Paramedical employees written on a shared-limits basis will be charged a fourth year claims-made premium regardless of retroactive date and the shared-limits factors stated above will always be applied to a fourth year claims-made premium.)

Employee	(Factors based on 80420)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Physician’s Assistant (PA)	0.027	0.083	0.025
Surgeon’s Assistant (SA)	0.041	0.124	0.037
Certified Nurse Practitioner (CNP)	0.045	0.138	0.041
Psychologist	0.040	0.050	0.015
Emergency Medical Technician (EMT)	0.004	0.010	0.003
Perfusionist	0.166	0.500	0.149

Employee	(Factors based on 80151)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Certified Nurse Anesthetist (CRNA) – not part of an insured group	N/A	0.420	0.126
CRNA employed by an insured group - separate limits basis	N/A	0.300	0.090
CRNA employed by an insured group – shared limits basis with ratio of CRNAs to anesthesiologists between 2:1 and 4:1	0.180	N/A	N/A
CRNA employed by an insured group – shared limits basis with ratio of CRNAs to anesthesiologists no more than 2:1	0.090	N/A	N/A

For CRNAs employed by an insured performing pain management procedures, apply the above factor to the 80475(C) ISO code and applicable rate class.

(If the ratio of employed CRNA's to Anesthesiologists exceeds 4-to-1, the Company may decline to insure the risk, or apply an additional premium, at its sole discretion.)

Employee	(Factors based on 80153)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Certified Nurse Midwife (CNM)	0.129	0.388	0.116

Employee	(Factors based on 80266)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Cytotechnologist	0.100	N/A	N/A

Employee	(Factors based on 80114)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Optometrist	0.020	0.040	0.012

**NOTE:** When the limits of liability apply on a shared basis with the physicians of the group, the premium charge for the excess limits for the paramedical employees will be calculated at the level that the majority of physicians carry.

3. Item II of Section 6, Physician Extender, Paramedical and Allied Health Professional Liability Rating, is hereby amended as follows:

**II. ALLIED HEALTH PROFESSIONAL EMPLOYEES**

Certain Allied Health professionals are eligible for separate insurance by the Company at individual limits of liability. The premium charge will be determined by applying the factors below to the appropriate rate for the designated Physician Class Code in the applicable rating territory.

<b>SPECIALTY</b>	<b>CLASS CODE</b>	<b>\$1M/\$3M</b> (Factors based on 80420)
Audiologist	80760	0.018
Cardiac Technician	80751	0.025
Casting Technician	80752	0.020
Certified Nurse Practitioner	80964	0.138
Clinical Nurse Specialist	80964	0.400
Counselor	80712	0.045
Dietitian	89761	0.018
EKG Technician	80763	0.018
Medical Assistant	80762	0.018
Medical Lab Technician	80711	0.018
Nurse	80998	0.018
Nurse – Student	82998	0.005
Nurse, RN Perform X-Ray Therapy	80714	0.018
Occupational Therapist	80750	0.025
O.R. Technician	80758	0.125
Ophthalmic Assistant	80755	0.018
Orthopedic Technician	80756	0.020
Perfusionist	80764	0.500
Pharmacist	59112	0.025
Phlebotomist	80753	0.018
Physical Therapist (Emp)	80945	0.025
Physical Therapist (Ind)	80946	0.090
Physical Therapy Aide	80995	0.018
Physician Assistant	80116(A)	0.083
Physiotherapist	80938	0.018
Psychologist	80912	0.050
Pump Technician	88888	0.020
Respiratory Therapist	80601	0.025
Social Worker	80911	0.045
Sonographer	80754	0.018
Surgeon Assistant	80116(B)	0.124
X-Ray/Radiologic Technician	80713	0.018
X-Ray Therapy Technician	80716	0.025
		(Factors based on 80211)
Dental Assistant	80207	0.100
Dental Hygienist	80208	0.100
Nurse Anesthetist – Dental	80960(D)	4.306

SPECIALTY	CLASS CODE	\$1M/\$3M (Factors based on 80151)
Nurse Anesthetist – Medical	80960(M)	0.420 (Factors based on 80114)
Optometrist (Optical)	80944	0.032
Optometrist (Employee*)	80944	**See note below
Optometrist (Independent**)	80944	**See note below
*25% of an Ophthalmologists base premium. (If administering topical ocular pharmaceutical agents.)		
**75% of an Ophthalmologists base premium. (If administering topical ocular pharmaceutical agents.)		
Health Care Professional NOC	80301	Refer to Company

At the discretion of the underwriter, additional insured status may be granted to the non-insured allied health entity for a 10% additional charge. The entity will share in the limits of liability of the insured allied health provider but only for the activities of such provider.

**C. Extended Reporting Period Endorsement (Tail Coverage)**

Extended Reporting Period (Tail) Factors  
By Month

**Claims-Made  
Year**

	1	2	3	4	5	6	7	8	9	10	11	12
<b>1</b>	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
<b>2</b>	1.010	1.080	1.150	1.220	1.280	1.340	1.400	1.460	1.520	1.580	1.640	1.700
<b>3</b>	1.730	1.760	1.790	1.820	1.850	1.880	1.900	1.920	1.940	1.960	1.980	2.000
<b>4</b>	2.030	2.067	2.100	2.133	2.167	2.200	2.233	2.267	2.300	2.333	2.367	2.400
<b>5</b>	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400

Example: An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

## **II. STATE REQUIREMENTS**

### **A. Policy Issuance**

1. The Illinois State Law Endorsement must be attached to the policy at the time of issuance.
2. Item III, Quarterly Installment Options, is hereby added to Section 1, Introduction, as follows:

### **III. QUARTERLY INSTALLMENT OPTIONS**

1. Quarterly Installment Option One – (40/20/20/20)
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  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
2. Quarterly Installment Option Two – (35/25/25/15)
  - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;
  - b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
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  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.

### **B. Rules**

**Goodwin, LaQuita**

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**From:** Goodwin, LaQuita  
**Sent:** Friday, November 03, 2006 8:58 AM  
**To:** 'Neuman, Gayle'  
**Subject:** RE: Rate/Rule Filing #IL0107 - Response  
**Attachments:** 2193\_001.pdf

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**From:** Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]  
**Sent:** Wednesday, November 01, 2006 10:23 AM  
**To:** Goodwin, LaQuita  
**Subject:** Rate/Rule Filing #IL0107

Ms. Goodwin,

We are in receipt of the filing dated October 5, 2006 and your e-mail dated October 31, 2006.

Please address the following issues:

1. The RF-3 form failed to include the class(es) of medical malpractice that apply to the filing. This information is requested on the checklist. Although ProNational may want to call their filing "Health Care Professionals", we request the RF-3 indicate the class(es) affected that are listed at the top of the checklist.
2. The filing did not include a statement regarding the gathering of statistics; no written statement indicating all changes made were disclosed; and no written statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.
3. The classifications and codes include references to (A), (B), (C), (D), (F), (M) and (V) throughout the manual. While Family Practice was further clarified, it also seems confusing that 80421(C) is listed under "Minor Surgery". For example, under Hospitalist, it list 80222(A) and 80222(B) but what is the difference. Please provide clarification required for all letters.

We request receipt of your response by no later than November 9, 2006.

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

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VIA EMAIL: [Gayle.Neuman@illinois.gov](mailto:Gayle.Neuman@illinois.gov)

November 3, 2006

Gayle Neuman  
Illinois Department of Insurance  
320 West Washington Street  
Springfield, IL 62767

RE: ProNational Insurance Company  
FEIN 38-2317569  
Company Filing Number IL0107  
Health Care Professionals Underwriting Manual (Physicians, Surgeons,  
Dentists, Podiatrists and Allied Health Professionals)

Dear Ms. Neuman:

I have responded to your November 1, 2006 email as follows:

1. I have amended the RF-3 and October 5, 2006 Cover Letter to include the classes insured by this filing. I have also amended the first page of the Checklist that marks the lines of insurance this filing covers.
2. a) ProNational has its own plan for the gathering of medical liability statistics. b) All changes to this filing were disclosed in the October 5 Cover Letter. c) ProNational, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.
3. Please find enclosed clarification of the classification and codes to (A), (B), (C), (D), (F), (M) and (V) used throughout the manual.

I believe you will find everything in order. If you have any other questions regarding this filing, please contact me at (800) 282-6242, ext. 4426, or e-mail me at [lgoodwin@proassurance.com](mailto:lgoodwin@proassurance.com).

Sincerely,

LaQuita B. Goodwin  
Compliance Specialist

Enclosures

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/07.

(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>Medical Liability</u> Line of Insurance	<u>\$24,754,646</u>	<u>-6.0%</u>

Physicians, Surgeons, Dentists, Podiatrists and Allied Health Professionals

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Please refer to Exhibit 6 for Territory Changes and Exhibit 5, Sheet 2 for Class Changes

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): -6.0% overall rate change, class plan and territory plan changes, and amending the \$25,000 threshold of total established reserves to \$35,000

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

ProNational Insurance Company  
Name of Company

Leith B. Goodwin, Compliance Specialist  
Official - Title

## Goodwin, LaQuita

---

**From:** Goodwin, LaQuita  
**Sent:** Tuesday, October 31, 2006 8:45 AM  
**To:** 'Neuman, Gayle'  
**Subject:** ProNational Insurance Company's rate filing effective 1/1/07 - Filing # IL0107

**Attachments:** IL rates eff 1-1-07.doc

Good morning, Gayle. I submitted the captioned filing on October 5, 2006 to be effective January 1, 2007. Revisions have been made to page 68 of the manual which caused the page numbering to change throughout the remainder of the manual. Please replace pages 68 through 77 and continue with your review.

The change to page 68 was adding Items a - d to indicate the reporting endorsement premium development. The addition of these items caused everything to move over one page.

If I should submit a hard copy of this correction, please let me know.

Thank you for your immediate attention to this matter.



IL rates eff  
1-1-07.doc (1 MB)...

LaQuita B. Goodwin  
Compliance Specialist  
Legal Department  
ProAssurance Professional Liability Group  
Medical Assurance/ProNational/NCRIC/PIC WISCONSIN  
Woodbrook Casualty/Red Mountain Casualty  
Birmingham, Alabama  
(205) 877-4426 or (800) 282-6242, ext. 4426 Fax (205) 414-2887

**I. RATES**

**A. Per Patient Rates – Emergency Room / Urgent Care**

1. Rating of Emergency Room and Urgent Care Groups may, at the Company’s option be rated on a per 100 patient visit basis. A risk with fewer than 10,000 patient encounters each year will not qualify for this rating method.
2. For risks rated on a per patient basis, develop premium using the following per100 patient visit rates. The above rates are subject to increased limit factors and standard CorpCare™ rating factors.

Claims-made Rate Per 100 Patient Visits \$1,000,000 / \$3,000,000						
Class	Code	Territory 1	Territory 2	Territory 3	Territory 4	Territory 5
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3. Extended Reporting Endorsement Period Endorsement (Tail Coverage)

Extended Reporting Period (Tail) Factors  
By Month

**Claims-Made  
Year**

	1	2	3	4	5	6	7	8	9	10	11	12
<b>1</b>	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
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Example: An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

Reporting Endorsement ("Tail") Premium Development

- a. Determine the tail premium for each current scheduled health care provider, if applicable. See Section 9, State Rates and Exceptions - Physicians, Surgeons and Podiatrists - Extended Reporting Period Endorsement (Tail Coverage). Deductibles and risk management credits are not applicable.
- b. For per patient rated risks, use average number of patient visits for the previous thirty-six months. Deductibles and risk management credits are not applicable.
- c. Determine the remaining optional separate limit premium, if applicable.
- d. Add premiums determined in Steps a., b. and c. to determine total policy premium.

## **B. Rating Territories**

<b>Territory</b>	<b>County</b>
1	Cook, Madison, St. Clair and Will Counties
2	Bond, Champaign, Clinton, DeKalb, Effingham, Franklin, Hamilton, Jefferson, Kankakee, Macon, Randolph, Washington and Williamson Counties
3	Remainder of State
4	DuPage, Kane, Lake, McHenry and Sangamon Counties
5	Jackson and Vermilion Counties

## **II. STATE EXCEPTIONS**

### **A. Policy Issuance**

### **B. Rules**

1. Item X, Rate Change Amelioration, of Section 3, Classification and/or Rating Modifications and Procedures, is hereby deleted.

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  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
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#### B. Rules

**SECTION 11**  
**STATE RATES AND EXCEPTIONS – PHYSICIAN EXTENDER, PARAMEDICAL**  
**AND**  
**ALLIED HEALTH PROFESSIONAL LIABILITY RATING**

## I. STATE EXCEPTIONIONS

### A. Policy Issuance

### B. Rules

- Item X, Amelioration, of Section 3, Classification and/or Rating Modifications and Procedures, is hereby deleted.
- Item I of Section 6, Physician Extender, Paramedical and Allied Health Professional Liability Rating, is hereby amended as follows:

#### I. PHYSICIAN EXTENDER, AND PARAMEDICAL EMPLOYEES, ALLIED HEALTH EMPLOYEE PROFESSIONAL LIABILITY

Professional employees (other than cytotechnologists, dentists, emergency medical technicians, certified registered nurse anesthetists, nurse midwives, nurse practitioners, optometrists, perfusionists, physicians, physicians' assistants, psychologists, surgeons or surgeons' assistants) are automatically included, at no additional charge, as additional insureds under policies issued to their employers. The limits of liability are on a shared basis with the employer.

The following paramedical employees may be individually covered by the Company by payment of an additional premium or covered elsewhere through a program deemed acceptable to the Company with minimum limits of liability equal to or greater than those of the insured employer. Coverage is available on a shared-limits basis or with separate individual limits. To determine the additional premium for the coverage selected, apply the appropriate factor from the premium assigned to Physician Class Codes 80420, 80151, 80153, 80266 or 80114, as specified, for the applicable claims-made year and limits of liability.

(Paramedical employees written on a shared-limits basis will be charged a fourth year claims-made premium regardless of retroactive date and the shared-limits factors stated above will always be applied to a fourth year claims-made premium.)

Employee	(Factors based on 80420)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Physician's Assistant (PA)	0.027	0.083	0.025
Surgeon's Assistant (SA)	0.041	0.124	0.037
Certified Nurse Practitioner (CNP)	0.045	0.138	0.041
Psychologist	0.040	0.050	0.015
Emergency Medical Technician (EMT)	0.004	0.010	0.003
Perfusionist	0.166	0.500	0.149

Employee	(Factors based on 80151)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Certified Nurse Anesthetist (CRNA) – not part of an insured group	N/A	0.420	0.126
CRNA employed by an insured group - separate limits basis	N/A	0.300	0.090
CRNA employed by an insured group – shared limits basis with ratio of CRNAs to anesthesiologists between 2:1 and 4:1	0.180	N/A	N/A
CRNA employed by an insured group – shared limits basis with ratio of CRNAs to anesthesiologists no more than 2:1	0.090	N/A	N/A

For CRNAs employed by an insured performing pain management procedures, apply the above factor to the 80475(C) ISO code and applicable rate class.

(If the ratio of employed CRNA's to Anesthesiologists exceeds 4-to-1, the Company may decline to insure the risk, or apply an additional premium, at its sole discretion.)

Employee	(Factors based on 80153)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Certified Nurse Midwife (CNM)	0.129	0.388	0.116

Employee	(Factors based on 80266)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Cytotechnologist	0.100	N/A	N/A

Employee	(Factors based on 80114)		
	Shared Limits Factor	Separate Limits Factor	Non-insured Vicarious Liability Factor
Optometrist	0.020	0.040	0.012

**NOTE:** When the limits of liability apply on a shared basis with the physicians of the group, the premium charge for the excess limits for the paramedical employees will be calculated at the level that the majority of physicians carry.

3. Item II of Section 6, Physician Extender, Paramedical and Allied Health Professional Liability Rating, is hereby amended as follows:

**II. ALLIED HEALTH PROFESSIONAL EMPLOYEES**

Certain Allied Health professionals are eligible for separate insurance by the Company at individual limits of liability. The premium charge will be determined by applying the factors below to the appropriate rate for the designated Physician Class Code in the applicable rating territory.

<b>SPECIALTY</b>	<b>CLASS CODE</b>	<b>\$1M/\$3M</b> (Factors based on 80420)
Audiologist	80760	0.018
Cardiac Technician	80751	0.025
Casting Technician	80752	0.020
Certified Nurse Practitioner	80964	0.138
Clinical Nurse Specialist	80964	0.400
Counselor	80712	0.045
Dietitian	89761	0.018
EKG Technician	80763	0.018
Medical Assistant	80762	0.018
Medical Lab Technician	80711	0.018
Nurse	80998	0.018
Nurse – Student	82998	0.005
Nurse, RN Perform X-Ray Therapy	80714	0.018
Occupational Therapist	80750	0.025
O.R. Technician	80758	0.125
Ophthalmic Assistant	80755	0.018
Orthopedic Technician	80756	0.020
Perfusionist	80764	0.500
Pharmacist	59112	0.025
Phlebotomist	80753	0.018
Physical Therapist (Emp)	80945	0.025
Physical Therapist (Ind)	80946	0.090
Physical Therapy Aide	80995	0.018
Physician Assistant	80116(A)	0.083
Physiotherapist	80938	0.018
Psychologist	80912	0.050
Pump Technician	88888	0.020
Respiratory Therapist	80601	0.025
Social Worker	80911	0.045
Sonographer	80754	0.018
Surgeon Assistant	80116(B)	0.124
X-Ray/Radiologic Technician	80713	0.018
X-Ray Therapy Technician	80716	0.025
		(Factors based on 80211)
Dental Assistant	80207	0.100
Dental Hygienist	80208	0.100
Nurse Anesthetist – Dental	80960(D)	4.306



## II. STATE REQUIREMENTS

### A. Policy Issuance

1. The Illinois State Law Endorsement must be attached to the policy at the time of issuance.
2. Item III, Quarterly Installment Options, is hereby added to Section 1, Introduction, as follows:

### III. QUARTERLY INSTALLMENT OPTIONS

1. Quarterly Installment Option One – (40/20/20/20)
  - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
  - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
2. Quarterly Installment Option Two – (35/25/25/15)
  - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;
  - b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
  - c. No interest or installment charges;
  - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
  - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.

### B. Rules

ProNational Insurance Company

The data filed under these requirements is accurate and reasonable to the best of our knowledge and reconciles with the most recently filed annual statutory financial statement where appropriate.

A handwritten signature in black ink, appearing to read "Howard H. Friedman". The signature is fluid and cursive, with a long horizontal stroke at the end.

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Howard H. Friedman, ACAS, MAAA  
Chief Underwriting Officer