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FEB 18 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

February 12, 2010

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

RE: **THE MEDICAL PROTECTIVE COMPANY- NAIC #11843**
COMPANY FILE NO: 10-IL-138
COMPANY FEIN NO: 35-0506406 ✓
ILLINOIS DENTISTS
OCCURRENCE AND STANDARD CLAIMS MADE PROGRAMS
Revised Part Time Practice Rule, PTP-IL; 5/1/10

COMPREHENSIVE LIABILITY COVERAGE FOR HEALTHCARE PROVIDERS
Revised State Rate Pages, Sections IV - Dentists

PROPOSED EFFECTIVE DATE: May 1, 2010

RATE/RULE

FILED

MAY 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Dear Ms. Neuman:

The Medical Protective Company hereby submits for your review and consideration the above-captioned rule filing applicable to its Illinois Dentists and Comprehensive Liability programs. The company requests **May 1, 2010**, as the effective date for this submission.

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

Should you have any questions regarding this filing, please do not hesitate to contact me. Thank you.

Sincerely,

Melissa Millican

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

Enclosure(s)

*I-D
MEM
RUL
Jeh*

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Professional Liab</u> <u>Line of Insurance</u>	1,489,749	0

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
The company is revising the Part Time Practice rule applicable to its Dentists Program. The requested effective date of this filing is May 1, 2010.

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

The Medical Protective Company
 Name of Company

 Official - Title
 Angela Adams, Counsel + Assistant Secretary

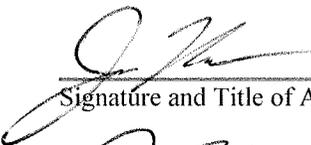
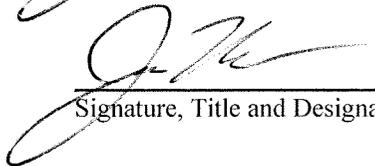
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 SPRINGFIELD

**ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES**

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

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

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

	Jim Kunce; SVP & Chief Actuary	2/12/10
_____ Signature and Title of Authorized Insurance Company Officer		Date
	Jim Kunce; <u>FCAS, MAAA</u>	2/12/10
_____ Signature, Title and Designation of Authorized Actuary		Date

Insurance Company FEIN 35-0506406 Filing Number 10-IL-138

Insurer's Address 5814 Reed Road

City Fort Wayne State IN Zip Code 46835

Contact Person's:
-Name and E-mail melissa.millican@medpro.com

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

Neuman, Gayle

From: Millican, Melissa [Melissa.Millican@medpro.com]
Sent: Thursday, July 14, 2011 1:22 PM
To: Neuman, Gayle
Subject: RE: Medical Protective Company - Rate/Rule Filing #10-IL-138

Yes we request to keep the effective date of this filing 5/1/10.

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, July 14, 2011 11:39 AM
To: Millican, Melissa
Subject: Medical Protective Company - Rate/Rule Filing #10-IL-138

Ms. Millican,

The Department of Insurance has now completed its review of the filing referenced above. Originally, Medical Protective requested the filing be effective May 1, 2010. Was the filing put into effect on May 1, 2010 or do you wish to use a different effective date?

Your prompt response is appreciated.

Gayle Neuman

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

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

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

THE MEDICAL PROTECTIVE COMPANY

ILLINOIS

DENTISTS

EXPLANATORY MEMORANDUM

The Medical Protective Company wishes to submit the attached rule filing for its stand-alone Dentists professional liability product and the corresponding Comprehensive Liability Coverage for Health Care Providers programs. The Company requests an effective date of May 1, 2010.

Part Time Practice Rule - The Company wishes to revise the Part Time Practice Rule for the Occurrence and Standard Claims Made Programs to change the credit for those Dentists practicing 11-20 hours. Additionally, please refer to the attached General Manual Section IV for the modification to the Comprehensive Liability Coverage for Healthcare Providers manual. There is not a substantive rate impact associated with this change.

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

**ILLINOIS
DENTISTS**

OCCURRENCE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,050 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

<u>AVERAGE NUMBER HOURS PRACTICED PER WEEK</u>	<u>MAX. AGGREGATE HOURS PER YR</u>	<u>CREDIT</u>
0-20 HOURS	1,050	50%

A PART TIME PRACTITIONER MAY INCLUDE ANY CLASSIFICATION IDENTIFIED IN THE CLASS PLAN AS WELL AS THOSE PRACTITIONERS WHO ARE MOONLIGHTING OR TEACHING. THE HOURS REPORTED TO THE COMPANY FOR RATING PURPOSES ARE SUBJECT TO AUDIT, AT THE COMPANY'S DISCRETION.

NO OTHER CREDITS WILL APPLY CONCURRENT WITH THIS RULE EXCEPT MEMBERSHIP ASSOCIATION, SCHEDULE RATING MODIFICATIONS, AND/OR RISK MANAGEMENT.

FILED

MAY 01 2010

The
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ILLINOIS

DENTISTS

STANDARD CLAIMS MADE PROGRAM

PART TIME PRACTICE RULE

ANY INSURED WHO PRACTICES ON AVERAGE 20 HOURS OR LESS IN A WEEK OR LESS THAN AN AGGREGATE OF 1,050 HOURS DURING THE TERM OF AN ANNUAL POLICY WILL BE CONSIDERED A PART TIME PRACTITIONER AND WILL BE ELIGIBLE FOR A REDUCTION IN THE OTHERWISE APPLICABLE RATE BASED ON THE FOLLOWING SCHEDULE.

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FILED

MAY 01 2010

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ILLINOIS

DENTISTS

STANDARD CLAIMS MADE PROGRAM

PART TIME PRACTICE RULE (CON'T)

THE PART TIME PRACTICE CREDIT WILL NOT BE APPLIED TO THE EXTENSION CONTRACT RATING UNLESS THE PART TIME PRACTICE DID NOT EXCEED AN AVERAGE OF 1,050 HOURS/YEAR OVER THE PREVIOUS FIVE CONSECUTIVE POLICY YEARS WITH THE COMPANY. IF SO, THE AVERAGE NUMBER OF HOURS IN PRACTICE PER WEEK DURING THE PREVIOUS FIVE POLICY YEARS WILL DETERMINE THE APPLICABLE CREDIT.

FILED

MAY 01 2010

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

Dentists	\$50
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D. **Premium Modifications**

1. **Part Time Dentists**
 (Occurrence & Standard Claims Made Programs)

Hours Practicing Per Week	Max Aggregate Hours Per Year	Credit
0-20	1,050	50%

*The part-time credit is not applied to the Extended Reporting Period Coverage rating unless the part time practice did not exceed an average of 1050 hours/year over the previous five consecutive policy years with the company.

2. **Dentists in Training**

a. Training Activities
 (Occurrence & Standard Claims Made Programs)

The Dentist's rate shall be determined by the insured's classification and limit of liability as present on the manual rate tables, subject to any applicable credit determined by the Company to be commensurate with the exposure.

b. Moonlighting Activities
 (Occurrence & Standard Claims Made Programs)

Credit
75%

c. Dental Externship / Board Exam
 (Occurrence Program)

Coverage Type	Limit	Premium
Occurrence	1000/3000	No Charge

d. Student / Resident Rating Rule
 (Occurrence Program)

Type	Premium
Students	\$35 per student
Residents	\$50 per resident

FILED

MAY 01 2010

STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

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

Dentists	\$50
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D. **Premium Modifications**

1. **Part Time Dentists**
(Occurrence & Standard Claims Made Programs)

Hours Practicing Per Week	Max Agg Hours Per Year	Credit
0-10	515	50%
011-20	1050	5030%

*The part-time credit is not applied to the Extended Reporting Period Coverage rating unless the part time practice did not exceed an average of 1050 hours/year over the previous five consecutive policy years with the company.

2. **Dentists in Training**

a. Training Activities
(Occurrence & Standard Claims Made Programs)

The Dentist's rate shall be determined by the insured's classification and limit of liability as present on the manual rate tables, subject to any applicable credit determined by the Company to be commensurate with the exposure.

b. Moonlighting Activities
(Occurrence & Standard Claims Made Programs)

Credit
75%

c. Dental Externship / Board Exam
(Occurrence Program)

Coverage Type	Limit	Premium
Occurrence	1000/3000	No Charge

d. Student / Resident Rating Rule
(Occurrence Program)

Type	Premium
Students	\$35 per student
Residents	\$50 per resident

FILED

MAY 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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ILLINOIS

DENTISTS

OCCURRENCE PROGRAM

PART TIME PRACTICE RULE

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DENTISTS

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