

SERFF Tracking Number: MDPC-127301361 State: California  
Filing Company: The Medical Protective Company State Tracking Number: 11-5758  
Company Tracking Number: 11-CAMD-01  
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations  
Made/Occurrence  
Product Name: Physicians & Surgeons and Comprehensive Liability Coverage Program  
Project Name/Number: Annual Rate filing and CME response filing/11-CAMD-01

## Filing at a Glance

Company: The Medical Protective Company

Product Name: Physicians & Surgeons and Comprehensive Liability Coverage Program

TOI: 11.0 Medical Malpractice - Claims

Made/Occurrence

Sub-TOI: 11.0000 Med Mal Sub-TOI

Combinations

Filing Type: Form/Rate/Rule

SERFF Tr Num: MDPC-127301361 State: California

SERFF Status: Pending State

State Tr Num: 11-5758

Action

Co Tr Num: 11-CAMD-01

State Status: Accepted

Authors: Melissa Millican,

Christopher Cole

Date Submitted: 07/01/2011

Reviewer(s): Mely Salazar

Disposition Date:

Disposition Status:

Effective Date Requested (New): 01/01/2012

Effective Date Requested (Renewal): 01/01/2012

Effective Date (New):

Effective Date (Renewal):

## General Information

Project Name: Annual Rate filing and CME response filing

Project Number: 11-CAMD-01

Reference Organization: n/a

Reference Title: n/a

Filing Status Changed: 07/08/2011

State Status Changed: 07/12/2011

Created By: Melissa Millican

Corresponding Filing Tracking Number:

Filing Description:

The Medical Protective Company (MedPro) respectfully submits the attached exhibits supporting rate, rule and form revisions to the Physicians & Surgeons Occurrence and Claims Made programs in the state of California.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: n/a

Advisory Org. Circular: n/a

Deemer Date: 09/13/2011

Submitted By: Melissa Millican

## Company and Contact

### Filing Contact Information

Melissa Millican, Paralegal

5814 Reed Road

melissa.millican@medpro.com

260-486-0838 [Phone]

SERFF Tracking Number: MDPC-127301361 State: California  
 Filing Company: The Medical Protective Company State Tracking Number: 11-5758  
 Company Tracking Number: 11-CAMD-01  
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations  
 Made/Occurrence  
 Product Name: Physicians & Surgeons and Comprehensive Liability Coverage Program  
 Project Name/Number: Annual Rate filing and CME response filing/11-CAMD-01

Fort Wayne, IN 46835 260-486-0733 [FAX]

**Filing Company Information**

The Medical Protective Company CoCode: 11843 State of Domicile: Indiana  
 5814 Reed Road Group Code: Company Type:  
 Fort Wayne, IN 46835 Group Name: State ID Number:  
 (260) 486-0838 ext. [Phone] FEIN Number: 35-0506406

-----

**Filing Fees**

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Medical Protective Company	\$0.00		

**State Specific**

Variance Requested? (Yes/No): no

SERFF Tracking Number: MDPC-127301361 State: California  
 Filing Company: The Medical Protective Company State Tracking Number: 11-5758  
 Company Tracking Number: 11-CAMD-01  
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations  
 Made/Occurrence  
 Product Name: Physicians & Surgeons and Comprehensive Liability Coverage Program  
 Project Name/Number: Annual Rate filing and CME response filing/11-CAMD-01

## Correspondence Summary

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending company response	Jesse Rivera	07/01/2011	07/01/2011	Melissa Millican	07/08/2011	07/08/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Response	Note To Reviewer	Melissa Millican	07/06/2011	07/06/2011

SERFF Tracking Number: MDPC-127301361 State: California  
Filing Company: The Medical Protective Company State Tracking Number: 11-5758  
Company Tracking Number: 11-CAMD-01  
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations  
Made/Occurrence  
Product Name: Physicians & Surgeons and Comprehensive Liability Coverage Program  
Project Name/Number: Annual Rate filing and CME response filing/11-CAMD-01

## Objection Letter

Objection Letter Status Pending company response  
Objection Letter Date 07/01/2011  
Submitted Date 07/01/2011  
Respond By Date  
Dear Melissa Millican,

To meet basic compliance for this filing, please respond to the objection(s) below.

### Objection 1

- Prior Approval Rate Application (Supporting Document)

Comment: Submit the template without variance. Page 9 of our filing instructions reads: "Multiple templates are required to measure the impact of each variance. Therefore, each variance filing must include:

- A template that shows the Maximum Permitted Rate Change excluding variance(s). For programs that provide one coverage with an indivisible premium, please use the template contained in the Rate Application (Page 7) for this purpose. For multicoverage programs, attach multi-coverage or PPA templates as needed.
- A template that shows the Maximum Permitted Rate Change for each variance request. If multiple variances are requested, multiple, separate templates must be provided. Each template should clearly identify the corresponding variance to which it applies.

Sincerely,  
Jesse Rivera

SERFF Tracking Number: MDPC-127301361 State: California  
Filing Company: The Medical Protective Company State Tracking Number: 11-5758  
Company Tracking Number: 11-CAMD-01  
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations  
Made/Occurrence  
Product Name: Physicians & Surgeons and Comprehensive Liability Coverage Program  
Project Name/Number: Annual Rate filing and CME response filing/11-CAMD-01

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/08/2011  
Submitted Date 07/08/2011

Dear Mely Salazar,

### Comments:

### Response 1

Comments: Please find a revised rate application attached for your review.

### Related Objection 1

Applies To:

- Prior Approval Rate Application (Supporting Document)

Comment:

Submit the template without variance. Page 9 of our filing instructions reads: "Multiple templates are required to measure the impact of each variance. Therefore, each variance filing must include:

- A template that shows the Maximum Permitted Rate Change excluding variance(s). For programs that provide one coverage with an indivisible premium, please use the template contained in the Rate Application (Page 7) for this purpose. For multicoverage programs, attach multi-coverage or PPA templates as needed.
- A template that shows the Maximum Permitted Rate Change for each variance request. If multiple variances are requested, multiple, separate templates must be provided. Each template should clearly identify the corresponding variance to which it applies.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Prior Approval Rate Application

Comment: Prior Approval Rate application attached

Filing Memo attached

*SERFF Tracking Number: MDPC-127301361 State: California*  
*Filing Company: The Medical Protective Company State Tracking Number: 11-5758*  
*Company Tracking Number: 11-CAMD-01*  
*TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations*  
*Made/Occurrence*  
*Product Name: Physicians & Surgeons and Comprehensive Liability Coverage Program*  
*Project Name/Number: Annual Rate filing and CME response filing/11-CAMD-01*

REV 7/8 - rate application related to variances.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Christopher Cole, Melissa Millican

*SERFF Tracking Number:* MDPC-127301361 *State:* California  
*Filing Company:* The Medical Protective Company *State Tracking Number:* 11-5758  
*Company Tracking Number:* 11-CAMD-01  
*TOI:* 11.0 Medical Malpractice - Claims *Sub-TOI:* 11.0000 Med Mal Sub-TOI Combinations  
*Made/Occurrence*  
*Product Name:* Physicians & Surgeons and Comprehensive Liability Coverage Program  
*Project Name/Number:* Annual Rate filing and CME response filing/11-CAMD-01

**Note To Reviewer**

**Created By:**

Melissa Millican on 07/06/2011 11:39 AM

**Last Edited By:**

Melissa Millican

**Submitted On:**

07/06/2011 11:39 AM

**Subject:**

Response

**Comments:**

Thank you for your note dated 7/1. I apologize for our delay, however, I just received the note today due to holiday Monday and being out of the office on Tuesday. We should have a response back to you soon, but no later than Monday 7/11.

Thank you,  
Melissa

SERFF Tracking Number: MDPC-127301361 State: California  
 Filing Company: The Medical Protective Company State Tracking Number: 11-5758  
 Company Tracking Number: 11-CAMD-01  
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations  
 Made/Occurrence  
 Product Name: Physicians & Surgeons and Comprehensive Liability Coverage Program  
 Project Name/Number: Annual Rate filing and CME response filing/11-CAMD-01

## Form Schedule

Schedule Item Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	Representation Endorsement	895	07/2011	Endorsement/Amendment/Conditions	New		E895 - Representation Endorsement.pdf

**THE**  
**MEDICAL PROTECTIVE COMPANY**  
**FORT WAYNE, INDIANA**

**REPRESENTATION ENDORSEMENT**

It is hereby agreed and understood that Condition 8 of the policy is hereby deleted and replaced with the following:

By acceptance of this policy, the Insured agrees the statements in any application (new and renewal) submitted to the Company are true and correct. In the event an application was executed or endorsed by the Insured's agent, the Insured acknowledges that the agent has acted under the Insured's express authority and that the Insured has thoroughly reviewed the information contained on the application. Therefore, it is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for any material misrepresentation made by the Insured.

The representations made by the Insured in the applications are the basis for the coverage provided, as well as the Company's calculation of the applicable premium. As a result, the Insured agrees to inform the Company of any changes to his or her practice. Such material changes shall include, but are not limited to:

- a. a specialty, procedure performed, or training;
  - b. a practice location;
  - c. an employer;
  - d. a significant change in the number of working hours;
  - e. membership in a qualified professional association;
  - f. the revocation, suspension, or restriction of the Insured's professional license, hospital privileges, or DEA license;
  - g. any criminal indictment;
  - h. any settlement or verdict in a lawsuit that was not defended by the Company; or
  - i. any condition that impairs the ability to practice the Insured's specialty,
- that were not included on the Insured's most recent application (new or renewal).

In the event the Company is made aware of a material change in the Insured's practice, it reserves the right to recalculate the applicable premium and/or exclude the new practice characteristics from coverage.

It is understood and agreed that the statements made in the Insured's application are incorporated into, and shall form a part of, this policy. Therefore, this policy, any endorsements attached thereto, and the applications embody all agreements between the Insured and the Company, or any of its authorized representatives, relating to this insurance.

All other terms and conditions of the policy remain unchanged.

SERFF Tracking Number: MDPC-127301361 State: California  
 Filing Company: The Medical Protective Company State Tracking Number: 11-5758  
 Company Tracking Number: 11-CAMD-01  
 TOI: 11.0 Medical Malpractice - Claims Made/Occurrence Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations  
 Product Name: Physicians & Surgeons and Comprehensive Liability Coverage Program  
 Project Name/Number: Annual Rate filing and CME response filing/11-CAMD-01

## Rate Information

Rate data applies to filing.

**Filing Method:** prior approval  
**Rate Change Type:** Decrease  
**Overall Percentage of Last Rate Revision:** 7.100%  
**Effective Date of Last Rate Revision:** 10/01/2005  
**Filing Method of Last Filing:** prior approval

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
The Medical Protective Company	-2.630%	-2.630%	\$-699,368	1,807	\$26,591,935	27.600%	-27.500%

SERFF Tracking Number: MDPC-127301361 State: California  
 Filing Company: The Medical Protective Company State Tracking Number: 11-5758  
 Company Tracking Number: 11-CAMD-01  
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations  
 Made/Occurrence  
 Product Name: Physicians & Surgeons and Comprehensive Liability Coverage Program  
 Project Name/Number: Annual Rate filing and CME response filing/11-CAMD-01

## Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
	CA MD OCC Rates	RTS-OCC; CA-12-1	Replacement		CA MD OCC Rates.pdf
	CA MD SCM Rates	RTS-CM(0-4); CA-12-1	Replacement		CA MD SCM Rates.pdf
	CA MD OCC Class Plans	PRC-CA; 01/01/2012	Replacement		PRC-CA - Occurrence Class Plan.pdf
	CA MD SCM Class Plans	PRC-CA; 01/01/2012	Replacement		PRC-CA - Standard Claims Made Class Plan.pdf
	CA MD OCC Risk Management Credit Rule	RMC-CA; 01/01/12	Replacement		RMC-CA OCC 010112.pdf
	CA MD SCM Risk Management Credit Rule	RMC-CA; 01/01/12	Replacement		RMC-CA SCM 010112.pdf
	CA MD OCC Membership Association Credit Rule	MAC-CA; 01/01/12	Replacement		MAC-CA OCC 010112.pdf
	CA MD SCM Membership	MAC-CA;	Replacement		MAC-CA SCM 010112.pdf

SERFF Tracking Number: MDPC-127301361 State: California  
 Filing Company: The Medical Protective Company State Tracking Number: 11-5758  
 Company Tracking Number: 11-CAMD-01  
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations  
 Made/Occurrence  
 Product Name: Physicians & Surgeons and Comprehensive Liability Coverage Program  
 Project Name/Number: Annual Rate filing and CME response filing/11-CAMD-01

Association Credit 01/01/12  
 Rule

CA MD OCC IRR-CA; Replacement IRR-CA OCC  
 Individual Rating Rule 01/01/12 010112.pdf

CA MD SCM IRR-CA; Replacement IRR-CA SCM  
 Individual Rating Rule 01/01/12 010112.pdf

CA MD OCC Full TimeFTE-CA; Replacement FTE-CA OCC  
 Equivalency Rule 01/01/12 010112.pdf

CA MD SCM Full TimeFTE-CA; Replacement FTE-CA SCM  
 Equivalency Rule 01/01/12 010112.pdf

CA MD OCC New To NPC-CA; Replacement NPC-CA OCC  
 Practice Rule 01/01/12 010112.pdf

CA MD SCM New To NPC-CA; Replacement NPC-CA SCM  
 Practice Rule 01/01/12 010112.pdf

CA MD OCC PCC-CA; Replacement PCC-CA OCC  
 Partnership 01/01/12 010112.pdf  
 Corporation Rule

CA MD SCM PCC-CA; Replacement PCC-CA SCM  
 Partnership 01/01/12 010112.pdf  
 Corporation Rule

CA MD OCC Claim CFC-CA; Replacement CFC-CA OCC  
 Free Credit Rule 01/01/12 010112.pdf

SERFF Tracking Number: MDPC-127301361 State: California  
 Filing Company: The Medical Protective Company State Tracking Number: 11-5758  
 Company Tracking Number: 11-CAMD-01  
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations  
 Made/Occurrence  
 Product Name: Physicians & Surgeons and Comprehensive Liability Coverage Program  
 Project Name/Number: Annual Rate filing and CME response filing/11-CAMD-01

CA MD SCM Claim Free Credit Rule	CFC-CA; 01/01/12	Replacement	CFC-CA - SCM 010112.pdf
CA MD OCC New To Company Rule	NCC-CA; 01/01/07	Withdrawn	
CA MD SCM New To Company Rule	NCC-CA; 01/01/07	Withdrawn	
CA MD SCM Accelerated Extension Contract Rating Rule	AEC-CW; 02/01/08	Replacement	AEC-CW SCM 020108.pdf
CA State Rate Pages, Section II - Corporations, Partnerships and Associations	SR-CA-II-(1-3); 01/01/12	Replacement	SR-CA-II-xx - Section II State Rate Pages - Partnership-Corps.pdf
CA State Rate Pages, Section III - Physicians & Surgeons	SR-CA-III-(1-34); 01/01/12	Replacement	SR-CA-III-xx - Section III State Rate Pages - Physicians & Surgeons 010112.pdf

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

**CALIFORNIA - AREA 1  
PHYSICIANS AND SURGEONS  
OCCURRENCE RATES**

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	3,876	5,155	6,085	7,558	9,109	9,690
<b>1B</b>	4,430	5,892	6,955	8,639	10,411	11,075
<b>1C</b>	5,537	7,364	8,693	10,797	13,012	13,843
<b>1D</b>	6,368	8,469	9,998	12,418	14,965	15,920
<b>1E</b>	7,613	10,125	11,952	14,845	17,891	19,033
<b>2A</b>	8,029	10,679	12,606	15,657	18,868	20,073
<b>2B</b>	9,413	12,519	14,778	18,355	22,121	23,533
<b>2C</b>	10,520	13,992	16,516	20,514	24,722	26,300
<b>3</b>	12,181	16,201	19,124	23,753	28,625	30,453
<b>4</b>	16,611	22,093	26,079	32,391	39,036	41,528
<b>5A</b>	19,656	26,142	30,860	38,329	46,192	49,140
<b>5B</b>	23,255	30,929	36,510	45,347	54,649	58,138
<b>6</b>	24,917	33,140	39,120	48,588	58,555	62,293
<b>7A</b>	27,685	36,821	43,465	53,986	65,060	69,213
<b>7B</b>	33,222	44,185	52,159	64,783	78,072	83,055
<b>8</b>	38,759	51,549	60,852	75,580	91,084	96,898

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

**CALIFORNIA - AREA 2  
PHYSICIANS AND SURGEONS  
OCCURRENCE RATES**

Class	100/300	200/600	300/900	500/1000	1000/1000	1000/3000
1A	3,086	4,104	4,845	6,018	7,252	7,715
1B	3,526	4,690	5,536	6,876	8,286	8,815
1C	4,408	5,863	6,921	8,596	10,359	11,020
1D	5,069	6,742	7,958	9,885	11,912	12,673
1E	6,061	8,061	9,516	11,819	14,243	15,153
2A	6,392	8,501	10,035	12,464	15,021	15,980
2B	7,494	9,967	11,766	14,613	17,611	18,735
2C	8,375	11,139	13,149	16,331	19,681	20,938
3	9,698	12,898	15,226	18,911	22,790	24,245
4	13,224	17,588	20,762	25,787	31,076	33,060
5A	15,648	20,812	24,567	30,514	36,773	39,120
5B	18,514	24,624	29,067	36,102	43,508	46,285
6	19,836	26,382	31,143	38,680	46,615	49,590
7A	22,040	29,313	34,603	42,978	51,794	55,100
7B	26,448	35,176	41,523	51,574	62,153	66,120
8	30,856	41,038	48,444	60,169	72,512	77,140

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

**CALIFORNIA - AREA 3**  
**PHYSICIANS AND SURGEONS**  
**OCCURRENCE RATES**

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
1A	2,470	3,285	3,878	4,817	5,805	6,175
1B	2,823	3,755	4,432	5,505	6,634	7,058
1C	3,529	4,694	5,541	6,882	8,293	8,823
1D	4,058	5,397	6,371	7,913	9,536	10,145
1E	4,852	6,453	7,618	9,461	11,402	12,130
2A	5,117	6,806	8,034	9,978	12,025	12,793
2B	5,999	7,979	9,418	11,698	14,098	14,998
2C	6,705	8,918	10,527	13,075	15,757	16,763
3	7,764	10,326	12,189	15,140	18,245	19,410
4	10,587	14,081	16,622	20,645	24,879	26,468
5A	12,528	16,662	19,669	24,430	29,441	31,320
5B	14,822	19,713	23,271	28,903	34,832	37,055
6	15,881	21,122	24,933	30,968	37,320	39,703
7A	17,645	23,468	27,703	34,408	41,466	44,113
7B	21,174	28,161	33,243	41,289	49,759	52,935
8	24,703	32,855	38,784	48,171	58,052	61,758

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

**CALIFORNIA - AREA 1  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES**

0 YEARS SINCE RETROACTIVE DATE

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	1,116	1,484	1,752	2,176	2,623	2,790
<b>1B</b>	1,276	1,697	2,003	2,488	2,999	3,190
<b>1C</b>	1,595	2,121	2,504	3,110	3,748	3,988
<b>1D</b>	1,834	2,439	2,879	3,576	4,310	4,585
<b>1E</b>	2,193	2,917	3,443	4,276	5,154	5,483
<b>2A</b>	2,312	3,075	3,630	4,508	5,433	5,780
<b>2B</b>	2,711	3,606	4,256	5,286	6,371	6,778
<b>2C</b>	3,030	4,030	4,757	5,909	7,121	7,575
<b>3</b>	3,508	4,666	5,508	6,841	8,244	8,770
<b>4</b>	4,784	6,363	7,511	9,329	11,242	11,960
<b>5A</b>	5,661	7,529	8,888	11,039	13,303	14,153
<b>5B</b>	6,697	8,907	10,514	13,059	15,738	16,743
<b>6</b>	7,176	9,544	11,266	13,993	16,864	17,940
<b>7A</b>	7,973	10,604	12,518	15,547	18,737	19,933
<b>7B</b>	9,567	12,724	15,020	18,656	22,482	23,918
<b>8</b>	11,162	14,845	17,524	21,766	26,231	27,905

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

**CALIFORNIA - AREA 1  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES  
1 YEAR SINCE RETROACTIVE DATE**

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,093	2,784	3,286	4,081	4,919	5,233
<b>1B</b>	2,392	3,181	3,755	4,664	5,621	5,980
<b>1C</b>	2,990	3,977	4,694	5,831	7,027	7,475
<b>1D</b>	3,438	4,573	5,398	6,704	8,079	8,595
<b>1E</b>	4,111	5,468	6,454	8,016	9,661	10,278
<b>2A</b>	4,335	5,766	6,806	8,453	10,187	10,838
<b>2B</b>	5,083	6,760	7,980	9,912	11,945	12,708
<b>2C</b>	5,681	7,556	8,919	11,078	13,350	14,203
<b>3</b>	6,578	8,749	10,327	12,827	15,458	16,445
<b>4</b>	8,969	11,929	14,081	17,490	21,077	22,423
<b>5A</b>	10,614	14,117	16,664	20,697	24,943	26,535
<b>5B</b>	12,557	16,701	19,714	24,486	29,509	31,393
<b>6</b>	13,454	17,894	21,123	26,235	31,617	33,635
<b>7A</b>	14,949	19,882	23,470	29,151	35,130	37,373
<b>7B</b>	17,939	23,859	28,164	34,981	42,157	44,848
<b>8</b>	20,929	27,836	32,859	40,812	49,183	52,323

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

**CALIFORNIA - AREA 1  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES**

2 YEARS SINCE RETROACTIVE DATE

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,825	3,757	4,435	5,509	6,639	7,063
<b>1B</b>	3,229	4,295	5,070	6,297	7,588	8,073
<b>1C</b>	4,036	5,368	6,337	7,870	9,485	10,090
<b>1D</b>	4,641	6,173	7,286	9,050	10,906	11,603
<b>1E</b>	5,550	7,382	8,714	10,823	13,043	13,875
<b>2A</b>	5,852	7,783	9,188	11,411	13,752	14,630
<b>2B</b>	6,862	9,126	10,773	13,381	16,126	17,155
<b>2C</b>	7,669	10,200	12,040	14,955	18,022	19,173
<b>3</b>	8,880	11,810	13,942	17,316	20,868	22,200
<b>4</b>	12,109	16,105	19,011	23,613	28,456	30,273
<b>5A</b>	14,329	19,058	22,497	27,942	33,673	35,823
<b>5B</b>	16,952	22,546	26,615	33,056	39,837	42,380
<b>6</b>	18,163	24,157	28,516	35,418	42,683	45,408
<b>7A</b>	20,181	26,841	31,684	39,353	47,425	50,453
<b>7B</b>	24,217	32,209	38,021	47,223	56,910	60,543
<b>8</b>	28,254	37,578	44,359	55,095	66,397	70,635

**The  
Medical Protective Company  
Fort Wayne, Indiana 46835**

*Professional Protection Exclusively Since 1899*

**CALIFORNIA - AREA 1  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES**

3 YEARS SINCE RETROACTIVE DATE

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	3,139	4,175	4,928	6,121	7,377	7,848
<b>1B</b>	3,587	4,771	5,632	6,995	8,429	8,968
<b>1C</b>	4,485	5,965	7,041	8,746	10,540	11,213
<b>1D</b>	5,157	6,859	8,096	10,056	12,119	12,893
<b>1E</b>	6,167	8,202	9,682	12,026	14,492	15,418
<b>2A</b>	6,503	8,649	10,210	12,681	15,282	16,258
<b>2B</b>	7,624	10,140	11,970	14,867	17,916	19,060
<b>2C</b>	8,521	11,333	13,378	16,616	20,024	21,303
<b>3</b>	9,867	13,123	15,491	19,241	23,187	24,668
<b>4</b>	13,454	17,894	21,123	26,235	31,617	33,635
<b>5A</b>	15,921	21,175	24,996	31,046	37,414	39,803
<b>5B</b>	18,836	25,052	29,573	36,730	44,265	47,090
<b>6</b>	20,182	26,842	31,686	39,355	47,428	50,455
<b>7A</b>	22,424	29,824	35,206	43,727	52,696	56,060
<b>7B</b>	26,908	35,788	42,246	52,471	63,234	67,270
<b>8</b>	31,393	41,753	49,287	61,216	73,774	78,483

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

**CALIFORNIA - AREA 1  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES**

**MATURE**

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	3,488	4,639	5,476	6,802	8,197	8,720
<b>1B</b>	3,986	5,301	6,258	7,773	9,367	9,965
<b>1C</b>	4,983	6,627	7,823	9,717	11,710	12,458
<b>1D</b>	5,730	7,621	8,996	11,174	13,466	14,325
<b>1E</b>	6,852	9,113	10,758	13,361	16,102	17,130
<b>2A</b>	7,225	9,609	11,343	14,089	16,979	18,063
<b>2B</b>	8,471	11,266	13,299	16,518	19,907	21,178
<b>2C</b>	9,468	12,592	14,865	18,463	22,250	23,670
<b>3</b>	10,963	14,581	17,212	21,378	25,763	27,408
<b>4</b>	14,949	19,882	23,470	29,151	35,130	37,373
<b>5A</b>	17,690	23,528	27,773	34,496	41,572	44,225
<b>5B</b>	20,929	27,836	32,859	40,812	49,183	52,323
<b>6</b>	22,424	29,824	35,206	43,727	52,696	56,060
<b>7A</b>	24,915	33,137	39,117	48,584	58,550	62,288
<b>7B</b>	29,898	39,764	46,940	58,301	70,260	74,745
<b>8</b>	34,881	46,392	54,763	68,018	81,970	87,203

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

**CALIFORNIA - AREA 2  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES**

0 YEARS SINCE RETROACTIVE DATE

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	889	1,182	1,396	1,734	2,089	2,223
<b>1B</b>	1,016	1,351	1,595	1,981	2,388	2,540
<b>1C</b>	1,269	1,688	1,992	2,475	2,982	3,173
<b>1D</b>	1,460	1,942	2,292	2,847	3,431	3,650
<b>1E</b>	1,746	2,322	2,741	3,405	4,103	4,365
<b>2A</b>	1,841	2,449	2,890	3,590	4,326	4,603
<b>2B</b>	2,158	2,870	3,388	4,208	5,071	5,395
<b>2C</b>	2,412	3,208	3,787	4,703	5,668	6,030
<b>3</b>	2,793	3,715	4,385	5,446	6,564	6,983
<b>4</b>	3,808	5,065	5,979	7,426	8,949	9,520
<b>5A</b>	4,507	5,994	7,076	8,789	10,591	11,268
<b>5B</b>	5,332	7,092	8,371	10,397	12,530	13,330
<b>6</b>	5,713	7,598	8,969	11,140	13,426	14,283
<b>7A</b>	6,347	8,442	9,965	12,377	14,915	15,868
<b>7B</b>	7,617	10,131	11,959	14,853	17,900	19,043
<b>8</b>	8,886	11,818	13,951	17,328	20,882	22,215

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

**CALIFORNIA - AREA 2  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES**

1 YEAR SINCE RETROACTIVE DATE

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	1,666	2,216	2,616	3,249	3,915	4,165
<b>1B</b>	1,904	2,532	2,989	3,713	4,474	4,760
<b>1C</b>	2,380	3,165	3,737	4,641	5,593	5,950
<b>1D</b>	2,737	3,640	4,297	5,337	6,432	6,843
<b>1E</b>	3,273	4,353	5,139	6,382	7,692	8,183
<b>2A</b>	3,451	4,590	5,418	6,729	8,110	8,628
<b>2B</b>	4,046	5,381	6,352	7,890	9,508	10,115
<b>2C</b>	4,522	6,014	7,100	8,818	10,627	11,305
<b>3</b>	5,236	6,964	8,221	10,210	12,305	13,090
<b>4</b>	7,141	9,498	11,211	13,925	16,781	17,853
<b>5A</b>	8,450	11,239	13,267	16,478	19,858	21,125
<b>5B</b>	9,997	13,296	15,695	19,494	23,493	24,993
<b>6</b>	10,711	14,246	16,816	20,886	25,171	26,778
<b>7A</b>	11,901	15,828	18,685	23,207	27,967	29,753
<b>7B</b>	14,281	18,994	22,421	27,848	33,560	35,703
<b>8</b>	16,661	22,159	26,158	32,489	39,153	41,653

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

**CALIFORNIA - AREA 2  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES**

2 YEARS SINCE RETROACTIVE DATE

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,249	2,991	3,531	4,386	5,285	5,623
<b>1B</b>	2,571	3,419	4,036	5,013	6,042	6,428
<b>1C</b>	3,213	4,273	5,044	6,265	7,551	8,033
<b>1D</b>	3,695	4,914	5,801	7,205	8,683	9,238
<b>1E</b>	4,419	5,877	6,938	8,617	10,385	11,048
<b>2A</b>	4,659	6,196	7,315	9,085	10,949	11,648
<b>2B</b>	5,463	7,266	8,577	10,653	12,838	13,658
<b>2C</b>	6,105	8,120	9,585	11,905	14,347	15,263
<b>3</b>	7,069	9,402	11,098	13,785	16,612	17,673
<b>4</b>	9,640	12,821	15,135	18,798	22,654	24,100
<b>5A</b>	11,407	15,171	17,909	22,244	26,806	28,518
<b>5B</b>	13,495	17,948	21,187	26,315	31,713	33,738
<b>6</b>	14,460	19,232	22,702	28,197	33,981	36,150
<b>7A</b>	16,066	21,368	25,224	31,329	37,755	40,165
<b>7B</b>	19,280	25,642	30,270	37,596	45,308	48,200
<b>8</b>	22,493	29,916	35,314	43,861	52,859	56,233

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

**CALIFORNIA - AREA 2  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES**

3 YEARS SINCE RETROACTIVE DATE

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,499	3,324	3,923	4,873	5,873	6,248
<b>1B</b>	2,857	3,800	4,485	5,571	6,714	7,143
<b>1C</b>	3,570	4,748	5,605	6,962	8,390	8,925
<b>1D</b>	4,106	5,461	6,446	8,007	9,649	10,265
<b>1E</b>	4,910	6,530	7,709	9,575	11,539	12,275
<b>2A</b>	5,177	6,885	8,128	10,095	12,166	12,943
<b>2B</b>	6,070	8,073	9,530	11,837	14,265	15,175
<b>2C</b>	6,783	9,021	10,649	13,227	15,940	16,958
<b>3</b>	7,854	10,446	12,331	15,315	18,457	19,635
<b>4</b>	10,711	14,246	16,816	20,886	25,171	26,778
<b>5A</b>	12,675	16,858	19,900	24,716	29,786	31,688
<b>5B</b>	14,995	19,943	23,542	29,240	35,238	37,488
<b>6</b>	16,067	21,369	25,225	31,331	37,757	40,168
<b>7A</b>	17,852	23,743	28,028	34,811	41,952	44,630
<b>7B</b>	21,422	28,491	33,633	41,773	50,342	53,555
<b>8</b>	24,992	33,239	39,237	48,734	58,731	62,480

**The  
Medical Protective Company  
Fort Wayne, Indiana 46835**

*Professional Protection Exclusively Since 1899*

**CALIFORNIA - AREA 2  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES**

MATURE

Class	100/300	200/600	300/900	500/1000	1000/1000	1000/3000
1A	2,777	3,693	4,360	5,415	6,526	6,943
1B	3,174	4,221	4,983	6,189	7,459	7,935
1C	3,967	5,276	6,228	7,736	9,322	9,918
1D	4,562	6,067	7,162	8,896	10,721	11,405
1E	5,455	7,255	8,564	10,637	12,819	13,638
2A	5,752	7,650	9,031	11,216	13,517	14,380
2B	6,744	8,970	10,588	13,151	15,848	16,860
2C	7,537	10,024	11,833	14,697	17,712	18,843
3	8,727	11,607	13,701	17,018	20,508	21,818
4	11,901	15,828	18,685	23,207	27,967	29,753
5A	14,083	18,730	22,110	27,462	33,095	35,208
5B	16,661	22,159	26,158	32,489	39,153	41,653
6	17,852	23,743	28,028	34,811	41,952	44,630
7A	19,835	26,381	31,141	38,678	46,612	49,588
7B	23,802	31,657	37,369	46,414	55,935	59,505
8	27,769	36,933	43,597	54,150	65,257	69,423

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

**CALIFORNIA - AREA 3  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES**

0 YEARS SINCE RETROACTIVE DATE

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	711	946	1,116	1,386	1,671	1,778
<b>1B</b>	813	1,081	1,276	1,585	1,911	2,033
<b>1C</b>	1,016	1,351	1,595	1,981	2,388	2,540
<b>1D</b>	1,169	1,555	1,835	2,280	2,747	2,923
<b>1E</b>	1,397	1,858	2,193	2,724	3,283	3,493
<b>2A</b>	1,474	1,960	2,314	2,874	3,464	3,685
<b>2B</b>	1,728	2,298	2,713	3,370	4,061	4,320
<b>2C</b>	1,931	2,568	3,032	3,765	4,538	4,828
<b>3</b>	2,236	2,974	3,511	4,360	5,255	5,590
<b>4</b>	3,049	4,055	4,787	5,946	7,165	7,623
<b>5A</b>	3,608	4,799	5,665	7,036	8,479	9,020
<b>5B</b>	4,268	5,676	6,701	8,323	10,030	10,670
<b>6</b>	4,573	6,082	7,180	8,917	10,747	11,433
<b>7A</b>	5,082	6,759	7,979	9,910	11,943	12,705
<b>7B</b>	6,098	8,110	9,574	11,891	14,330	15,245
<b>8</b>	7,114	9,462	11,169	13,872	16,718	17,785

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

**CALIFORNIA - AREA 3  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES**

1 YEAR SINCE RETROACTIVE DATE

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	1,334	1,774	2,094	2,601	3,135	3,335
<b>1B</b>	1,525	2,028	2,394	2,974	3,584	3,813
<b>1C</b>	1,906	2,535	2,992	3,717	4,479	4,765
<b>1D</b>	2,191	2,914	3,440	4,272	5,149	5,478
<b>1E</b>	2,620	3,485	4,113	5,109	6,157	6,550
<b>2A</b>	2,763	3,675	4,338	5,388	6,493	6,908
<b>2B</b>	3,239	4,308	5,085	6,316	7,612	8,098
<b>2C</b>	3,620	4,815	5,683	7,059	8,507	9,050
<b>3</b>	4,192	5,575	6,581	8,174	9,851	10,480
<b>4</b>	5,717	7,604	8,976	11,148	13,435	14,293
<b>5A</b>	6,765	8,997	10,621	13,192	15,898	16,913
<b>5B</b>	8,003	10,644	12,565	15,606	18,807	20,008
<b>6</b>	8,575	11,405	13,463	16,721	20,151	21,438
<b>7A</b>	9,528	12,672	14,959	18,580	22,391	23,820
<b>7B</b>	11,434	15,207	17,951	22,296	26,870	28,585
<b>8</b>	13,339	17,741	20,942	26,011	31,347	33,348

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

**CALIFORNIA - AREA 3  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES  
2 YEARS SINCE RETROACTIVE DATE**

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	1,801	2,395	2,828	3,512	4,232	4,503
<b>1B</b>	2,058	2,737	3,231	4,013	4,836	5,145
<b>1C</b>	2,573	3,422	4,040	5,017	6,047	6,433
<b>1D</b>	2,958	3,934	4,644	5,768	6,951	7,395
<b>1E</b>	3,537	4,704	5,553	6,897	8,312	8,843
<b>2A</b>	3,730	4,961	5,856	7,274	8,766	9,325
<b>2B</b>	4,373	5,816	6,866	8,527	10,277	10,933
<b>2C</b>	4,888	6,501	7,674	9,532	11,487	12,220
<b>3</b>	5,659	7,526	8,885	11,035	13,299	14,148
<b>4</b>	7,718	10,265	12,117	15,050	18,137	19,295
<b>5A</b>	9,133	12,147	14,339	17,809	21,463	22,833
<b>5B</b>	10,805	14,371	16,964	21,070	25,392	27,013
<b>6</b>	11,577	15,397	18,176	22,575	27,206	28,943
<b>7A</b>	12,863	17,108	20,195	25,083	30,228	32,158
<b>7B</b>	15,435	20,529	24,233	30,098	36,272	38,588
<b>8</b>	18,008	23,951	28,273	35,116	42,319	45,020

**The  
Medical Protective Company  
Fort Wayne, Indiana 46835**

*Professional Protection Exclusively Since 1899*

**CALIFORNIA - AREA 3**

PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE RATES

3 YEARS SINCE RETROACTIVE DATE

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,001	2,661	3,142	3,902	4,702	5,003
<b>1B</b>	2,287	3,042	3,591	4,460	5,374	5,718
<b>1C</b>	2,858	3,801	4,487	5,573	6,716	7,145
<b>1D</b>	3,287	4,372	5,161	6,410	7,724	8,218
<b>1E</b>	3,930	5,227	6,170	7,664	9,236	9,825
<b>2A</b>	4,145	5,513	6,508	8,083	9,741	10,363
<b>2B</b>	4,859	6,462	7,629	9,475	11,419	12,148
<b>2C</b>	5,431	7,223	8,527	10,590	12,763	13,578
<b>3</b>	6,288	8,363	9,872	12,262	14,777	15,720
<b>4</b>	8,575	11,405	13,463	16,721	20,151	21,438
<b>5A</b>	10,148	13,497	15,932	19,789	23,848	25,370
<b>5B</b>	12,005	15,967	18,848	23,410	28,212	30,013
<b>6</b>	12,863	17,108	20,195	25,083	30,228	32,158
<b>7A</b>	14,292	19,008	22,438	27,869	33,586	35,730
<b>7B</b>	17,150	22,810	26,926	33,443	40,303	42,875
<b>8</b>	20,009	26,612	31,414	39,018	47,021	50,023

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

**CALIFORNIA - AREA 3  
PHYSICIANS AND SURGEONS  
STANDARD CLAIMS MADE RATES**

**MATURE**

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,223	2,957	3,490	4,335	5,224	5,558
<b>1B</b>	2,541	3,380	3,989	4,955	5,971	6,353
<b>1C</b>	3,176	4,224	4,986	6,193	7,464	7,940
<b>1D</b>	3,652	4,857	5,734	7,121	8,582	9,130
<b>1E</b>	4,367	5,808	6,856	8,516	10,262	10,918
<b>2A</b>	4,605	6,125	7,230	8,980	10,822	11,513
<b>2B</b>	5,399	7,181	8,476	10,528	12,688	13,498
<b>2C</b>	6,034	8,025	9,473	11,766	14,180	15,085
<b>3</b>	6,987	9,293	10,970	13,625	16,419	17,468
<b>4</b>	9,528	12,672	14,959	18,580	22,391	23,820
<b>5A</b>	11,275	14,996	17,702	21,986	26,496	28,188
<b>5B</b>	13,339	17,741	20,942	26,011	31,347	33,348
<b>6</b>	14,292	19,008	22,438	27,869	33,586	35,730
<b>7A</b>	15,880	21,120	24,932	30,966	37,318	39,700
<b>7B</b>	19,056	25,344	29,918	37,159	44,782	47,640
<b>8</b>	22,232	29,569	34,904	43,352	52,245	55,580

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

**CALIFORNIA**

**OCCURRENCE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS IA**

NON-SURGICAL SPECIALISTS TO INCLUDE: ALLERGY, FORENSIC MEDICINE AND OPHTHALMOLOGY.

**CLASS IB**

NON-SURGICAL SPECIALISTS TO INCLUDE: AEROSPACE MEDICINE, DERMATOLOGY, NUCLEAR MEDICINE, NUTRITION, OCCUPATIONAL MEDICINE, PHYSIATRY, PREVENTATIVE MEDICINE, PSYCHIATRY AND PUBLIC HEALTH.

**CLASS IC**

NON-SURGICAL SPECIALISTS TO INCLUDE: ENDOCRINOLOGY, GERIATRICS, GYNECOLOGY, OTORHINOLARYNGOLOGY, PATHOLOGY, PHARMACOLOGY, RHEUMATOLOGY AND SURGICAL SPECIALISTS PERFORMING NO SURGERY.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS IN DERMATOLOGY.

**CLASS ID**

NON-SURGICAL SPECIALISTS TO INCLUDE: FAMILY/GENERAL PRACTICE, HEMATOLOGY/ONCOLOGY, HOSPITALISTS, NEPHROLOGY AND PEDIATRICS.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS IN OPHTHALMOLOGY.

SURGICAL SPECIALISTS IN OPHTHALMOLOGY.

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

**CALIFORNIA**

**OCCURRENCE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS IE**

NON-SURGICAL SPECIALISTS TO INCLUDE: CARDIOLOGY (INCLUDING SWAN-GANZ) AND INTERNAL MEDICINE.

**CLASS IIA**

NON-SURGICAL SPECIALISTS IN URGENT CARE.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: ENDOCRINOLOGY AND RADIATION THERAPY.

SURGICAL SPECIALISTS TO INCLUDE: ANESTHESIOLOGY, PAIN MANAGEMENT AND PAIN MEDICINE.

**CLASS IIB**

NON-SURGICAL SPECIALISTS TO INCLUDE: DIABETES, DIAGNOSTIC RADIOLOGY, GASTROENTEROLOGY, INFECTIOUS DISEASE, NEONATOLOGY, NEUROLOGY AND PULMONARY DISEASE.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: GASTROENTEROLOGY, GERIATRICS, GYNECOLOGY, NEPHROLOGY, OTORHINOLARYNGOLOGY, PATHOLOGY, PEDIATRICS, SHOCK THERAPY AND SURGICAL SPECIALISTS PERFORMING MINOR SURGERY - NOT OTHERWISE CLASSIFIED.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR SURGERY (NO DELIVERIES).

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

**CALIFORNIA**

**OCCURRENCE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS IIC**

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: CARDIOLOGY (RIGHT HEART CATHETERIZATION), HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASE AND INTERNAL MEDICINE.

SURGICAL SPECIALISTS IN UROLOGY.

**CLASS III**

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: DIAGNOSTIC RADIOLOGY, INTENSIVE CARE AND RADIOPAQUE DYE INJECTION.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR SURGERY (INCLUDING DELIVERIES).

SURGICAL SPECIALISTS TO INCLUDE: COLON AND RECTAL, OTORHINOLARYNGOLOGY AND PLASTIC SURGERY - NO ELECTED COSMETIC.

PHYSICIANS OTHERWISE IN CLASS IA, CLASS IB, CLASS IC, CLASS ID, CLASS IE, CLASS IIA, CLASS IIB OR CLASS IIC PERFORMING ANY OF THE FOLLOWING: ACUPUNCTURE OR CARDIOLOGY (LEFT HEART CATHETERIZATION).

**CLASS IV**

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: NEUROLOGY AND RADIOLOGY - INCLUDING MAMMOGRAPHY.

EMERGENCY MEDICINE WITH NO MAJOR SURGERY.

SURGICAL SPECIALISTS TO INCLUDE: COSMETIC SURGERY, FAMILY/GENERAL PRACTICE, GASTROENTEROLOGY, GERIATRICS, GYNECOLOGY, HAND SURGERY, HEAD AND NECK SURGERY, ORTHOPEDIC SURGERY (EXCLUDING SPINAL) AND PLASTIC SURGERY - NOT OTHERWISE CLASSIFIED.

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

**CALIFORNIA**

**OCCURRENCE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS VA**

SURGICAL SPECIALISTS TO INCLUDE: EMERGENCY MEDICINE AND ORTHOPEDIC SURGERY (INCLUDING SPINAL).

**CLASS VB**

SURGICAL SPECIALISTS TO INCLUDE: CARDIOVASCULAR SURGERY, GENERAL SURGERY, THORACIC SURGERY AND VASCULAR SURGERY.

**CLASS VI**

SURGICAL SPECIALISTS IN ABDOMINAL SURGERY.

**CLASS VIIA**

SURGICAL SPECIALISTS IN OB/GYN.

**CLASS VIIB**

SURGICAL SPECIALISTS TO INCLUDE: BARIATRIC SURGERY AND TRAUMATIC SURGERY.

**CLASS VIII**

SURGICAL SPECIALISTS IN NEUROLOGICAL SURGERY.

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

**CALIFORNIA**

**STANDARD CLAIMS MADE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS IA**

NON-SURGICAL SPECIALISTS TO INCLUDE: ALLERGY, FORENSIC MEDICINE AND OPHTHALMOLOGY.

**CLASS IB**

NON-SURGICAL SPECIALISTS TO INCLUDE: AEROSPACE MEDICINE, DERMATOLOGY, NUCLEAR MEDICINE, NUTRITION, OCCUPATIONAL MEDICINE, PHYSIATRY, PREVENTATIVE MEDICINE, PSYCHIATRY AND PUBLIC HEALTH.

**CLASS IC**

NON-SURGICAL SPECIALISTS TO INCLUDE: ENDOCRINOLOGY, GERIATRICS, GYNECOLOGY, OTORHINOLARYNGOLOGY, PATHOLOGY, PHARMACOLOGY, RHEUMATOLOGY AND SURGICAL SPECIALISTS PERFORMING NO SURGERY.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS IN DERMATOLOGY.

**CLASS ID**

NON-SURGICAL SPECIALISTS TO INCLUDE: FAMILY/GENERAL PRACTICE, HEMATOLOGY/ONCOLOGY, HOSPITALISTS, NEPHROLOGY AND PEDIATRICS.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS IN OPHTHALMOLOGY.

SURGICAL SPECIALISTS IN OPHTHALMOLOGY.

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

**CALIFORNIA**

**STANDARD CLAIMS MADE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS IE**

NON-SURGICAL SPECIALISTS TO INCLUDE: CARDIOLOGY (INCLUDING SWAN-GANZ) AND INTERNAL MEDICINE.

**CLASS IIA**

NON-SURGICAL SPECIALISTS IN URGENT CARE.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: ENDOCRINOLOGY AND RADIATION THERAPY.

SURGICAL SPECIALISTS TO INCLUDE: ANESTHESIOLOGY, PAIN MANAGEMENT AND PAIN MEDICINE.

**CLASS IIB**

NON-SURGICAL SPECIALISTS TO INCLUDE: DIABETES, DIAGNOSTIC RADIOLOGY, GASTROENTEROLOGY, INFECTIOUS DISEASE, NEONATOLOGY, NEUROLOGY AND PULMONARY DISEASE.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: GASTROENTEROLOGY, GERIATRICS, GYNECOLOGY, NEPHROLOGY, OTORHINOLARYNGOLOGY, PATHOLOGY, PEDIATRICS, SHOCK THERAPY AND SURGICAL SPECIALISTS PERFORMING MINOR SURGERY - NOT OTHERWISE CLASSIFIED.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR SURGERY (NO DELIVERIES).

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

**CALIFORNIA**

**STANDARD CLAIMS MADE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS IIC**

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: CARDIOLOGY (RIGHT HEART CATHETERIZATION), HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASE AND INTERNAL MEDICINE.

SURGICAL SPECIALISTS IN UROLOGY.

**CLASS III**

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: DIAGNOSTIC RADIOLOGY, INTENSIVE CARE AND RADIOPAQUE DYE INJECTION.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR SURGERY (INCLUDING DELIVERIES).

SURGICAL SPECIALISTS TO INCLUDE: COLON AND RECTAL, OTORHINOLARYNGOLOGY AND PLASTIC SURGERY - NO ELECTED COSMETIC.

PHYSICIANS OTHERWISE IN CLASS IA, CLASS IB, CLASS IC, CLASS ID, CLASS IE, CLASS IIA, CLASS IIB OR CLASS IIC PERFORMING ANY OF THE FOLLOWING: ACUPUNCTURE OR CARDIOLOGY (LEFT HEART CATHETERIZATION).

**CLASS IV**

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: NEUROLOGY AND RADIOLOGY - INCLUDING MAMMOGRAPHY.

EMERGENCY MEDICINE WITH NO MAJOR SURGERY.

SURGICAL SPECIALISTS TO INCLUDE: COSMETIC SURGERY, FAMILY/GENERAL PRACTICE, GASTROENTEROLOGY, GERIATRICS, GYNECOLOGY, HAND SURGERY, HEAD AND NECK SURGERY, ORTHOPEDIC SURGERY (EXCLUDING SPINAL) AND PLASTIC SURGERY - NOT OTHERWISE CLASSIFIED.

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

**CALIFORNIA**

**STANDARD CLAIMS MADE PROGRAM**

**PHYSICIANS & SURGEONS RATE CLASSES**

**CLASS VA**

SURGICAL SPECIALISTS TO INCLUDE: EMERGENCY MEDICINE AND ORTHOPEDIC SURGERY (INCLUDING SPINAL).

**CLASS VB**

SURGICAL SPECIALISTS TO INCLUDE: CARDIOVASCULAR SURGERY, GENERAL SURGERY, THORACIC SURGERY AND VASCULAR SURGERY.

**CLASS VI**

SURGICAL SPECIALISTS IN ABDOMINAL SURGERY.

**CLASS VIIA**

SURGICAL SPECIALISTS IN OB/GYN.

**CLASS VIIB**

SURGICAL SPECIALISTS TO INCLUDE: BARIATRIC SURGERY AND TRAUMATIC SURGERY.

**CLASS VIII**

SURGICAL SPECIALISTS IN NEUROLOGICAL SURGERY.

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

**CALIFORNIA**  
**PHYSICIANS & SURGEONS**  
**OCCURRENCE PROGRAM**  
**RISK MANAGEMENT CREDIT RULE**

AN INSURED WILL RECEIVE A FIVE PERCENT (5%) PREMIUM CREDIT APPLIED FOR UP TO THREE YEARS FOR SUCCESSFUL COMPLETION OF A SANCTIONED RISK MANAGEMENT COURSE ADMINISTERED BY THE COMPANY OR BY AN ORGANIZATION APPROVED BY THE MEDICAL PROTECTIVE COMPANY TO ADMINISTER DESIGNATED RISK MANAGEMENT COURSES.

THE INSURED WILL RECEIVE CREDIT FOR SUCCESSFUL COMPLETION OF A SANCTIONED RISK MANAGEMENT COURSE IF IT IS COMPLETED NO LATER THAN 30 DAYS AFTER THE INCEPTION OF THE POLICY PERIOD.

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

**CALIFORNIA**

**PHYSICIANS & SURGEONS**

**STANDARD CLAIMS MADE PROGRAM**

**RISK MANAGEMENT CREDIT RULE**

AN INSURED WILL RECEIVE A FIVE PERCENT (5%) PREMIUM CREDIT APPLIED FOR UP TO THREE YEARS FOR SUCCESSFUL COMPLETION OF A SANCTIONED RISK MANAGEMENT COURSE ADMINISTERED BY THE COMPANY OR BY AN ORGANIZATION APPROVED BY THE MEDICAL PROTECTIVE COMPANY TO ADMINISTER DESIGNATED RISK MANAGEMENT COURSES.

THE INSURED WILL RECEIVE CREDIT FOR SUCCESSFUL COMPLETION OF A SANCTIONED RISK MANAGEMENT COURSE IF IT IS COMPLETED NO LATER THAN 30 DAYS AFTER THE INCEPTION OF THE POLICY PERIOD.

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

**CALIFORNIA**

**PHYSICIAN AND SURGEONS**

**OCCURRENCE PROGRAM**

**MEMBERSHIP ASSOCIATION CREDIT RULE**

THE UNIQUE CHARACTERISTICS OF A MEDICAL PRACTICE AND THEIR MEMBERSHIP IN QUALIFIED PROFESSIONAL ASSOCIATIONS SHALL MAKE THEM ELIGIBLE FOR A PREMIUM MODIFICATION IN ADDITION TO THOSE AVAILABLE TO OTHER INSURED.

A PREMIUM CREDIT OF UP TO 5% SHALL BE GIVEN TO THOSE INSURED WHOSE GROUP OR INDIVIDUALS ARE A MEMBER OF ANY OF THE FOLLOWING QUALIFIED ASSOCIATIONS:

- AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY (AAFPRS)
- BOARD CERTIFICATION FROM AMERICAN BOARD OF COSMETIC SURGERY (ABCS)
- AMERICAN ACADEMY OF PEDIATRICS (AAP)
- NATIONAL PERINATAL ASSOCIATION (NPA)

REGARDLESS OF THE NUMBER OF QUALIFIED ASSOCIATIONS AN INDIVIDUAL INSURED MAY HOLD MEMBERSHIP IN, THE MAXIMUM CREDIT AVAILABLE UNDER THIS RULE IS 5%.

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

**CALIFORNIA**

**PHYSICIAN AND SURGEONS**

**STANDARD CLAIMS MADE PROGRAM**

**MEMBERSHIP ASSOCIATION CREDIT RULE**

THE UNIQUE CHARACTERISTICS OF A MEDICAL PRACTICE AND THEIR MEMBERSHIP IN QUALIFIED PROFESSIONAL ASSOCIATIONS SHALL MAKE THEM ELIGIBLE FOR A PREMIUM MODIFICATION IN ADDITION TO THOSE AVAILABLE TO OTHER INSURED.

A PREMIUM CREDIT OF UP TO 5% SHALL BE GIVEN TO THOSE INSURED WHOSE GROUP OR INDIVIDUALS ARE A MEMBER OF ANY OF THE FOLLOWING QUALIFIED ASSOCIATIONS:

- AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY (AAFPRS)
- BOARD CERTIFICATION FROM AMERICAN BOARD OF COSMETIC SURGERY (ABCS)
- AMERICAN ACADEMY OF PEDIATRICS (AAP)
- NATIONAL PERINATAL ASSOCIATION (NPA)

REGARDLESS OF THE NUMBER OF QUALIFIED ASSOCIATIONS AN INDIVIDUAL INSURED MAY HOLD MEMBERSHIP IN, THE MAXIMUM CREDIT AVAILABLE UNDER THIS RULE IS 5%.

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

**CALIFORNIA**  
**PHYSICIANS AND SURGEONS**  
**OCCURRENCE PROGRAM**  
**INDIVIDUAL RATING RULE**

A MEDICAL GROUP CONSISTING OF PHYSICIANS AND RELATED HEALTH CARE PROFESSIONALS, DEVELOPING AN ANNUALIZED MANUAL PREMIUM OF \$500,000 OR MORE FOR MEDICAL PROFESSIONAL LIABILITY, MAY BE INDIVIDUALLY RATED. THE OVERALL PREMIUM FOR THE MEDICAL GROUP WILL BE BASED ON AN EVALUATION OF THE GROUP'S AGGREGATE EXPERIENCE FOR THE MOST RECENT TEN POLICY PERIODS. THE AGGREGATE EXPERIENCE WILL BE DEVELOPED AND ADJUSTED TO DETERMINE AN ACTUAL LOSS RATIO FOR THE PROSPECTIVE POLICY PERIOD. THE ACTUAL LOSS RATIO WILL BE CREDIBILITY WEIGHTED WITH THE EXPECTED LOSS RATIO UNDERLYING THE CURRENT MANUAL PREMIUM FOR THE GROUP AND THIS WEIGHTED LOSS RATIO WILL BE USED TO DETERMINE THE INDICATED PREMIUM (IM) IN ACCORDANCE WITH THE FOLLOWING CALCULATION:

$$\frac{(\text{ACTUAL LOSS RATIO} * \text{CREDIBILITY}) + (\text{EXPECTED LOSS RATIO} * (1 - \text{CREDIBILITY})) + \text{FIXED EXP}}{(1 - (\text{VARIABLE EXPENSE} + \text{OTHER CONTINGENCIES}))}$$

GROUPS QUALIFYING UNDER THIS RULE ARE NOT ELIGIBLE FOR SCHEDULE RATING OR CLAIM FREE MODIFICATIONS AND ARE SUBJECT TO A MAXIMUM MODIFICATION OF 65%.

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

**CALIFORNIA**  
**PHYSICIANS AND SURGEONS**  
**STANDARD CLAIMS MADE PROGRAM**  
**INDIVIDUAL RATING RULE**

A MEDICAL GROUP CONSISTING OF PHYSICIANS AND RELATED HEALTH CARE PROFESSIONALS, DEVELOPING AN ANNUALIZED MANUAL PREMIUM OF \$500,000 OR MORE FOR MEDICAL PROFESSIONAL LIABILITY, MAY BE INDIVIDUALLY RATED. THE OVERALL PREMIUM FOR THE MEDICAL GROUP WILL BE BASED ON AN EVALUATION OF THE GROUP'S AGGREGATE EXPERIENCE FOR THE MOST RECENT TEN POLICY PERIODS. THE AGGREGATE EXPERIENCE WILL BE DEVELOPED AND ADJUSTED TO DETERMINE AN ACTUAL LOSS RATIO FOR THE PROSPECTIVE POLICY PERIOD. THE ACTUAL LOSS RATIO WILL BE CREDIBILITY WEIGHTED WITH THE EXPECTED LOSS RATIO UNDERLYING THE CURRENT MANUAL PREMIUM FOR THE GROUP AND THIS WEIGHTED LOSS RATIO WILL BE USED TO DETERMINE THE INDICATED PREMIUM (IM) IN ACCORDANCE WITH THE FOLLOWING CALCULATION:

$$\frac{(\text{ACTUAL LOSS RATIO} * \text{CREDIBILITY}) + (\text{EXPECTED LOSS RATIO} * (1 - \text{CREDIBILITY})) + \text{FIXED EXP}}{(1 - (\text{VARIABLE EXPENSE} + \text{OTHER CONTINGENCIES}))}$$

GROUPS QUALIFYING UNDER THIS RULE ARE NOT ELIGIBLE FOR SCHEDULE RATING OR CLAIM FREE MODIFICATIONS AND ARE SUBJECT TO A MAXIMUM MODIFICATION OF 65%.

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

**CALIFORNIA**  
**PHYSICIANS AND SURGEONS**  
**OCCURRENCE PROGRAM**

**FULL TIME EQUIVALENCY RATING RULE**

COVERAGE FOR A MULTI-PHYSICIAN GROUP IS AVAILABLE ON A FULL TIME EQUIVALENT (FTE) BASIS, RATHER THAN ON AN INDIVIDUAL PHYSICIAN BASIS, WHEN PATIENT VISITS OR PHYSICIAN HOURS ARE USED TO DETERMINE THE SCOPE OF THE MEDICAL PRACTICE. COVERAGE IS PROVIDED ON AN INDIVIDUAL LIMIT OR SHARED LIMIT BASIS. FULL TIME EQUIVALENCY IS BASED ON EACH PHYSICIAN'S NUMBER OF HOURS OF MEDICAL PRACTICE PER YEAR. THE DEFINITION OF ONE FTE IS BASED ON THE FOLLOWING NUMBER OF HOURS PER YEAR:

2,500	-GROUP PRACTICE
2,100	-RESIDENCY PROGRAMS

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL PHYSICIAN IS .05 (125 HOURS), SUBJECT TO A TOTAL FTE PER POLICY OF NO LESS THAN 1.0. RESIDENCY PROGRAMS (AND OTHER SIMILAR PROGRAMS) ARE NOT SUBJECT TO THE GROUP PRACTICE MINIMUMS.

THE PREMIUM DEVELOPED BY APPLYING THE APPLICABLE PER PHYSICIAN RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE PHYSICIAN RATES.

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

**CALIFORNIA**

**PHYSICIANS AND SURGEONS**

**OCCURRENCE PROGRAM**

**FULL TIME EQUIVALENCY RATING RULE (CONT.)**

THE FOLLOWING TABLE IDENTIFIES THE APPLICABLE PREMIUM MODIFICATION PER THE NUMBER OF FTE'S IN THE POLICY FOR A SHARED LIMIT:

<u>FTE*</u> <u>PER POLICY</u>	<u>PREMIUM</u> <u>MODIFICATION</u>	<u>FTE*</u> <u>PER POLICY</u>	<u>PREMIUM</u> <u>MODIFICATION</u>
1	+10.0%	11	-14.0%
2	-3.0%	12	-16.0%
3	-4.0%	13	-17.0%
4	-5.0%	14	-18.0%
5	-7.0%	15	-20.0%
6	-8.0%	16	-21.0%
7	-9.0%	17	-22.0%
8	-11.0%	18	-23.0%
9	-12.0%	19	-24.0%
10	-13.0%	20+	-25.0%

\* THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .5 ROUNDING RULE.

ONLY SCHEDULE RATING MODIFICATIONS AND DEDUCTIBLE CREDITS MAY BE USED IN CONJUNCTION WITH THIS RATING RULE.

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

**CALIFORNIA**

**PHYSICIANS AND SURGEONS**

**STANDARD CLAIMS MADE PROGRAM**

**FULL TIME EQUIVALENCY RATING RULE**

COVERAGE FOR A MULTI-PHYSICIAN GROUP IS AVAILABLE ON A FULL TIME EQUIVALENT (FTE) BASIS, RATHER THAN ON AN INDIVIDUAL PHYSICIAN BASIS, WHEN PATIENT VISITS OR PHYSICIAN HOURS ARE USED TO DETERMINE THE SCOPE OF THE MEDICAL PRACTICE. COVERAGE IS PROVIDED ON AN INDIVIDUAL LIMIT OR SHARED LIMIT BASIS. FULL TIME EQUIVALENCY IS BASED ON EACH PHYSICIAN'S NUMBER OF HOURS OF MEDICAL PRACTICE PER YEAR. THE DEFINITION OF ONE FTE IS BASED ON THE FOLLOWING NUMBER OF HOURS PER YEAR:

2,500	-GROUP PRACTICE
2,100	-RESIDENCY PROGRAMS

FOR GROUP PRACTICES, THE MINIMUM AVERAGE FTE ASSIGNED TO ANY INDIVIDUAL PHYSICIAN IS .05 (125 HOURS), SUBJECT TO A TOTAL FTE PER POLICY OF NO LESS THAN 1.0. RESIDENCY PROGRAMS (AND OTHER SIMILAR PROGRAMS) ARE NOT SUBJECT TO THE GROUP PRACTICE MINIMUMS.

THE PREMIUM DEVELOPED BY APPLYING THE APPLICABLE PER PHYSICIAN RATE TO THE CORRESPONDING FTE WILL BE ADJUSTED TO REFLECT LOSS COST CONSIDERATIONS NOT RECOGNIZED IN THE PHYSICIAN RATES.

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

**CALIFORNIA**

**PHYSICIANS AND SURGEONS**

**STANDARD CLAIMS MADE PROGRAM**

**FULL TIME EQUIVALENCY RATING RULE (CONT.)**

THE FOLLOWING TABLE IDENTIFIES THE APPLICABLE PREMIUM MODIFICATION PER THE NUMBER OF FTE'S IN THE POLICY FOR A SHARED LIMIT:

<u>FTE*</u> <u>PER POLICY</u>	<u>PREMIUM</u> <u>MODIFICATION</u>	<u>FTE*</u> <u>PER POLICY</u>	<u>PREMIUM</u> <u>MODIFICATION</u>
1	+10.0%	11	-14.0%
2	-3.0%	12	-16.0%
3	-4.0%	13	-17.0%
4	-5.0%	14	-18.0%
5	-7.0%	15	-20.0%
6	-8.0%	16	-21.0%
7	-9.0%	17	-22.0%
8	-11.0%	18	-23.0%
9	-12.0%	19	-24.0%
10	-13.0%	20+	-25.0%

\* THE TABLE VALUE IS DETERMINED BY ROUNDING THE ACTUAL FTE PER POLICY USING THE .5 ROUNDING RULE.

ONLY SCHEDULE RATING MODIFICATIONS AND DEDUCTIBLE CREDITS MAY BE USED IN CONJUNCTION WITH THIS RATING RULE.

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

**CALIFORNIA**  
**PHYSICIANS AND SURGEONS**  
**OCCURRENCE PROGRAM**  
**NEW TO PRACTICE CREDIT**

A “NEW” PHYSICIAN SHALL BE A PHYSICIAN WHO HAS RECENTLY COMPLETED ONE OF THE FOLLOWING PROGRAMS AND WILL BEGIN A FULL TIME PRACTICE FOR THE FIRST TIME:

- A) RESIDENCY;
- B) FELLOWSHIP PROGRAM IN THEIR MEDICAL SPECIALITY;
- C) FULFILLMENT OF A MILITARY OBLIGATION IN REMUNERATION FOR MEDICAL SCHOOL TUITION;
- D) MEDICAL SCHOOL OR SPECIALTY TRAINING PROGRAM.

TO QUALIFY FOR THE CREDIT, THE APPLICANT WILL BE REQUIRED TO APPLY FOR A REDUCED RATE WITHIN SIX MONTHS AFTER THE COMPLETION OF ANY OF THE ABOVE PROGRAMS OR HAD PREVIOUSLY APPLIED FOR A SIMILAR CREDIT WITH ANOTHER CARRIER WITHIN THE SAME TIME PERIOD.

CREDITS IN THE AMOUNT OF 50% OF FILED MANUAL RATES SHALL APPLY TO QUALIFIED INSURED FOR THEIR FIRST YEAR AND CREDITS IN THE AMOUNT OF 30% OF FILED MANUAL RATES SHALL APPLY TO QUALIFIED INSURED FOR THEIR SECOND YEAR, AND CREDITS IN THE AMOUNT OF 15% OF FILED MANUAL RATES SHALL APPLY TO QUALIFIED INSURED FOR THEIR THIRD YEAR OF PRACTICE FOLLOWING COMPLETION OF THEIR MEDICAL TRAINING PROGRAM.

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

**CALIFORNIA**

**PHYSICIANS AND SURGEONS**

**STANDARD CLAIMS MADE PROGRAM**

**NEW TO PRACTICE CREDIT**

A “NEW” PHYSICIAN SHALL BE A PHYSICIAN WHO HAS RECENTLY COMPLETED ONE OF THE FOLLOWING PROGRAMS AND WILL BEGIN A FULL TIME PRACTICE FOR THE FIRST TIME:

- A) RESIDENCY;
- B) FELLOWSHIP PROGRAM IN THEIR MEDICAL SPECIALITY;
- C) FULFILLMENT OF A MILITARY OBLIGATION IN REMUNERATION FOR MEDICAL SCHOOL TUITION;
- D) MEDICAL SCHOOL OR SPECIALTY TRAINING PROGRAM.

TO QUALIFY FOR THE CREDIT, THE APPLICANT WILL BE REQUIRED TO APPLY FOR A REDUCED RATE WITHIN SIX MONTHS AFTER THE COMPLETION OF ANY OF THE ABOVE PROGRAMS.

CREDITS IN THE AMOUNT OF 50% OF FILED MANUAL RATES SHALL APPLY TO QUALIFIED INSUREDS FOR THEIR FIRST YEAR AND CREDITS IN THE AMOUNT OF 30% OF FILED MANUAL RATES SHALL APPLY TO QUALIFIED INSUREDS FOR THEIR SECOND YEAR, AND CREDITS IN THE AMOUNT OF 15% OF FILED MANUAL RATES SHALL APPLY TO QUALIFIED INSUREDS FOR THEIR THIRD YEAR OF PRACTICE FOLLOWING COMPLETION OF THEIR MEDICAL TRAINING PROGRAM.

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

**CALIFORNIA**

**PHYSICIANS AND SURGEONS**

**OCCURRENCE PROGRAM**

**PARTNERSHIP OR CORPORATION COVERAGE**

THE PREMIUM WILL EQUAL THE SUM OF 10% OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS AND EMPLOYED/CONTRACTED PHYSICIANS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION. IRRESPECTIVE OF THE NUMBER OF INDIVIDUALS, THE MAXIMUM PREMIUM WILL BE BASED ON THE FIVE HIGHEST RATED INSURED IN THE GROUP AND WILL BE SUBJECT TO THE CAPS IN THE FOLLOWING TABLE.

<u>LIMIT</u>	<u>AREA 1 CAP</u>	<u>AREA 2 CAP</u>	<u>AREA 3 CAP</u>
<b>1000/3000 &amp; BELOW</b>	20,400	16,200	13,000
<b>2000/4000</b>	24,500	19,500	15,600
<b>3000/5000</b>	26,900	21,400	17,200
<b>4000/6000</b>	28,600	22,700	18,200
<b>5000/7000</b>	29,800	23,700	19,000
<b>6000/8000</b>	31,000	24,700	19,800
<b>7000/9000</b>	31,800	25,300	20,300
<b>8000/10000</b>	32,600	26,000	20,800
<b>9000/11000</b>	33,500	26,600	21,300
<b>10000/12000</b>	34,100	27,200	21,700

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS OR EMPLOYED/CONTRACTED PHYSICIANS.

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

**CALIFORNIA**

**PHYSICIANS AND SURGEONS**

**STANDARD CLAIMS MADE PROGRAM**

**PARTNERSHIP OR CORPORATION COVERAGE**

THE PREMIUM WILL BE BASED ON THE NUMBER OF YEARS THAT THE RETROACTIVE DATE OF THE PARTNERSHIP OR CORPORATION POLICY PRECEDES THE POLICY EXPIRATION DATE. AT THIS MATURITY LEVEL, THE PREMIUM WILL EQUAL THE SUM OF 10% OF THE INDIVIDUAL RATES OF THE PARTNERS, SHAREHOLDERS AND EMPLOYED/CONTRACTED PHYSICIANS, INSURED BY THE COMPANY, AT THE LIMITS SELECTED FOR THE PARTNERSHIP OR CORPORATION. IRRESPECTIVE OF THE NUMBER OF INDIVIDUALS, THE MAXIMUM PREMIUM WILL BE BASED ON THE FIVE HIGHEST RATED INSURED IN THE GROUP AND WILL BE SUBJECT TO THE CAPS IN THE FOLLOWING TABLE.

<u>LIMIT</u>	<u>AREA 1 CAP</u>	<u>AREA 2 CAP</u>	<u>AREA 3 CAP</u>
<b>1000/3000 &amp; BELOW</b>	20,400	16,200	13,000
<b>2000/4000</b>	24,500	19,500	15,600
<b>3000/5000</b>	26,900	21,400	17,200
<b>4000/6000</b>	28,600	22,700	18,200
<b>5000/7000</b>	29,800	23,700	19,000
<b>6000/8000</b>	31,000	24,700	19,800
<b>7000/9000</b>	31,800	25,300	20,300
<b>8000/10000</b>	32,600	26,000	20,800
<b>9000/11000</b>	33,500	26,600	21,300
<b>10000/12000</b>	34,100	27,200	21,700

LIMITS OF COVERAGE FOR THE PARTNERSHIP OR CORPORATION MAY NOT EXCEED THE LOWEST LIMITS OF COVERAGE OF ANY OF THE INSURED PARTNERS, SHAREHOLDERS OR EMPLOYED/CONTRACTED PHYSICIANS.

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

**CALIFORNIA**  
**PHYSICIANS AND SURGEONS**  
**OCCURRENCE PROGRAM**  
**CLAIM FREE CREDIT**

IF AN INSURED IS DETERMINED TO BE CLAIM FREE, THE INSURED WILL BE ELIGIBLE FOR A PREMIUM CREDIT BASED ON THE FOLLOWING SCHEDULE:

1. INSURED BY THE COMPANY AND CLAIM FREE FOR 3 YEARS BUT LESS THAN 5 YEARS, A 5% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
2. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 5 YEARS BUT LESS THAN 10 YEARS, A 10% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
3. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 10 YEARS OR MORE, A CREDIT OF 20% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.

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

**CALIFORNIA**  
**PHYSICIANS AND SURGEONS**  
**OCCURRENCE PROGRAM**  
**CLAIM FREE CREDIT**

FOR THE PURPOSE OF THIS PREMIUM CREDIT PROGRAM, AN INSURED IS DETERMINED TO NO LONGER BE CLAIM FREE AT THE TIME EITHER OF THE FOLLOWING CONDITIONS OCCUR:

- CLAIM FREQUENCY – WHEN TWO CLAIMS OPEN WITHIN A CONTINUOUS 3-YEAR PERIOD OF TIME.
- CLAIM SEVERITY – WHEN A CLAIM INCURS AN INDEMNITY PAYMENT GREATER THAN \$15,000.

A CLAIM UNDER THIS POLICY SHALL NOT, FOR THE PURPOSE OF THIS PREMIUM CREDIT PROGRAM, BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

INSUREDS CONVERTING COVERAGE TO THE MEDICAL PROTECTIVE COMPANY, WHO WERE CLAIM FREE WHILE INSURED BY ANOTHER CARRIER, SHALL QUALIFY FOR CREDIT AT THE POLICY INCEPTION DATE IN ACCORDANCE WITH THE COMPANY'S GUIDELINES.

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

**CALIFORNIA**  
**PHYSICIANS AND SURGEONS**  
**STANDARD CLAIMS MADE PROGRAM**  
**CLAIM FREE CREDIT**

IF AN INSURED IS DETERMINED TO BE CLAIM FREE, THE INSURED WILL BE ELIGIBLE FOR A PREMIUM CREDIT BASED ON THE FOLLOWING SCHEDULE:

1. INSURED BY THE COMPANY AND CLAIM FREE FOR 3 YEARS BUT LESS THAN 5 YEARS, A 5% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
2. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 5 YEARS BUT LESS THAN 10 YEARS, A 10% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
3. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 10 YEARS OR MORE, A CREDIT OF 20% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.

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

**CALIFORNIA**

**PHYSICIANS AND SURGEONS**

**STANDARD CLAIMS MADE PROGRAM**

**CLAIM FREE CREDIT**

FOR THE PURPOSE OF THIS PREMIUM CREDIT PROGRAM, AN INSURED IS DETERMINED TO NO LONGER BE CLAIM FREE AT THE TIME EITHER OF THE FOLLOWING CONDITIONS OCCUR:

- CLAIM FREQUENCY – WHEN TWO CLAIMS OPEN WITHIN A CONTINUOUS 3-YEAR PERIOD OF TIME.
- CLAIM SEVERITY – WHEN A CLAIM INCURS AN INDEMNITY PAYMENT GREATER THAN \$15,000.

A CLAIM UNDER THIS POLICY SHALL NOT, FOR THE PURPOSE OF THIS PREMIUM CREDIT PROGRAM, BE CONSTRUED TO INCLUDE INSTANCES OF MISTAKEN IDENTITY, BLANKET DEFENDANT LISTINGS, IMPROPER INCLUSION, OR NON-MERITORIOUS OR FRIVOLOUS CLAIMS.

INSUREDS CONVERTING COVERAGE TO THE MEDICAL PROTECTIVE COMPANY, WHO WERE CLAIM FREE WHILE INSURED BY ANOTHER CARRIER, SHALL QUALIFY FOR CREDIT AT THE POLICY INCEPTION DATE IN ACCORDANCE WITH THE COMPANY'S GUIDELINES.

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

**CALIFORNIA**

**PHYSICIANS AND SURGEONS**

**STANDARD CLAIMS MADE PROGRAM**

**ACCELERATED EXTENSION CONTRACT RULE**

THE COMPANY MAY AGREE TO WAIVE THE STANDARD REQUIREMENTS FOR QUALIFYING FOR A FREE EXTENDED REPORTING PERIOD ENDORSEMENT AT RETIREMENT IF THE INSURED MEETS THE FOLLOWING CRITERIA:

- 1) THE INSURED IS A MEMBER OF A GROUP PRACTICE THAT IS INSURED ON A CLAIMS-MADE BASIS WITH THE COMPANY.
- 2) THE GROUP REQUESTED THE WAIVER FOR AN INSURED WHO ANTICIPATES PERMANENTLY RETIRING FROM THE PRACTICE OF MEDICINE IN LESS THAN 1 YEAR AND/OR WILL NOT ATTAIN THE REQUIRED NUMBER OF YEARS OF CONTINUOUS CLAIMS-MADE COVERAGE AT THE TIME OF RETIREMENT.
- 3) THE INSURED OTHERWISE MEETS THE REQUIREMENTS AS SET FORTH IN THE POLICY FOR A FREE EXTENSION CONTRACT.
- 4) THE COMPANY APPROVED THE GROUP'S REQUEST FOR THE WAIVER AFTER DETERMINING THE INSURED HAD LIMITED PRIOR ACTS EXPOSURE.

THE TOTAL NUMBER OF INSUREDS WITHIN A GROUP PRACTICE THAT MAY QUALIFY FOR THIS WAIVER MAY NOT EXCEED A RATIO OF 1 IN 3.

A. **Classification**

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

B. **Manual Rates**

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

Specialty	Factor	Solo Corporation Rating
Physicians*	See Below*	Available
Dentists	10%	Available
Allied**	\$500**	Available

\*Physicians & Surgeons

Limits of coverage for the partnership or corporation may not exceed the lowest limits of coverage of any of the insured partners, shareholders or employed/contracted physicians.

**Occurrence**

The premium will equal the sum of 10% of the individual rates of the partners, shareholders and employed/contracted physicians, insured by the Company, at the limits selected for the partnership or corporation. Irrespective of the number of individuals, the maximum premium will be based on the five highest rated insureds in the group and will be subject to the caps in the following table, below.

**Standard Claims Made**

The premium will be based on the number of years that the retroactive date of the partnership or corporation policy precedes the policy expiration date. At this maturity level, the premium will equal the sum of 10% of the individual rates of the partners, shareholders and employed/contracted physicians, insured by the Company, at the limits selected for the partnership or corporation. Irrespective of the number of individuals, the maximum premium will be based on the five highest rated insureds in the group and will be subject to the caps in the following table, below.

<b>Physicians &amp; Surgeons Occurrence &amp; Standard Claims Made Programs Corporation Premium Caps</b>			
<b>Limit</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>
1000/3000 and below	20,400	16,200	13,000
2000/4000	24,500	19,500	15,600
3000/5000	26,900	21,400	17,200
4000/6000	28,600	22,700	18,200
5000/7000	29,800	23,700	19,000
6000/8000	31,000	24,700	19,800
7000/9000	31,800	25,300	20,300
8000/10000	32,600	26,000	20,800
9000/11000	33,500	26,600	21,300
10000/12000	34,100	27,200	21,700

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

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

2. **Miscellaneous Entities**

NOT AVAILABLE

3. **Extended Reporting Period Coverage Factors**

Years Retroactive Date Precedes Expiration Date	Physicians	Dentists	Allied – Classes 1A-4	Allied – Classes 5-8B
1	.9000	.8000	0.750	0.700
2	1.500	1.200	1.000	1.000
3	1.700	1.450	1.100	1.150
4	1.820	1.600	1.150	1.200
5 or more	1.820	1.600	1.200	1.250

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

Specialty Type	Minimum Premium
Physician & Surgeons	\$250
Dentists	\$100
Allied Health Care Providers	\$50

The highest applicable minimum premium shall prevail.

D. **Premium Modifications**

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

<b>Specialty Type</b>	<b>Limited to a Maximum Modification of:</b>
Physician & Surgeons	+/- 25%
Dentists	+/- 25%
Allied Health Care Providers	+/- 25%

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

2. Deductible Credits

**NOT AVAILABLE**

3. Self-Insured Retention Credits

**NOT AVAILABLE**

## **PHYSICIANS & SURGEONS**

### A. Classifications

1. Applicable to the Occurrence and Standard Claims-Made Programs.
2. The following classification plan shall be used to determine the appropriate rating class for each individual insured.

#### **CLASS IA**

NON-SURGICAL SPECIALISTS TO INCLUDE: ALLERGY, FORENSIC MEDICINE AND OPHTHALMOLOGY.

#### **CLASS IB**

NON-SURGICAL SPECIALISTS TO INCLUDE: AEROSPACE MEDICINE, DERMATOLOGY, NUCLEAR MEDICINE, NUTRITION, OCCUPATIONAL MEDICINE, PHYSIATRY, PREVENTATIVE MEDICINE, PSYCHIATRY AND PUBLIC HEALTH.

#### **CLASS IC**

NON-SURGICAL SPECIALISTS TO INCLUDE: ENDOCRINOLOGY, GERIATRICS, GYNECOLOGY, OTORHINOLARYNGOLOGY, PATHOLOGY, PHARMACOLOGY, RHEUMATOLOGY AND SURGICAL SPECIALISTS PERFORMING NO SURGERY.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS IN DERMATOLOGY.

#### **CLASS ID**

NON-SURGICAL SPECIALISTS TO INCLUDE: FAMILY/GENERAL PRACTICE, HEMATOLOGY/ONCOLOGY, HOSPITALISTS, NEPHROLOGY AND PEDIATRICS.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS IN OPHTHALMOLOGY.

SURGICAL SPECIALISTS IN OPHTHALMOLOGY.

#### **CLASS IE**

NON-SURGICAL SPECIALISTS TO INCLUDE: CARDIOLOGY (INCLUDING SWAN-GANZ) AND INTERNAL MEDICINE.

**CLASS IIA**

NON-SURGICAL SPECIALISTS IN URGENT CARE.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: ENDOCRINOLOGY AND RADIATION THERAPY.

SURGICAL SPECIALISTS TO INCLUDE: ANESTHESIOLOGY, PAIN MANAGEMENT AND PAIN MEDICINE.

**CLASS IIB**

NON-SURGICAL SPECIALISTS TO INCLUDE: DIABETES, DIAGNOSTIC RADIOLOGY, GASTROENTEROLOGY, INFECTIOUS DISEASE, NEONATOLOGY, NEUROLOGY AND PULMONARY DISEASE.

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: GASTROENTEROLOGY, GERIATRICS, GYNECOLOGY, NEPHROLOGY, OTORHINOLARYNGOLOGY, PATHOLOGY, PEDIATRICS, SHOCK THERAPY AND SURGICAL SPECIALISTS PERFORMING MINOR SURGERY - NOT OTHERWISE CLASSIFIED.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR SURGERY (NO DELIVERIES).

**CLASS IIC**

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: CARDIOLOGY (RIGHT HEART CATHETERIZATION), HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASE AND INTERNAL MEDICINE.

SURGICAL SPECIALISTS IN UROLOGY.

**CLASS III**

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: DIAGNOSTIC RADIOLOGY, INTENSIVE CARE AND RADIOPAQUE DYE INJECTION.

GENERAL PRACTICE OR SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON OTHER THAN THEIR OWN PATIENTS - NOT PRIMARILY ENGAGED IN MAJOR SURGERY (INCLUDING DELIVERIES).

SURGICAL SPECIALISTS TO INCLUDE: COLON AND RECTAL, OTORHINOLARYNGOLOGY AND PLASTIC SURGERY - NO ELECTED COSMETIC.

**CLASS III (Con't)**

PHYSICIANS OTHERWISE IN CLASS IA, CLASS IB, CLASS IC, CLASS ID, CLASS IE, CLASS IIA, CLASS IIB OR CLASS IIC PERFORMING ANY OF THE FOLLOWING: ACUPUNCTURE OR CARDIOLOGY (LEFT HEART CATHETERIZATION).

**CLASS IV**

SPECIALISTS PERFORMING MINOR SURGERY OR ASSISTING IN MAJOR SURGERY ON THEIR OWN PATIENTS INCLUDING: NEUROLOGY AND RADIOLOGY - INCLUDING MAMMOGRAPHY.

EMERGENCY MEDICINE WITH NO MAJOR SURGERY.

SURGICAL SPECIALISTS TO INCLUDE: COSMETIC SURGERY, FAMILY/GENERAL PRACTICE, GASTROENTEROLOGY, GERIATRICS, GYNECOLOGY, HAND SURGERY, HEAD AND NECK SURGERY, ORTHOPEDIC SURGERY (EXCLUDING SPINAL) AND PLASTIC SURGERY - NOT OTHERWISE CLASSIFIED.

**CLASS VA**

SURGICAL SPECIALISTS TO INCLUDE: EMERGENCY MEDICINE AND ORTHOPEDIC SURGERY (INCLUDING SPINAL).

**CLASS VB**

SURGICAL SPECIALISTS TO INCLUDE: CARDIOVASCULAR SURGERY, GENERAL SURGERY, THORACIC SURGERY AND VASCULAR SURGERY.

**CLASS VI**

SURGICAL SPECIALISTS IN ABDOMINAL SURGERY.

**CLASS VIIA**

SURGICAL SPECIALISTS IN OB/GYN.

**CLASS VIIB**

SURGICAL SPECIALISTS TO INCLUDE: BARIATRIC SURGERY AND TRAUMATIC SURGERY.

**CLASS VIII**

SURGICAL SPECIALISTS IN NEUROLOGICAL SURGERY.

B. Manual Rates

1. Territory Definitions

Area 1	Los Angeles, Orange, Riverside, and San Bernardino Counties
Area 2	Imperial, Kern, San Diego & Ventura Counties
Area 3	Remainder State

2. Occurrence Program - Area 1

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	3,876	5,155	6,085	7,558	9,109	9,690
<b>1B</b>	4,430	5,892	6,955	8,639	10,411	11,075
<b>1C</b>	5,537	7,364	8,693	10,797	13,012	13,843
<b>1D</b>	6,368	8,469	9,998	12,418	14,965	15,920
<b>1E</b>	7,613	10,125	11,952	14,845	17,891	19,033
<b>2A</b>	8,029	10,679	12,606	15,657	18,868	20,073
<b>2B</b>	9,413	12,519	14,778	18,355	22,121	23,533
<b>2C</b>	10,520	13,992	16,516	20,514	24,722	26,300
<b>3</b>	12,181	16,201	19,124	23,753	28,625	30,453
<b>4</b>	16,611	22,093	26,079	32,391	39,036	41,528
<b>5A</b>	19,656	26,142	30,860	38,329	46,192	49,140
<b>5B</b>	23,255	30,929	36,510	45,347	54,649	58,138
<b>6</b>	24,917	33,140	39,120	48,588	58,555	62,293
<b>7A</b>	27,685	36,821	43,465	53,986	65,060	69,213
<b>7B</b>	33,222	44,185	52,159	64,783	78,072	83,055
<b>8</b>	38,759	51,549	60,852	75,580	91,084	96,898

2. Occurrence Program - Area 2

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	3,086	4,104	4,845	6,018	7,252	7,715
<b>1B</b>	3,526	4,690	5,536	6,876	8,286	8,815
<b>1C</b>	4,408	5,863	6,921	8,596	10,359	11,020
<b>1D</b>	5,069	6,742	7,958	9,885	11,912	12,673
<b>1E</b>	6,061	8,061	9,516	11,819	14,243	15,153
<b>2A</b>	6,392	8,501	10,035	12,464	15,021	15,980
<b>2B</b>	7,494	9,967	11,766	14,613	17,611	18,735
<b>2C</b>	8,375	11,139	13,149	16,331	19,681	20,938
<b>3</b>	9,698	12,898	15,226	18,911	22,790	24,245
<b>4</b>	13,224	17,588	20,762	25,787	31,076	33,060
<b>5A</b>	15,648	20,812	24,567	30,514	36,773	39,120
<b>5B</b>	18,514	24,624	29,067	36,102	43,508	46,285
<b>6</b>	19,836	26,382	31,143	38,680	46,615	49,590
<b>7A</b>	22,040	29,313	34,603	42,978	51,794	55,100
<b>7B</b>	26,448	35,176	41,523	51,574	62,153	66,120
<b>8</b>	30,856	41,038	48,444	60,169	72,512	77,140

2. Occurrence Program - Area 3

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,470	3,285	3,878	4,817	5,805	6,175
<b>1B</b>	2,823	3,755	4,432	5,505	6,634	7,058
<b>1C</b>	3,529	4,694	5,541	6,882	8,293	8,823
<b>1D</b>	4,058	5,397	6,371	7,913	9,536	10,145
<b>1E</b>	4,852	6,453	7,618	9,461	11,402	12,130
<b>2A</b>	5,117	6,806	8,034	9,978	12,025	12,793
<b>2B</b>	5,999	7,979	9,418	11,698	14,098	14,998
<b>2C</b>	6,705	8,918	10,527	13,075	15,757	16,763
<b>3</b>	7,764	10,326	12,189	15,140	18,245	19,410
<b>4</b>	10,587	14,081	16,622	20,645	24,879	26,468
<b>5A</b>	12,528	16,662	19,669	24,430	29,441	31,320
<b>5B</b>	14,822	19,713	23,271	28,903	34,832	37,055
<b>6</b>	15,881	21,122	24,933	30,968	37,320	39,703
<b>7A</b>	17,645	23,468	27,703	34,408	41,466	44,113
<b>7B</b>	21,174	28,161	33,243	41,289	49,759	52,935
<b>8</b>	24,703	32,855	38,784	48,171	58,052	61,758

3. Standard Claims-Made Programs - Area 1

**0 Years Since Retroactive Date**

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	1,116	1,484	1,752	2,176	2,623	2,790
<b>1B</b>	1,276	1,697	2,003	2,488	2,999	3,190
<b>1C</b>	1,595	2,121	2,504	3,110	3,748	3,988
<b>1D</b>	1,834	2,439	2,879	3,576	4,310	4,585
<b>1E</b>	2,193	2,917	3,443	4,276	5,154	5,483
<b>2A</b>	2,312	3,075	3,630	4,508	5,433	5,780
<b>2B</b>	2,711	3,606	4,256	5,286	6,371	6,778
<b>2C</b>	3,030	4,030	4,757	5,909	7,121	7,575
<b>3</b>	3,508	4,666	5,508	6,841	8,244	8,770
<b>4</b>	4,784	6,363	7,511	9,329	11,242	11,960
<b>5A</b>	5,661	7,529	8,888	11,039	13,303	14,153
<b>5B</b>	6,697	8,907	10,514	13,059	15,738	16,743
<b>6</b>	7,176	9,544	11,266	13,993	16,864	17,940
<b>7A</b>	7,973	10,604	12,518	15,547	18,737	19,933
<b>7B</b>	9,567	12,724	15,020	18,656	22,482	23,918
<b>8</b>	11,162	14,845	17,524	21,766	26,231	27,905

3. Standard Claims-Made Programs - Area 1

1 Year Since Retroactive Date

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,093	2,784	3,286	4,081	4,919	5,233
<b>1B</b>	2,392	3,181	3,755	4,664	5,621	5,980
<b>1C</b>	2,990	3,977	4,694	5,831	7,027	7,475
<b>1D</b>	3,438	4,573	5,398	6,704	8,079	8,595
<b>1E</b>	4,111	5,468	6,454	8,016	9,661	10,278
<b>2A</b>	4,335	5,766	6,806	8,453	10,187	10,838
<b>2B</b>	5,083	6,760	7,980	9,912	11,945	12,708
<b>2C</b>	5,681	7,556	8,919	11,078	13,350	14,203
<b>3</b>	6,578	8,749	10,327	12,827	15,458	16,445
<b>4</b>	8,969	11,929	14,081	17,490	21,077	22,423
<b>5A</b>	10,614	14,117	16,664	20,697	24,943	26,535
<b>5B</b>	12,557	16,701	19,714	24,486	29,509	31,393
<b>6</b>	13,454	17,894	21,123	26,235	31,617	33,635
<b>7A</b>	14,949	19,882	23,470	29,151	35,130	37,373
<b>7B</b>	17,939	23,859	28,164	34,981	42,157	44,848
<b>8</b>	20,929	27,836	32,859	40,812	49,183	52,323

3. Standard Claims-Made Programs - Area 1

2 Years Since Retroactive Date

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,825	3,757	4,435	5,509	6,639	7,063
<b>1B</b>	3,229	4,295	5,070	6,297	7,588	8,073
<b>1C</b>	4,036	5,368	6,337	7,870	9,485	10,090
<b>1D</b>	4,641	6,173	7,286	9,050	10,906	11,603
<b>1E</b>	5,550	7,382	8,714	10,823	13,043	13,875
<b>2A</b>	5,852	7,783	9,188	11,411	13,752	14,630
<b>2B</b>	6,862	9,126	10,773	13,381	16,126	17,155
<b>2C</b>	7,669	10,200	12,040	14,955	18,022	19,173
<b>3</b>	8,880	11,810	13,942	17,316	20,868	22,200
<b>4</b>	12,109	16,105	19,011	23,613	28,456	30,273
<b>5A</b>	14,329	19,058	22,497	27,942	33,673	35,823
<b>5B</b>	16,952	22,546	26,615	33,056	39,837	42,380
<b>6</b>	18,163	24,157	28,516	35,418	42,683	45,408
<b>7A</b>	20,181	26,841	31,684	39,353	47,425	50,453
<b>7B</b>	24,217	32,209	38,021	47,223	56,910	60,543
<b>8</b>	28,254	37,578	44,359	55,095	66,397	70,635

3. Standard Claims-Made Programs - Area 1

3 Years Since Retroactive Date

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	3,139	4,175	4,928	6,121	7,377	7,848
<b>1B</b>	3,587	4,771	5,632	6,995	8,429	8,968
<b>1C</b>	4,485	5,965	7,041	8,746	10,540	11,213
<b>1D</b>	5,157	6,859	8,096	10,056	12,119	12,893
<b>1E</b>	6,167	8,202	9,682	12,026	14,492	15,418
<b>2A</b>	6,503	8,649	10,210	12,681	15,282	16,258
<b>2B</b>	7,624	10,140	11,970	14,867	17,916	19,060
<b>2C</b>	8,521	11,333	13,378	16,616	20,024	21,303
<b>3</b>	9,867	13,123	15,491	19,241	23,187	24,668
<b>4</b>	13,454	17,894	21,123	26,235	31,617	33,635
<b>5A</b>	15,921	21,175	24,996	31,046	37,414	39,803
<b>5B</b>	18,836	25,052	29,573	36,730	44,265	47,090
<b>6</b>	20,182	26,842	31,686	39,355	47,428	50,455
<b>7A</b>	22,424	29,824	35,206	43,727	52,696	56,060
<b>7B</b>	26,908	35,788	42,246	52,471	63,234	67,270
<b>8</b>	31,393	41,753	49,287	61,216	73,774	78,483

3. Standard Claims-Made Programs - Area 1

Mature

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	3,488	4,639	5,476	6,802	8,197	8,720
<b>1B</b>	3,986	5,301	6,258	7,773	9,367	9,965
<b>1C</b>	4,983	6,627	7,823	9,717	11,710	12,458
<b>1D</b>	5,730	7,621	8,996	11,174	13,466	14,325
<b>1E</b>	6,852	9,113	10,758	13,361	16,102	17,130
<b>2A</b>	7,225	9,609	11,343	14,089	16,979	18,063
<b>2B</b>	8,471	11,266	13,299	16,518	19,907	21,178
<b>2C</b>	9,468	12,592	14,865	18,463	22,250	23,670
<b>3</b>	10,963	14,581	17,212	21,378	25,763	27,408
<b>4</b>	14,949	19,882	23,470	29,151	35,130	37,373
<b>5A</b>	17,690	23,528	27,773	34,496	41,572	44,225
<b>5B</b>	20,929	27,836	32,859	40,812	49,183	52,323
<b>6</b>	22,424	29,824	35,206	43,727	52,696	56,060
<b>7A</b>	24,915	33,137	39,117	48,584	58,550	62,288
<b>7B</b>	29,898	39,764	46,940	58,301	70,260	74,745
<b>8</b>	34,881	46,392	54,763	68,018	81,970	87,203

3. Standard Claims-Made Programs - Area 2

0 Years Since Retroactive Date

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	889	1,182	1,396	1,734	2,089	2,223
<b>1B</b>	1,016	1,351	1,595	1,981	2,388	2,540
<b>1C</b>	1,269	1,688	1,992	2,475	2,982	3,173
<b>1D</b>	1,460	1,942	2,292	2,847	3,431	3,650
<b>1E</b>	1,746	2,322	2,741	3,405	4,103	4,365
<b>2A</b>	1,841	2,449	2,890	3,590	4,326	4,603
<b>2B</b>	2,158	2,870	3,388	4,208	5,071	5,395
<b>2C</b>	2,412	3,208	3,787	4,703	5,668	6,030
<b>3</b>	2,793	3,715	4,385	5,446	6,564	6,983
<b>4</b>	3,808	5,065	5,979	7,426	8,949	9,520
<b>5A</b>	4,507	5,994	7,076	8,789	10,591	11,268
<b>5B</b>	5,332	7,092	8,371	10,397	12,530	13,330
<b>6</b>	5,713	7,598	8,969	11,140	13,426	14,283
<b>7A</b>	6,347	8,442	9,965	12,377	14,915	15,868
<b>7B</b>	7,617	10,131	11,959	14,853	17,900	19,043
<b>8</b>	8,886	11,818	13,951	17,328	20,882	22,215

3. Standard Claims-Made Programs - Area 2

1 Year Since Retroactive Date

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	1,666	2,216	2,616	3,249	3,915	4,165
<b>1B</b>	1,904	2,532	2,989	3,713	4,474	4,760
<b>1C</b>	2,380	3,165	3,737	4,641	5,593	5,950
<b>1D</b>	2,737	3,640	4,297	5,337	6,432	6,843
<b>1E</b>	3,273	4,353	5,139	6,382	7,692	8,183
<b>2A</b>	3,451	4,590	5,418	6,729	8,110	8,628
<b>2B</b>	4,046	5,381	6,352	7,890	9,508	10,115
<b>2C</b>	4,522	6,014	7,100	8,818	10,627	11,305
<b>3</b>	5,236	6,964	8,221	10,210	12,305	13,090
<b>4</b>	7,141	9,498	11,211	13,925	16,781	17,853
<b>5A</b>	8,450	11,239	13,267	16,478	19,858	21,125
<b>5B</b>	9,997	13,296	15,695	19,494	23,493	24,993
<b>6</b>	10,711	14,246	16,816	20,886	25,171	26,778
<b>7A</b>	11,901	15,828	18,685	23,207	27,967	29,753
<b>7B</b>	14,281	18,994	22,421	27,848	33,560	35,703
<b>8</b>	16,661	22,159	26,158	32,489	39,153	41,653

3. Standard Claims-Made Programs - Area 2

2 Years Since Retroactive Date

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,249	2,991	3,531	4,386	5,285	5,623
<b>1B</b>	2,571	3,419	4,036	5,013	6,042	6,428
<b>1C</b>	3,213	4,273	5,044	6,265	7,551	8,033
<b>1D</b>	3,695	4,914	5,801	7,205	8,683	9,238
<b>1E</b>	4,419	5,877	6,938	8,617	10,385	11,048
<b>2A</b>	4,659	6,196	7,315	9,085	10,949	11,648
<b>2B</b>	5,463	7,266	8,577	10,653	12,838	13,658
<b>2C</b>	6,105	8,120	9,585	11,905	14,347	15,263
<b>3</b>	7,069	9,402	11,098	13,785	16,612	17,673
<b>4</b>	9,640	12,821	15,135	18,798	22,654	24,100
<b>5A</b>	11,407	15,171	17,909	22,244	26,806	28,518
<b>5B</b>	13,495	17,948	21,187	26,315	31,713	33,738
<b>6</b>	14,460	19,232	22,702	28,197	33,981	36,150
<b>7A</b>	16,066	21,368	25,224	31,329	37,755	40,165
<b>7B</b>	19,280	25,642	30,270	37,596	45,308	48,200
<b>8</b>	22,493	29,916	35,314	43,861	52,859	56,233

3. Standard Claims-Made Programs - Area 2

3 Years Since Retroactive Date

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,499	3,324	3,923	4,873	5,873	6,248
<b>1B</b>	2,857	3,800	4,485	5,571	6,714	7,143
<b>1C</b>	3,570	4,748	5,605	6,962	8,390	8,925
<b>1D</b>	4,106	5,461	6,446	8,007	9,649	10,265
<b>1E</b>	4,910	6,530	7,709	9,575	11,539	12,275
<b>2A</b>	5,177	6,885	8,128	10,095	12,166	12,943
<b>2B</b>	6,070	8,073	9,530	11,837	14,265	15,175
<b>2C</b>	6,783	9,021	10,649	13,227	15,940	16,958
<b>3</b>	7,854	10,446	12,331	15,315	18,457	19,635
<b>4</b>	10,711	14,246	16,816	20,886	25,171	26,778
<b>5A</b>	12,675	16,858	19,900	24,716	29,786	31,688
<b>5B</b>	14,995	19,943	23,542	29,240	35,238	37,488
<b>6</b>	16,067	21,369	25,225	31,331	37,757	40,168
<b>7A</b>	17,852	23,743	28,028	34,811	41,952	44,630
<b>7B</b>	21,422	28,491	33,633	41,773	50,342	53,555
<b>8</b>	24,992	33,239	39,237	48,734	58,731	62,480

3. Standard Claims-Made Programs - Area 2

Mature

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,777	3,693	4,360	5,415	6,526	6,943
<b>1B</b>	3,174	4,221	4,983	6,189	7,459	7,935
<b>1C</b>	3,967	5,276	6,228	7,736	9,322	9,918
<b>1D</b>	4,562	6,067	7,162	8,896	10,721	11,405
<b>1E</b>	5,455	7,255	8,564	10,637	12,819	13,638
<b>2A</b>	5,752	7,650	9,031	11,216	13,517	14,380
<b>2B</b>	6,744	8,970	10,588	13,151	15,848	16,860
<b>2C</b>	7,537	10,024	11,833	14,697	17,712	18,843
<b>3</b>	8,727	11,607	13,701	17,018	20,508	21,818
<b>4</b>	11,901	15,828	18,685	23,207	27,967	29,753
<b>5A</b>	14,083	18,730	22,110	27,462	33,095	35,208
<b>5B</b>	16,661	22,159	26,158	32,489	39,153	41,653
<b>6</b>	17,852	23,743	28,028	34,811	41,952	44,630
<b>7A</b>	19,835	26,381	31,141	38,678	46,612	49,588
<b>7B</b>	23,802	31,657	37,369	46,414	55,935	59,505
<b>8</b>	27,769	36,933	43,597	54,150	65,257	69,423

3. Standard Claims-Made Programs - Area 3

0 Years Since Retroactive Date

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	711	946	1,116	1,386	1,671	1,778
<b>1B</b>	813	1,081	1,276	1,585	1,911	2,033
<b>1C</b>	1,016	1,351	1,595	1,981	2,388	2,540
<b>1D</b>	1,169	1,555	1,835	2,280	2,747	2,923
<b>1E</b>	1,397	1,858	2,193	2,724	3,283	3,493
<b>2A</b>	1,474	1,960	2,314	2,874	3,464	3,685
<b>2B</b>	1,728	2,298	2,713	3,370	4,061	4,320
<b>2C</b>	1,931	2,568	3,032	3,765	4,538	4,828
<b>3</b>	2,236	2,974	3,511	4,360	5,255	5,590
<b>4</b>	3,049	4,055	4,787	5,946	7,165	7,623
<b>5A</b>	3,608	4,799	5,665	7,036	8,479	9,020
<b>5B</b>	4,268	5,676	6,701	8,323	10,030	10,670
<b>6</b>	4,573	6,082	7,180	8,917	10,747	11,433
<b>7A</b>	5,082	6,759	7,979	9,910	11,943	12,705
<b>7B</b>	6,098	8,110	9,574	11,891	14,330	15,245
<b>8</b>	7,114	9,462	11,169	13,872	16,718	17,785

3. Standard Claims-Made Programs - Area 3

1 Year Since Retroactive Date

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	1,334	1,774	2,094	2,601	3,135	3,335
<b>1B</b>	1,525	2,028	2,394	2,974	3,584	3,813
<b>1C</b>	1,906	2,535	2,992	3,717	4,479	4,765
<b>1D</b>	2,191	2,914	3,440	4,272	5,149	5,478
<b>1E</b>	2,620	3,485	4,113	5,109	6,157	6,550
<b>2A</b>	2,763	3,675	4,338	5,388	6,493	6,908
<b>2B</b>	3,239	4,308	5,085	6,316	7,612	8,098
<b>2C</b>	3,620	4,815	5,683	7,059	8,507	9,050
<b>3</b>	4,192	5,575	6,581	8,174	9,851	10,480
<b>4</b>	5,717	7,604	8,976	11,148	13,435	14,293
<b>5A</b>	6,765	8,997	10,621	13,192	15,898	16,913
<b>5B</b>	8,003	10,644	12,565	15,606	18,807	20,008
<b>6</b>	8,575	11,405	13,463	16,721	20,151	21,438
<b>7A</b>	9,528	12,672	14,959	18,580	22,391	23,820
<b>7B</b>	11,434	15,207	17,951	22,296	26,870	28,585
<b>8</b>	13,339	17,741	20,942	26,011	31,347	33,348

3. Standard Claims-Made Programs - Area 3

2 Years Since Retroactive Date

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	1,801	2,395	2,828	3,512	4,232	4,503
<b>1B</b>	2,058	2,737	3,231	4,013	4,836	5,145
<b>1C</b>	2,573	3,422	4,040	5,017	6,047	6,433
<b>1D</b>	2,958	3,934	4,644	5,768	6,951	7,395
<b>1E</b>	3,537	4,704	5,553	6,897	8,312	8,843
<b>2A</b>	3,730	4,961	5,856	7,274	8,766	9,325
<b>2B</b>	4,373	5,816	6,866	8,527	10,277	10,933
<b>2C</b>	4,888	6,501	7,674	9,532	11,487	12,220
<b>3</b>	5,659	7,526	8,885	11,035	13,299	14,148
<b>4</b>	7,718	10,265	12,117	15,050	18,137	19,295
<b>5A</b>	9,133	12,147	14,339	17,809	21,463	22,833
<b>5B</b>	10,805	14,371	16,964	21,070	25,392	27,013
<b>6</b>	11,577	15,397	18,176	22,575	27,206	28,943
<b>7A</b>	12,863	17,108	20,195	25,083	30,228	32,158
<b>7B</b>	15,435	20,529	24,233	30,098	36,272	38,588
<b>8</b>	18,008	23,951	28,273	35,116	42,319	45,020

3. Standard Claims-Made Programs - Area 3

3 Years Since Retroactive Date

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,001	2,661	3,142	3,902	4,702	5,003
<b>1B</b>	2,287	3,042	3,591	4,460	5,374	5,718
<b>1C</b>	2,858	3,801	4,487	5,573	6,716	7,145
<b>1D</b>	3,287	4,372	5,161	6,410	7,724	8,218
<b>1E</b>	3,930	5,227	6,170	7,664	9,236	9,825
<b>2A</b>	4,145	5,513	6,508	8,083	9,741	10,363
<b>2B</b>	4,859	6,462	7,629	9,475	11,419	12,148
<b>2C</b>	5,431	7,223	8,527	10,590	12,763	13,578
<b>3</b>	6,288	8,363	9,872	12,262	14,777	15,720
<b>4</b>	8,575	11,405	13,463	16,721	20,151	21,438
<b>5A</b>	10,148	13,497	15,932	19,789	23,848	25,370
<b>5B</b>	12,005	15,967	18,848	23,410	28,212	30,013
<b>6</b>	12,863	17,108	20,195	25,083	30,228	32,158
<b>7A</b>	14,292	19,008	22,438	27,869	33,586	35,730
<b>7B</b>	17,150	22,810	26,926	33,443	40,303	42,875
<b>8</b>	20,009	26,612	31,414	39,018	47,021	50,023

3. Standard Claims-Made Programs - Area 3

Mature

<b>Class</b>	<b>100/300</b>	<b>200/600</b>	<b>300/900</b>	<b>500/1000</b>	<b>1000/1000</b>	<b>1000/3000</b>
<b>1A</b>	2,223	2,957	3,490	4,335	5,224	5,558
<b>1B</b>	2,541	3,380	3,989	4,955	5,971	6,353
<b>1C</b>	3,176	4,224	4,986	6,193	7,464	7,940
<b>1D</b>	3,652	4,857	5,734	7,121	8,582	9,130
<b>1E</b>	4,367	5,808	6,856	8,516	10,262	10,918
<b>2A</b>	4,605	6,125	7,230	8,980	10,822	11,513
<b>2B</b>	5,399	7,181	8,476	10,528	12,688	13,498
<b>2C</b>	6,034	8,025	9,473	11,766	14,180	15,085
<b>3</b>	6,987	9,293	10,970	13,625	16,419	17,468
<b>4</b>	9,528	12,672	14,959	18,580	22,391	23,820
<b>5A</b>	11,275	14,996	17,702	21,986	26,496	28,188
<b>5B</b>	13,339	17,741	20,942	26,011	31,347	33,348
<b>6</b>	14,292	19,008	22,438	27,869	33,586	35,730
<b>7A</b>	15,880	21,120	24,932	30,966	37,318	39,700
<b>7B</b>	19,056	25,344	29,918	37,159	44,782	47,640
<b>8</b>	22,232	29,569	34,904	43,352	52,245	55,580

3. Increased Limit Factors

<b>LIMIT</b>	<b>CLASSES 1A-2C</b>	<b>CLASSES 3A-7B</b>	<b>CLASS 8</b>
100/300	1.000	1.000	1.000
200/600	1.330	1.330	1.330
300/900	1.570	1.570	1.570
500/1000	1.950	1.950	1.950
1000/1000	2.350	2.350	2.350
1000/3000	2.500	2.500	2.500

4. Excess Limit Factors

<b>LIMIT</b>	<b>CLASSES 1A-2C</b>	<b>CLASSES 3A-7B</b>	<b>CLASS 8</b>
1M/1M xs 1M/3M	1.20	1.24	1.24
2M/2M xs 1M/3M	1.32	1.38	1.38
3M/3M xs 1M/3M	1.40	1.48	1.48
4M/4M xs 1M/3M	1.46	1.54	1.54
5M/5M xs 1M/3M	1.52	1.60	1.60
6M/6M xs 1M/3M	1.56	1.65	1.65
7M/7M xs 1M/3M	1.60	1.70	1.70
8M/8M xs 1M/3M	1.64	1.74	1.74
9M/9M xs 1M/3M	1.67	1.77	1.77

Note: For aggregate Limits Not listed above, refer to Company.

5. Extended Reporting Period Coverage Factors

YEARS RETROACTIVE DATE PRECEDES EXPIRATION DATE	FACTOR
1	0.900
2	1.500
3	1.700
4 OR MORE	1.820

6. Shared Limits Modification

Modification
Up to 25%

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

Physician & Surgeons	\$250
----------------------	-------

- D. **Premium Modifications**

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

Hours Practicing Per Week	Credit	Max Agg Hours Per Year
0-10	50%	515
11-20	30%	1050

\*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. **Physicians in Training**

- a. Training Activities

**NOT AVAILABLE**

- b. Moonlighting Activities

**NOT AVAILABLE**

3. **Locum Tenens**  
(Occurrence & Standard Claims Made Programs)

**AVAILABLE**

4. **Locum Tenens Group Rating**  
(Occurrence & Standard Claims Made Programs)

Formula
(Applicable Manual Rate / 3120) * 1.60

5. **New Physicians & Surgeons**  
(Occurrence & Standard Claims Made Programs)

A “new” physician shall be a physician who has recently completed one of the following programs and will begin a full time practice for the first time:

- Residency;
- Fellowship program in their medical speciality;
- Fulfillment of a military obligation in remuneration for medical school tuition;
- Medical school or specialty training program.

To qualify for the credit, the applicant will be required to apply for a reduced rate within six months after the completion of any of the above programs.

Credits in the amount of 50% of filed manual rates shall apply to qualified insureds for their first year and Credits in the amount of 30% of filed manual rates shall apply to qualified insureds for their second year, and credits in the amount of 15% of filed manual rates shall apply to qualified insureds for their third year of practice following completion of their medical training program.

6. **Physician Teaching Specialists**

- a. Training Activities

**NOT AVAILABLE**

- b. Teaching Specialists

**NOT AVAILABLE**

7. **Physicians Leave of Absence**

<b>Policy Type</b>	<b>Credit</b>
Occurrence	75%
Standard Claims Made	50%

8. **Physicians Military Leave of Absence**

<b>Policy Type</b>	<b>Credit</b>
Occurrence	100%
Standard Claims Made	100%

9. **Schedule Rating**  
(Occurrence & Standard Claims Made Programs)

<b>Consideration(s)</b>	<b>Description</b>
1. Historical Loss Experience	The frequency or severity of claims for the insured(s) is greater/less than the expected experience for an insured(s) of the same classification/size or recognition of unusual circumstances of claims in the loss experience.
2. Cumulative Years of Patient Experience.	The insured(s) demonstrates a stable, longstanding practice and/or significant degree of experience in their current area of medicine.
3. Classification Anomalies.	Characteristics of a particular insured that differentiate the insured from other members of the same class, or recognition of recent developments within a classification or jurisdiction that are anticipated to impact future loss experience.
4. Claim Anomalies	Economic, societal or jurisdictional changes or trends that will influence the frequency or severity of claims, or the unusual circumstances of a claim(s) which understate/overstate the severity of the claim(s).
5. Management Control Procedures.	Specific operational activities undertaken by the insured to reduce the frequency and/or severity of claims.
6. Number / Type of Patient Exposures.	Size and/or demographics of the patient population which influences the frequency and/or severity of claims.
7. Organizational Size / Structure.	The organization's size and processes are such that economies of scale are achieved while servicing the insured.
8. Medical Standards, Quality & Claim Review.	Presence of (1) committees that meet on a routine basis to review medical procedures, treatments, and protocols and then assist in the integration of such into the practice, (2) Committees that meet to assure the quality of the health care services being rendered and/or (3) Committees to provide consistent review of claims/incidents that have occurred and to develop corrective action.
9. Other Risk Management Practices and Procedures.	Additional activities undertaken with the specific intention of reducing the frequency or severity of claims.
10. Training, Accreditation & Credentialing.	The insured(s) exhibits greater/less than normal participation and support of such activities.
11. Record – Keeping Practices.	Degree to which insured incorporates methods to maintain quality patient records, referrals, and test results.
12. Utilization of Monitoring Equipment, Diagnostic Tests or Procedures.	Demonstrating the willingness to expend the time and capital to incorporate the latest advances in medical treatments and equipment into the practice, or failure to meet accepted standards of care.
<b>Maximum Modification</b> - 25% / +25%	

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

10. **Risk Management**  
(Occurrence & Standard Claims Made Programs)

An insured will receive a five percent (5%) premium credit applied for up to three years for successful completion of a sanctioned Risk Management Course administered by the company or by an organization approved by The Medical Protective Company to administer designated risk management courses.

The insured will receive credit for successful completion of a sanctioned risk management course if it is completed no later than 30 days after the inception of the policy period.

11. **Claim Free Credits**  
(Occurrence & Standard Claims Made Programs)

If an insured is determined to be claim free, the insured will be eligible for a premium credit based on the following schedule:

1. Insured by the Company and claim free for 3 years but less than 5 years, a 5% credit shall be applied to the next renewal.
2. If insured by the Company and claim free for 5 years but less than 10 years, a 10% credit shall be applied to the next renewal.
3. If insured by the Company and claim free for 10 years or more, a credit of 20% shall be applied to the next policy renewal.

For the purpose of this premium credit program, an insured is determined to no longer be claim free at the time either of the following conditions occur:

- Claim Frequency – when two claims open within a continuous 3-year period of time.
- Claim Severity – when a claim incurs an indemnity payment greater than \$15,000.

A claim under this policy shall not, for the purpose of this premium credit program, be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.

Insureds converting coverage to The Medical Protective Company, who were claim free while insured by another carrier, shall qualify for credit at the policy inception date in accordance with the Company's guidelines.

12. **Deductible Credits**  
(Occurrence & Standard Claims Made Programs)

**PREMIUM CREDIT FOR LOSS ONLY DEDUCTIBLE**

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	7% to 20%	6% to 16%	5% to 15%	3% to 12%	2% to 11%
100	14% to 34%	13% to 26%	11% to 24%	8% to 19%	7% to 16%
200		24% to 42%	21% to 38%	17% to 30%	14% to 25%
250			25% to 44%	20% to 34%	17% to 28%
500				33% to 51%	28% to 42%
1000					39% to 56%

**PREMIUM CREDIT FOR LOSS AND ALE DEDUCTIBLE**

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	14% to 32%	12% to 25%	10% to 22%	7% to 18%	6% to 15%
100	23% to 49%	21% to 38%	18% to 34%	14% to 26%	11% to 22%
200		34% to 57%	30% to 52%	24% to 39%	20% to 32%
250			35% to 59%	28% to 45%	23% to 36%
500				43% to 65%	36% to 52%
1000					49% to 69%

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

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

13. **Self-Insured Retention Credits**

**NOT AVAILABLE**

14. **Experience Rating**

**NOT AVAILABLE**

15. **Non-Discretionary Debit Rating Rule**  
(Occurrence & Standard Claims Made Program)

Schedule A:

<b>Closed Claim Threshold*</b>	<b>Points</b>
Pending claim	1
Loss payment of \$0 to \$49,999	1
Loss payment of \$50,000 to \$99,999	2
Loss payment of \$100,000 to \$249,999	4
Loss payment of \$250,000 to \$499,999	6
Loss payment of \$500,000 or more	8

Schedule B:

<b>Total Points</b>	<b>Table A</b>	<b>Table B</b>
0	0%	0%
1	0%	0%
2	0%	0%
3	10%	0%
4	25%	10%
5	25%	25%
6	35%	35%
7	35%	35%
8	50%	50%
9	100%	100%
10+	200%	200%

For the purposes of schedule B, table B shall apply to all insureds practicing under the following ISO codes: 80106, 80143-80146, 80150-80156, 80158-80160, 80166-80171, 80176, 80273, 84106, 84143-84146, 84150-84156, 84158-84160, 84166-84171, 84176 and 84273. Table A, in Schedule B, shall apply to Insureds practicing under any other ISO Code.

16. **Large Group Rating**  
(Occurrence & Standard Claims Made Programs)

**AVAILABLE**

17. **Convertible Coverage Rating Plan**

An insured may be eligible for Convertible / Nose coverage. The rating for such coverage is based upon the insureds standard mature claims made rate times the factor identified in the table below.

<b>Number of years before expiration date of Nose coverage</b>	<b>Factor</b>
0	0.750
1	1.190
2	1.400
3	1.550
4 or more	1.550

The applicable premium under this plan shall be in addition to the insureds standard occurrence premium and shall be paid to the company over an installment period.

The above rating is subject to applicable part-time and schedule rating modifications.

18. **Enhanced Claims Made Rating**

**NOT AVAILABLE**

19. **Slot Rating**  
(Standard Claims Made Programs)

**AVAILABLE**

20. **Full-Time Equivalency Rating**  
(Occurrence & Standard Claims Made Programs)

Coverage for a multi-physician group is available on a full time equivalent (FTE) basis, rather than on an individual physician basis, when patient visits or physician hours are used to determine the scope of the medical practice. Coverage is provided on an individual limit or shared limit basis. Full time equivalency is based on each physician’s number of hours of medical practice per year. The definition of one FTE is based on the following number of hours per year:

- 2,500-Group Practice
- 2,100-Residency Programs

For group practices, the minimum average FTE assigned to any individual physician is .05 (125 hours), subject to a total FTE per policy of no less than 1.0. Residency programs (and other similar programs) are not subject to the group practice minimums.

The premium developed by applying the applicable per physician rate to the corresponding FTE will be adjusted to reflect loss cost considerations not recognized in the physician rates.

The following table identifies the applicable premium modification per the number of FTE’s in the policy for a shared limit:

<b>FTE* Per Policy</b>	<b>Premium Modification</b>	<b>FTE* Per Policy</b>	<b>Premium Modification</b>
1	+10.0 %	11	-14.0 %
2	-3.0 %	12	-16.0 %
3	-4.0 %	13	-17.0 %
4	-5.0 %	14	-18.0 %
5	-7.0 %	15	-20.0 %
6	-8.0 %	16	-21.0 %
7	-9.0 %	17	-22.0 %
8	-11.0 %	18	-23.0 %
9	-12.0 %	19	-24.0 %
10	-13.0 %	20+	-25.0 %

\*The table value is determined by rounding the actual FTE per policy using the .5 rounding rule.

Only Schedule Rating Modifications and Deductible Credits may be used in conjunction with this rating rule.

21. **Accelerated Extension Contract Rating**  
(Standard Claims Made Programs)

The Company may agree to waive the Standard requirements for qualifying for a free extended reporting period endorsement at retirement if the insured meets the following criteria:

- The insured is a member of a group practice that is insured on a claims-made basis with the company.
- The group requested the waiver for an insured who anticipates permanently retiring from the practice of medicine in less than 1 year and/or will not attain the required number of years of continuous claims-made coverage at the time of retirement.
- The insured otherwise meets the requirements as set forth in the policy for a free extension contract.
- The company approved the group's request for the waiver after determining the insured had limited prior acts exposure.

The total number of insureds within a group practice that may qualify for this waiver may not exceed a ratio of 1 in 3.

22. **OPV Rating**  
(Occurrence & Standard Claims Made Programs)

**AVAILABLE**

23. **Renewal Rate Rule**

**NOT AVAILABLE**

24. **Deferred Premium Payment Plan**  
(Occurrence & Standard Claims Made Programs)

**AVAILABLE**

25. **Membership Credit**  
(Occurrence & Standard Claims Made Programs)

The unique characteristics of a medical practice and their membership in qualified Professional Associations shall make them eligible for a premium modification in addition to those available to other insureds.

A premium credit of up to 5% shall be given to those insureds whose group or individuals are a member of any of the following qualified associations:

- American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS)
- Board Certification from American Board of Cosmetic Surgery (ABCS)
- American Academy of Pediatrics (AAP)
- National Perinatal Association (NPA)

Regardless of the number of qualified associations an individual insured may hold membership in, the maximum credit available under this rule is 5%.

26. **Aggregate Credit Rule**  
(Occurrence & Standard Claims Made Programs)

**AVAILABLE**

27. **Individual Risk Rating Rule**  
(Occurrence & Standard Claims Made Programs)

A medical group consisting of physicians and related health care professionals, developing an annualized manual premium of \$500,000 or more for medical professional liability, may be individually rated. The overall premium for the medical group will be based on an evaluation of the group's aggregate experience for the most recent ten policy periods. The aggregate experience will be developed and adjusted to determine an actual loss ratio for the prospective policy period. the actual loss ratio will be credibility weighted with the expected loss ratio underlying the current manual premium for the group and this weighted loss ratio will be used to determine the indicated premium (IM) in accordance with the following calculation:

$$\frac{(\text{Actual loss Ratio} * \text{Credibility}) + (\text{Expected Loss Ratio} * (1-\text{Credibility})) + \text{Fixed Exp}}{(1 - (\text{variable expense} + \text{other contingencies}))}$$

Groups qualifying under this rule are not eligible for Schedule Rating or claim Free Modifications and are subject to a maximum modification of 65%.



**THE MEDICAL PROTECTIVE COMPANY**

**CALIFORNIA**

**PHYSICIANS & SURGEONS PROGRAM**

**FILING MEMORANDUM**

The Medical Protective Company (MedPro) respectfully submits the attached exhibits supporting rate, rule and form revisions to the Physicians & Surgeons Occurrence and Claims Made programs in the state of California. The proposed revisions will result in an overall premium decrease of 2.6%. This premium reduction will be accomplished through a base rate increase of 8.8% and classification relativity changes with an estimated impact of -10.5%. The combined premium effect of these changes is -2.6%  $\{0.974 = [(1.0 + .088) \times (1.0 - 0.105)] - 1.0\}$ . This filing also proposes revisions to a number of rating rules, but the proposed changes are for clarification purposes and do not have any premium impact. The proposed effective date for these revisions is January 1, 2012 for new and renewal business.

The proposed changes to the rates and rules consist of the following revisions:

- Base class/territory rate increase of 8.8%.
- Various changes to the assignment of classifications by class and class relativities.
- Addition of classifications for Hospitalist (80296), Pain Medicine (80182), Radiology (incl. mammography) (80472) and Bariatric Surgery (80148) to the class plan.
- Modify the language in the Partnership/Corporation Rating Rule to clarify the algebraic order of the calculation.
- Modify the Risk Management Credit Rule to eliminate the availability of the credit for risk management courses that are not sponsored/administered by the Company, so that the Company can ensure that it is able to appropriately track and credit successful completion in a consistent manner. Upon completion of each such course, the Company will automatically receive notice of the completion of the course. The language is also being revised to clarify that the credit can be applied so long as the insured has successfully completed the course no later than 30 days after policy inception. These changes will not impact current insureds, but will be applied prospectively to new insureds.
- Clarify the applicability of the Membership Association Credit Rule by adding a list of the associations currently eligible for the credit. This change will not impact any current insureds.
- Modify the language in the Claim Free Credit Rule to clarify the conditions that constitute when an insured is no longer claim free. This clarification does not change the current application of the rule and will not impact any current insureds. Also, given the difficulty

that can arise tracking an insured's prior part-time status, the exclusion for years in part-time practice is deleted from the rule.

- Modify the Non-Discretionary Debit Plan Rule to include recognition of the classifications added to the class plan.
- Amend the language in the Accelerated Extension Contract Rule so as to be consistent with the revised forms previously filed and approved. This change will not impact any current insureds.
- Modify the New to Practice Credit Rule to clarify that the requirement that an insured apply for the credit within 6 months of completion of their training will also extend to those insureds that initiated this process with another carrier. This change will not impact any current insureds.
- Withdraw the New to Company Credit Rule in accordance with previous discussions with the CDI.
- Modify the language in the Full Time Equivalency Rating Rule to eliminate the condition that the application of the rule is subject to underwriting guidelines. Additional language is added to clarify that the rule is applicable to situations in which the scope of the medical practice is more readily measured by patient encounters or physician hours.
- Expand the language in the Individual Risk Rating Rule to provide additional clarification and detail to its application. The revised language outlines the manner in which a medical group's historical experience is evaluated and utilized in the determination of the appropriate modification to the manual premium. The threshold for the application of the rule has been raised from \$250,000 to \$500,000 and an additional constraint of a maximum modification of 65% has been included in the rule.
- Revise Accelerated Extension Contract Rating Rule to clarify its intent regarding eligibility of an extension contract in the event an insured retires from practice.
- Revise Representation Endorsement (E825) to require the insured to advise the Company should the insured's membership in a qualified professional association changes after the initial application is completed. The new endorsement is numbered E-895.

*SERFF Tracking Number:* MDPC-127301361      *State:* California  
*Filing Company:* The Medical Protective Company      *State Tracking Number:* 11-5758  
*Company Tracking Number:* 11-CAMD-01  
*TOI:* 11.0 Medical Malpractice - Claims      *Sub-TOI:* 11.0000 Med Mal Sub-TOI Combinations  
*Made/Occurrence*  
*Product Name:* Physicians & Surgeons and Comprehensive Liability Coverage Program  
*Project Name/Number:* Annual Rate filing and CME response filing/11-CAMD-01

Attachment "CAMD\_PriorApprovalRateApplication040411\_excl var 3.xls" is not a PDF document and cannot be reproduced here.

### PRIOR APPROVAL RATE APPLICATION

Completed by: William Spoerner Date: 6/30/2011

Your File #: 11-CAMD-1  
( 15 Characters Maximum)

SERFF  CD (plus 1 paper copy)  Paper (1 original plus 1 copy)

Does this filing include a variance request?

Is this a variance request submitted after the prior approval application to which it applies?

If yes, provide the applicable CDI File Number: \_\_\_\_\_

Does this file contain group data?

Note: Complete page 2 if this is a group filing

Is this a specialty filing?

Latest applicable CDI file number in this line, subtitle and/or program:  
05-1776

Company Name The Medical Protective Company

NAIC Company Code 11843

Group Name Berkshire Hathaway Group

NAIC Group Code 31

Organized under the Laws of the State of Indiana

DEPARTMENT USE ONLY	
Filing No.:	_____
SERFF No.:	_____
Date Filed:	_____
Compliance Date:	_____
Date Public Notified:	_____
Deemer Date:	_____
Intake Analyst:	_____
Bureau & Senior:	_____
Group Filing:	Yes <input type="checkbox"/> No <input type="checkbox"/>
X-Reference No.:	_____
<input type="checkbox"/> Rate	<input type="checkbox"/> New Program <input type="checkbox"/> Rule
<input type="checkbox"/> Form	<input type="checkbox"/> Variance _____ % Change

Line Type

Line of Insurance:

Subline 11

Program Physicians & Surgeons

Home Office 5814 Reed Road, Fort Wayne, IN 46835

Name and Title of Contact Person Melissa Millican, Paralegal

Toll Free Phone No.: (800) 4MEDPRO Fax No.: (260) 486-0733

Email Address melissa.millican@medpro.com

Mailing Address 5814 Reed Road, Fort Wayne, IN 46835

I declare under penalty of perjury under the laws of the State of California, that the information filed is true, complete, and correct.

Melissa Millican  
Authorized Signature

July 1, 2011  
Date of Filing

260-486-0838  
Telephone Number

Important note: Refer to CDI website at <http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/> for the most current rate template and prior approval factors.

**INSURER GROUP MULTI-COMPANY FILING**

For private passenger auto insurance only, does CIC, 1861.16(c) apply?  
If yes, please complete (Super Group) Exhibit 19.

No  Yes

List each insurance company in alphabetical order.

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_  
( Department use only )  
NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_  
( Department use only )  
NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_  
( Department use only )  
NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_  
( Department use only )  
NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_  
( Department use only )  
NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_  
( Department use only )  
NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_  
( Department use only )  
NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_  
( Department use only )  
NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_  
( Department use only )  
NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_  
( Department use only )  
NAIC Company Code \_\_\_\_\_

**PROPERTY AND LIABILITY FILING SUBMISSION DATA SHEET**

The purpose of this filing is as follows: (More than one may be marked )

TYPE OF FILING

PRIOR APPROVAL RATE APPLICATION  
PAGES and EXHIBITS REQUIRED

- |  |   |
|--|---|
| <input type="checkbox"/> New Program ( Including adoption of advisory organization loss costs, forms and rules.) | Pages 1 through 7, 10, 12, 13 & 14, plus exhibit 17 |
| <input checked="" type="checkbox"/> Rates ( Including adoption of advisory organization loss costs. )            |   |
| <input type="checkbox"/> Increase rates  | Pages 1 through 10, 13 & 14, plus exhibits          |
| <input checked="" type="checkbox"/> Decrease rate  | Pages 1 through 10, 13 & 14, plus exhibits          |
| <input type="checkbox"/> Zero Overall rate impact  | Pages 1 through 10, 13 & 14, plus exhibits          |
| <input type="checkbox"/> Variance  |   |
| <input type="checkbox"/> Filed together with the prior approval application to which it applies.                 | Page 11 and exhibit 13                              |
| <input type="checkbox"/> Filed after the prior approval application to which it applies.                         | Pages 1 through 6, 11, plus exhibit 13              |
| <input type="checkbox"/> Coverage Forms ( Including adoption of advisory organization forms. )                   |   |
| <input type="checkbox"/> With rate impact  | Pages 1 through 10, 12a, 13 & 14 plus exhibits      |
| <input type="checkbox"/> Without rate impact   | Pages 1 through 5, 12a                              |
| <input checked="" type="checkbox"/> Rules ( Including adoption of advisory organization rules. )                 |   |
| <input type="checkbox"/> With rate impact  | Pages 1 through 10, 12b, 13 & 14 plus exhibits      |
| <input checked="" type="checkbox"/> Without rate impact  | Pages 1 through 5, 12b, Exhibit 20                  |

***All Private Passenger Automobile class plans must be filed separately from the Prior Approval Rate Applications.***

(including exhibit 20)



**FILING CHECKLIST**

**Use this checklist to assemble a complete application**

- Prior Approval Rate Application, Page 1
- Group Filing, Page 2
- Property and Liability Filing Submission Data Sheet, Page 3
- Property and Liability Filing Submission Data Sheet, Page 4
- Filing Checklist, Page 5
- Supporting Data Exhibits, Page 6
- Ratemaking Data and Template (s), Page 7
- Reconciliation of Direct Earned Premium, Page 8
- Additional Data Required by Statute, Page 9
- Miscellaneous Fees and Other Charges, Page 10
- Variance Request, Page 11
- Forms and Rules, Page 12
- Excluded Expenses, Page 13
- Projected Yield and Federal Income Tax Rate on Investment Income, Page 14
- Filing Memorandum

**See the prior approval rate filing instructions regarding the following attachments.**

- Printed Rate and Rule Manual Pages
- Underwriting Rules
- Forms (Attach all independent forms and list all advisory organization forms )
- Copies of Reinsurance Agreements  
( Applies only to Medical Malpractice with facultative reinsurance attachment points above one million dollars and Earthquake, where the cost of reinsurance is included in the rate development.)

**SUPPORTING DATA EXHIBITS**

**Use this document to assemble a complete application**

- Exhibit 1: Filing History
- Exhibit 2: Rate Level History
- Exhibit 3: Policy Term Distribution
- Exhibit 4: Premium Adjustment Factor
- Exhibit 5: Premium Trend Factor
- Exhibit 6: Miscellaneous Fees and Other Charges
- Exhibit 7: Loss and Defense & Cost Containment Expense ( DCCE ) Development Factors
- Exhibit 8: Loss and DCCE Trend
- Exhibit 9: Catastrophe Adjustment
- Exhibit 10: Credibility Adjustment
- Exhibit 11: Ancillary Income
- Exhibit 12: Reinsurance Premium and Recoverables
- Exhibit 13: Variance
- Exhibit 14: Insurer's Ratemaking Calculations
- Exhibit 15: Rate Distribution
- Exhibit 16: Rate Classification Relativities
- Exhibit 17: New Program
- Exhibit 18: Group Filing
- Exhibit 19: Super Group Corporate Structure Verification (PPA only)
- Exhibit 20: Rules
- Exhibit 21:

## **Instructions for completing Prior Approval Rate Template (in application) :**

- \* A separate rate template is required for each coverage (i.e. BI,PD,MP,UM,Comp&Coll) for which a separate premium is charged. *Download and complete a multi-coverage template (PPA for personal auto) if more than one template is needed.*
- \* Enter data in lined boxes on RateMakingData page only (Do not enter data directly in Template.). For more than three years of data, click + button.
- \* In the rate making data tab, enter the following data: Line Description (select from menu); Coverage; Marketing System (percentage of each system used, totaling 100%); Prior Effective Date (of current rates); Proposed Effective Date (of proposed new rates); statistical period used; one or more years of appropriate data.
- \* Enter numerical data only; no comments please. (For inapplicable fields: 0 for \$ or %; 1.00 for factors)
- \* Enter Variance data, only if supported by Variance Request. Final decisions regarding variances will be made by CDI and/or administrative hearing.
- \* If you are filing Advisory Organization Loss Costs with a Loss Cost Multiplier, read the LCM Instructions tab and complete the LCM template.
- \* For results, see Template tab (Disregard Reinsurance indication if not applicable).

RATEMAKING DATA					
<i>(Click + to expand for more than 3 years; - to contract)</i>					
Completed by		William Spoerner			
Date Completed		6/30/2011			
Company/Group		The Medical Protective Company			
Line Description		MEDICAL MALPRACTICE			
Coverage		Claims Made & Occurrence			
		%Captive	%Direct	%Independent (Must add up to 100%)	
Marketing System:		0.00%	21.44%	78.56%	
Prior Effective Date (current rates)		10/1/2005			
Proposed Effective Date (new rates)		1/1/2012			
CDI File Number (Department use only)		0			
Does the data provided below reflect a Request for Variance?		No <input type="checkbox"/>			
Data below is:		Accident Year Data			
		2nd Prior Year	1st Prior Year	Most Recent Year	
		2008	2009	2010	
1	California Direct Written Premium	27,012,024	27,659,739	26,591,935	
2	California Direct Earned Premium	25,831,193	27,205,941	25,493,961	
3	Premium Adjustment Factor (Developed in Exhibit 4)	1.000	1.000	1.000	
4	Premium Trend Factor* (Developed in Exhibit 5)	1.000	1.000	1.000	
5	Miscellaneous Fees and Flat Charges (Not included in Line 2; Developed in Exhibit 6)	-	-	-	
6	Earned Exposure Units	1,461	1,643	1,659	
7	Historic Losses (Projected for New Programs)	4,088,507	2,827,998	1,632,000	
8	Historic Defense and Cost Containment Expense (DCCE)	5,198,058	4,661,150	1,669,150	
9	Loss Development Factor (Developed in Exhibit 7)	1.268	1.938	4.332	
10	DCCE Development Factor (Developed in Exhibit 7)	1.169	1.543	4.300	
11	Loss Trend Factor* (Developed in Exhibit 8)	1.167	1.128	1.090	3.50%
12	DCCE Trend Factor* (Developed in Exhibit 8)	1.167	1.128	1.090	3.50%
13	Catastrophe Adjustment Factor (Developed in Exh 9)	0.000	0.000	0.000	
14	Credibility Factor for Losses & DCCE (Developed in Exhibit 10)			61.00%	
15	Excluded Expense Factor (From Page 13)			0.79%	
16	Ancillary Income (Developed in Exhibit 11)				
17	Projected Federal Income Tax Rate on Investment Income (From Page 14)			27.82%	
18	Projected Yield (From Page 14)			3.61%	
<u>Complete 19, 20 &amp; 21 For Earthquake and certain Medical Malpractice with Reinsurance Only (see Instructions)</u>					
19	Direct Commissions				
20	Reinsurance Premium (Developed in Exhibit 12)				
21	Reinsurance Recoverables (Developed in Exhibit 12)				
Variance Change to Leverage on the basis that the insurer either writes at least 90% of its direct earned premium in one line or writes at least 90% of its direct earned premium in California. (Must be accompanied by Variance Request, subject to CDI approval)		No <input type="checkbox"/>			
Variance Change to Efficiency Standard (Must be accompanied by Variance Request, subject to CDI approval)					
* For all trend factors, the Projected Column should reflect the annual trend expressed as a percentage.					
** For New Programs, please see Rate Filing Instructions, Page 4.					

STATUTORY PAGE 14 CALENDAR YEAR DATA  
RECONCILIATION OF DIRECT EARNED PREMIUM DATA PER PROGRAM

	Program	Most Recent CDI File #	2nd Prior Year <u>2010</u>	1st Prior Year <u>2009</u>	Most Recent Year <u>2010</u>
1.	Dentists - CM	11-871	\$ 716,358	\$ 869,857	\$ 1,089,219
2.	Dentists - OC	11-871	\$ 135,188	\$ 183,240	\$ 231,795
3.	Physicians & Surgeons	08-11348	\$ 25,831,193	\$ 27,205,941	\$ 25,493,961
4.	Hospitals & Allieds	10-4352	\$ 153,404	\$ 210,341	\$ 945,106
5.			\$ -	\$ -	\$ -
6.			\$ -	\$ -	\$ -
7.			\$ -	\$ -	\$ -
8.			\$ -	\$ -	\$ -
9.			\$ -	\$ -	\$ -
10.			\$ -	\$ -	\$ -
	TOTAL		\$ 26,836,143	\$ 28,469,379	\$ 27,760,081
	Statutory Page 14		\$ 26,836,143	\$ 28,469,379	\$ 27,760,081
	Difference		\$ -	\$ -	\$ -

Explain the Differences:

This exhibit requires insurers to itemize each program until all data is reconciled to the corresponding annual statement line of insurance ( Statutory Page 14 ).

For residual market data, a filing number is not required.

**ADDITIONAL DATA REQUIRED BY STATUTE\***

<u>Calendar Year</u>	Year <u>2010</u>
<b>DATA</b>	
1. Number of claims outstanding at beginning of year	<u>230</u>
2. Number of claims during the year	<u>175</u>
3. Number of claims closed during the year	<u>200</u>
4. Number of claims outstanding at year's end ( (1) + (2) - (3) )	<u>205</u>
5. Unearned Premiums	<u>9,433,888</u>
6. Dollar amount of claims paid	<u>5,642,065</u>
7. Net loss reserves for outstanding claims excluding claims incurred but not reported	<u>6,452,000</u>
8. Net loss reserves for claims incurred but not reported	<u>54,404,000</u>
9. Losses incurred as a percentage of premiums earned - including IBNR	<u>30.80%</u>
10. Net investment gain or loss and other income or gain or loss allocated to the line.	<u>1,437,276</u>
11. Net income before federal and foreign income taxes ( line 10 plus line 15 )	<u>7,995,687</u>
12. Total number of policies in force on the last day of the reporting period	<u>1,949</u>
13. Total number of policies cancelled	<u>263</u>
14. Total number of policies non-renewed	<u>0</u>
15. Net underwriting gain or loss ( =CY earned premiums minus CY incurred loss minus CY incurred expense )	<u>6,558,410</u>
16. Separate allocations of expenses for:	
a) commissions and brokerage expense,	<u>2,126,175</u>
b) other acquisition costs,	<u>796,413</u>
c) general office expenses,	<u>87,886</u>
d) taxes, licenses and fees,	<u>650,133</u>
e) loss adjustment expense ( DCCE & AOE ), and	<u>1,669,150</u>
f) other expenses	<u>                    </u>

\*CIC 1857.7, CIC 1857.9 and CIC 1864

**MISCELLANEOUS FEES AND OTHER CHARGES**

Do any fees or installment finance charges apply to this program?

No ▼

If yes, identify the fee and the amount charged for each type of fee and for each transaction.

**INDIVIDUAL POLICY CHARGES**

	New Business	Renewals
<input type="checkbox"/> Policy fee	_____	_____
<input type="checkbox"/> Installment fee	_____	_____
<input type="checkbox"/> Installment finance charges ( ancillary income )	_____ APR	_____
<input type="checkbox"/> Endorsement fee	_____	_____
<input type="checkbox"/> Inspection fee	_____	_____
<input type="checkbox"/> Cancellation fee	_____	_____
<input type="checkbox"/> Reinstatement fee	_____	_____
<input type="checkbox"/> Late fee	_____	_____
<input type="checkbox"/> SR 22	_____	_____
<input type="checkbox"/> Non-sufficient funds ( NSF ) fee ( ancillary income )	_____	_____
<input type="checkbox"/> Membership dues ( ancillary income )	_____	_____
<input type="checkbox"/> Other, specify:	_____	_____

Except for installment finance charges, NSF fees, and membership dues, data relating to fees must be included in the ratemaking data, Page 7, Line 2 ( direct earned premium ) or Line 5 ( miscellaneous fees ) and Exhibit 6, miscellaneous fees, must be completed. Refer to the instructions for additional information.

**REQUEST FOR VARIANCE**

1. Identify each variance requested. ((See below (F)))
2. Identify the extent or amount of the variance requested and the applicable component of the ratemaking formula. [ Complete Exhibit 13 ]
3. Set forth the expected result or impact on the maximum and minimum permitted earned premium that the granting of the variance will have as compared to the expected result if the variance is denied. [ Complete Exhibit 13 ]
4. IMPORTANT: Identify the facts and their source justifying the variance request and provide the documentation supporting the amount of the change to the component of the ratemaking formula. (Complete Exhibit 13)

IDENTIFY THE BASES FOR VARIANCE - Refer to CCR 2644.27 (f) for the full regulation text.

Maximum Permitted Rate Change % Excluding Variance \_\_\_\_\_  
(Change At Max Per Template)

1.  Relief from the efficiency standard for bona fide loss-prevention and loss reduction activities.
- A.  Allocated cost for SIU.  
B.  Expenses for loss prevention programs.

Maximum Permitted Rate Change % With Only This Variance \_\_\_\_\_  
(Change At Max Per Template)

2.  Relief from the efficiency standard due to any of the following:
- A.  Higher quality of service, as demonstrated by objective measures of consumer satisfaction; or  
B.  Demonstrated superior service to underserved communities ( CCR 2646.6 ); or  
C.  Significantly smaller or larger than average California policy premium, including any applicable fees.

Maximum Permitted Rate Change % With Only This Variance \_\_\_\_\_  
(Change At Max Per Template)

3.  The leverage factor should be different from the leverage factor determined pursuant to section 2644.17 on the basis that the insurer either writes at least 90% of its direct earned premium in one line or writes at least 90% of its direct earned premium in California, and its mix of business presents investment risks different from the risks that are typical of the line as a whole.

Maximum Permitted Rate Change % With Only This Variance \_\_\_\_\_  
(Change At Max Per Template)

4.  Relief from operation of the efficiency standard for a line of insurance in which the insurer has never written over \$1 million in earned premium annually and the insurer is making a substantial investment in order to enter the market.

Maximum Permitted Rate Change % With Only This Variance \_\_\_\_\_  
(Change At Max Per Template)

5.  The minimum permitted earned premium should be lower on the basis of the insurer's certification that the rate will not cause the insurer's financial condition to present an undue risk to its solvency.

6.  The insurer's financial condition is such that its maximum permitted earned premium should be increased in order to protect solvency.

Maximum Permitted Rate Change % With Only This Variance \_\_\_\_\_  
(Change At Max Per Template)

7.  The loss development formula in CCR 2644.6 does not produce an actuarially sound result because:
- A.  There is not enough data to be credible  
B.  There is not enough years of data to fully calculate the development to ultimate;  
C.  There are changes in the insurer's reserving or claims closing practices that significantly affect the data; or,  
D.  There are changes in coverage or other policy terms that significantly affect the data; or,  
E.  There are changes in the law that significantly affect the data.  
F.  There is a significant increase or decrease in the amount of business written or significant changes in the mix of business.

Maximum Permitted Rate Change % With Only This Variance \_\_\_\_\_  
(Change At Max Per Template)

8. The trend formula in CCR 2644.7 does not produce the most an actuarially sound result because:

- A.  There is a significant increase/decrease in the amount of business written or changes in the mix of business;
- B.  There are not enough years of data to calculate the trend factor;
- C.  There is a significant change in the law affecting frequency or severity of claims;
- D.  It can be shown that a trend calculated over a period of at least 4 quarters other than a period permitted pursuant to section 2644.7(b) is more reliable prospectively.
- E.  There are changes in the insurer's claims closing practices that significantly affect the data; or,
- F.  There are changes in coverage or other policy terms that significantly affect the data.

Maximum Permitted Rate Change % With Only This Variance \_\_\_\_\_  
(Change At Max Per Template)

9.  The maximum permitted earned premium would be confiscatory if applied.

Maximum Permitted Rate Change % With Only This Variance \_\_\_\_\_  
(Change At Max Per Template)

Overall Maximum Permitted Rate Change % -2.63%

Notwithstanding any other section of these regulations, the aggregate total adjustment to the efficiency standard for all variances combined shall not exceed the difference between the insurer's most recent year total expense ratio excluding defense and cost containment expenses and the efficiency standard.

Most Recent  
Year Total  
Expense Ratio \_\_\_\_\_ %

**FORMS**

Insurers who wish to use a new or replacement form in connection with a new or existing program must furnish the following information and documentation for our review. Revisions must be highlighted, and the corresponding manual pages must be provided.

FORM NO.	TITLE	TYPE	SOURCE	FORM NO *	CATEGORY	Restricts Coverage [Yes/No]	Broadens Coverage [Yes/No]	Rate Impact [Yes/No]	% Change	Fiat Rate
1] New: 895	Representation Endorsement	2	3		3	no	no	no	n/a	n/a
Old:										
2] New:										
Old:										
3] New:										
Old:										
4] New:										
Old:										
5] New:										
Old:										

**REQUIRED RESPONSES FOR THE ITEMS ABOVE**

<b>TYPE:</b>	<b>SOURCE</b>	<b>CATEGORY</b>
1) Application	1) ISO*	1) New, mandatory
2) Endorsement	2) Other Advisory Organization*	2) New, optional
3) Policy	3) Company	3) Replacement, mandatory
4) Other ( Please define )	4) Other (describe)	4) Replacement, optional
		5) Withdrawn, mandatory
		6) Withdrawn, optional

\* Provide California Dept. of Insurance number ( CD# ) under the column identified as Source Form No.

**Additional Information and Documents Required**

Describe the purpose of the form or form change

For **NEW FORMS**, furnish a copy of the form to be filed, unless identical to an advisory organization form. If the form is a new endorsement to the policy, describe any changes in coverage under the policy. Describe what adjustments, if any, will be made to the premium due to the introduction of the forms.

For **REVISED FORMS**, describe any changes in coverages between the proposed form and the current form. Reference pertinent sections of each form affected. Brackets [ ] should be used to identify any deletions on the current form and underline all changes in the revised form. Describe what adjustments, if any, will be made to the premium due to the revisions.

## RULES

Insurers wishing to make a rule change filing must provide the following information.  
Exhibit 20 may be completed to provide additional information.

Identify the option(s) that applies.

- Introducing a new rule
- Revising an existing rule
- Adopting an approved Advisory Organization rule
- Withdrawing an approved rule

Use the following as a checklist to provide the required information.

If introducing a new rule or revising an existing rule, provide:

The purpose for the rule or an explanation for revising an existing rule

A copy of the current and proposed manual page corresponding to the rule

The charge for the rule. Support or justify the charge and provide the rate or premium development method.

The rate impact of the rule to the current book of business, showing the calculation.

Advise if the rule is: Optional  Mandatory

If withdrawing an approved rule, provide:

An explanation for withdrawing the rule

A copy of the current and proposed manual page(s) corresponding to the withdrawn rule

The rate impact of the withdrawn rule to the current book of business

If adopting an approved Advisory Organization rule(s), specify the approved CDI filing number(s) of the AO rule(s):

Insurer Comments:

## EXCLUDED EXPENSE FACTOR

(Insurer Group Data)

Company Organization:

	(Enter Year)	2nd Prior Year 2008	1st Prior Year 2009	Most Recent Year 2010
Countrywide direct earned premium:		682,188,010	668,482,265	645,451,463
Countrywide direct earned premium for lines of business subject to Proposition 103:		682,188,010	668,482,265	645,451,463

### 2644.10 (b): Executive Compensation

	2nd Prior Year 2008		1st Prior Year 2009		Most Recent Year 2010	
	Cash & Salary	Bonus	Cash & Salary	Bonus	Cash & Salary	Bonus
1st Highest Paid	750,000	904,500	749,567	1,489,500	749,567	1,852,500
2nd Highest Paid	258,462	282,402	268,396	448,252	274,231	565,152
3rd Highest Paid	198,077	180,508	204,012	292,852	205,000	382,152
4th Highest Paid	195,077	174,779	199,367	277,279	205,000	339,034
5th Highest Paid	198,923	156,884	204,164	259,491	200,000	342,779

	2nd Prior Year 2008		1st Prior Year 2009		Most Recent Year 2010	
	Max Permissible Exc Comp	Excessive Compensation	Max Permissible Exc Comp	Excessive Compensation	Max Permissible Exc Comp	Excessive Compensation
1st Highest Paid	439,320	1,215,180	435,715	1,803,352	429,557	2,172,510
2nd Highest Paid	272,426	268,438	270,503	446,145	267,213	572,170
3rd Highest Paid	221,701	156,884	219,989	276,875	217,062	370,090
4th Highest Paid	196,677	173,179	195,253	281,393	192,818	351,216
5th Highest Paid	176,771	179,036	175,548	288,107	173,456	369,323

Total Excessive Executive Comp: 1,992,718 3,095,872 3,835,310

## Excluded Expense Factor

Countrywide Data	2nd Prior Year 2008	1st Prior Year 2009	Most Recent Year 2010
2644.10 (a): Political contribution and lobbying	0	0	0
2644.10 (b): Excessive Executive Compensation	1,992,718	3,095,872	3,835,310
2644.10 (c): Bad faith judgments and associated DCCE	261,368	6,323,504	0
2644.10 (d): All costs for unsuccessful defense of discrimination claims	0	0	0
2644.10 (e): Fines and penalties	41,254	42,361	87,057
2644.10 (f): Institution advertising expenses	0	0	0
2644.10 (g): Excessive payments to affiliates	0	0	0
<b>Total excluded expenses</b>	<b>2,295,340</b>	<b>9,461,737</b>	<b>3,922,367</b>
<b>Excluded expense factor</b>	<b>0.34%</b>	<b>1.42%</b>	<b>0.61%</b>
<b>3-year average excluded expense factor</b>	<b>0.79%</b>		

PROJECTED YIELD AND FEDERAL INCOME TAX RATE ON INVESTMENT INCOME

Line number	Short Term Assets	Intermediate Term Assets		Long Term Assets	
	One year or less	Over 1 yr through 5 yrs	Over 5 yrs through 10 yrs	Over 10 yrs through 20 yrs	Over 20 yrs
1.7 US governments	200,622,780	6,021,363	143,149	0	0
2.7 All other governments	0	0	0	0	0
3.7 States, territories and possessions	57,840,950	91,760,259	0	0	0
4.7 Political subdivisions	62,641,992	188,006,944	0	0	0
5.7 Special revenue and assessment obligations	52,575,373	240,751,792	1,106,852	869,038	1,929,756
6.7 Public utilities unaffiliated	0	0	0	0	0
6.7 Industrial and miscellaneous	8,711,241	175,626,322	301,914,877	1,624,743	15,598,233
7.7 Credit tenant loans	0	0	0	0	0
9.7 Parent, subsidiaries and affiliates	0	0	0	0	0
	<u>One year or less</u>	<u>Over 1 year through 10 years</u>		<u>Over 10 years</u>	
(1) US government bonds Sum of line 1.7 and 2.7	200,622,780	6,164,512		0	
(2) Other taxable bonds Sum of line 6.7, 7.7, 8.7, 9.7 and half of 5.7	34,998,928	598,470,521		18,622,373	
(3) Tax exempt bonds Sum of line 3.7, 4.7, and half of 5.7	146,770,629	400,696,525		1,399,397	

Data on line 1.7 through 9.7 are from the insurer group's most recent consolidated statutory annual statement, schedule D, part 1A, section 1.

**PROJECTED YIELD AND FEDERAL INCOME TAX RATE ON INVESTMENT INCOME**

	Invested Assets [1]	Currently Available Yield * [2]	Return On Invested Assets [3]=[1]*[2]	Federal Income Tax Rate [4]	Federal Income Taxes [5]=[3]*[4]
(1) US government bonds					
(A) Short	200,622,780	0.13%	254,122	35.00%	88,943
(B) Intermediate	6,164,512	3.46%	213,292	35.00%	74,652
(C) Long	0	4.32%	0	35.00%	0
(2) Other taxable bonds					
(A) Short	34,998,928	0.25%	86,331	35.00%	30,216
(B) Intermediate	598,470,521	4.55%	27,259,117	35.00%	9,540,691
(C) Long	18,622,373	5.41%	1,007,395	35.00%	352,588
(3) Tax exempt bonds					
(A) Short	146,770,629	0.16%	235,322	5.25%	12,354
(B) Intermediate	400,696,525	3.37%	13,512,301	5.25%	709,396
(C) Long	1,399,397	5.12%	71,668	5.25%	3,763
(4) Common Stock	343,767,107				
(A) Dividends		1.65%	5,672,157	14.18%	804,028
(B) Capital gains		8.53%	29,330,973	34.10%	10,001,862
(5) Preferred stock dividends	0	5.75%	0	14.18%	0
(6) Mortgage loans	0	5.41%	0	35.00%	0
(7) Real estate	9,574,493	4.18%	400,427	35.00%	140,149
(8) Cash**	532,867,299	0.13%	674,965	35.00%	236,238
(9) Other***	4,799,723				
(A) Dividends		1.65%	79,195	14.18%	11,226
(B) Capital gains		8.53%	409,523	34.10%	139,647
(10) Total Sum of line (1) thru (9)	2,298,754,286		79,206,789		22,145,753

Data in column [1], line 4 through (9), are from the insurer group's most recent consolidated statutory annual statement page 2 - Assets.

\* Currently available yields are defined in CCR §2644.20. Latest values are posted at <http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/0200-prior-approval-factors/>

\*\* Annual statement page 2, line 5, cash only. Cash equivalents and short-term investments are included in Schedule D.

\*\*\* Annual statement page 2, line 6 through 9.

**PROJECTED YIELD AND FEDERAL INCOME TAX RATE ON INVESTMENT INCOME**

	Invested Assets [1]	Currently Available Yield [2]	Return On Invested Assets [3]=[1]*[2]	Federal Income Tax Rate [4]	Federal Income Taxes [5]=[3]*[4]
(10) Total line (10) exhibit 13, page 2	<u>2,298,754,286</u>		<u>79,206,789</u>		<u>22,145,753</u>
(11) Investment expense Annual Statement (AS) page 11, line 25			<u>1,542,696</u>	35.00%	<u>539,944</u>
(12) Total after investment expense line (10) - line (11)	<u>2,298,754,286</u>		<u>77,664,093</u>		<u>21,605,810</u>
(13) Federal income tax rate line (12) column [5] / column [3]				<b>27.82%</b>	
(14) Projected yield on invested assets line (12) column [3] / column [1]		<b>3.38%</b>			
Most Recent Year					
(15) Loss reserves AS page 3, line 1	<u>844,182,682</u>				
(16) Loss adjustment expense reserves AS page 3, line 3	<u>388,595,971</u>				
(17) Unearned premium reserves AS page 3, line 9	<u>165,562,712</u>				
(18) Surplus as regards to policyholders AS page 3, line 35	<u>755,707,455</u>				
(19) Total reserves and surplus Sum of line (15) to (18)	<u>2,154,048,820</u>				
(20) Projected yield adjusted to reserve and surplus base line (14) * line (12) / line (19)		<b>3.61%</b>			

<b>RATE TEMPLATE</b>				<i>Edition Date:</i>	4/4/2011
<i>(No Input by filer)</i>					
CDI FILE NUMBER:	0				
COMPANY/GROUP:	The Medical Protective Company				
LINE OF INSURANCE:	MEDICAL MALPRACTICE				
COVERAGE:	Claims Made & Occurrence				
PRIOR EFF DATE:	10/1/2005			<i>Completed by:</i>	William Spoerner
PROPOSED EFF DATE:	1/1/2012			<i>Date:</i>	6/30/2011
<b>DATA PROVIDED BY FILER</b>					
	Year:	2008	2009	2010	
		PRIOR2	PRIOR1	RECENT	PROJECTED/ SUMMARY
WRT PREM		27,012,024	27,659,739	26,591,935	81,263,698
ERN PREM		25,831,193	27,205,941	25,493,961	78,531,095
PREM ADJ		1.000	1.000	1.000	
PREM TREND		1.000	1.000	1.000	0.000
MISCELLANEOUS FEES (& other flat charges)		0	0	0	0
EARNED EXP		1,461	1,643	1,659	4,763
LOSSES		4,088,507	2,827,998	1,832,000	8,548,505
DCCE		5,198,058	4,661,150	1,669,150	11,528,358
LOSS DEV		1.268	1.938	4.332	
DCCE DEV		1.169	1.543	4.300	
LOSS TREND		1.167	1.128	1.090	0.035
DCCE TREND		1.167	1.128	1.090	0.035
CAT ADJ		1.000	1.000	1.000	
CREDIBILITY					61.00%
EXPENSE EXCLUSION FACTOR					0.79%
ANC INC		0	0	0	0
FIT INV					27.82%
YIELD					3.61%
<b>CDI PARAMETERS:</b>					
FIT UW					35.00%
EFF STANDARD					30.71%
LEVERAGE					0.51
PREMIUM TAX RATE					2.35%
SURPLUS RATIO					1.96
UEP RES RATIO					0.46
LOSS RES RATIO					4.64
RISK FREE RATE OF RETURN					2.09%
MAXIMUM RATE OF RETURN					8.09%
MINIMUM RATE OF RETURN					-6.00%
<b>CDI CALCULATIONS:</b>					
ADJ PREM		25,831,193	27,205,941	25,493,961	78,531,095
ADJUSTED LOSSES		6,052,424	6,182,329	7,704,391	19,939,143
ADJUSTED DCCE		7,095,897	8,112,340	7,822,784	23,031,022
<b>ADJUSTED LOSS+DCCE RATIO</b>		<b>50.90%</b>	<b>52.54%</b>	<b>60.91%</b>	<b>54.72%</b>
TRENDED CURRENT RATE LEVEL PREMIUM		17677.54	16558.31	15367.35	16486.87
LOSS+DCCE PER EXP		8998.03	8700.14	9359.53	9021.18
COMP LOSS+DCCE PER EXP		13595.06	12734.30	11818.39	12679.36
CRED LOSS PER EXP		10790.87	10273.46	10318.49	10447.87
ANC INC PER EXP		0.00	0.00	0.00	0.00
FIXED INV_INC FACTOR					18.58%
VAR INV_INC FACTOR					9.70%
ANNUAL NET TREND					3.50%
COMP TREND					14.75%
MAX PROFIT					24.42%
MIN PROFIT					-18.11%
UW PROFIT					2.27%
MAX DENOM					0.546
MIN DENOM					0.971
MAX PREMIUM					\$15,589.42
MIN PREMIUM					\$8,761.08
CHANGE AT MIN					-46.86%
<b>CHANGE AT MAX</b>					<b>-5.44%</b>
<b>Alternate Calculation with Reinsurance</b>					
COMMISSION RATE					0.00%
RE PREM		-	-	-	0
RE RECOV		-	-	-	0
RE PREM PER EXP		0.00	0.00	0.00	0.00
RE RECOV PER EXP		0.00	0.00	0.00	0.00
COMP LOSS RE		13595.06	12734.30	11818.39	12679.36
RMAX PREMIUM					NA
RCHANGE AT MAX					NA

May 2011

Blended Captive Direct Indep  
 ES: 31.50% 24.18% 25.38% 33.17%

**EFFICIENCY STANDARD TABLE**  
 SOURCE 2007 - 2009 ROLLING AVG  
 DATE REVISED: 2/10/2011

Line	Captive	Direct	Indep	Line Description
1.0	39.33%	19.17%	32.04%	FIRE
2.1	40.67%	20.08%	29.42%	ALLIED LINES
3.0	33.24%	43.08%	33.53%	FARMOWNERS MULTIPLE PERIL
4.0	36.21%	27.65%	37.12%	HOMEOWNERS MULTIPLE PERIL
5.0	34.65%	42.03%	38.18%	COMMERCIAL MULTIPLE (5.1 & 5.2 Combined)
5.1	35.79%	42.30%	37.12%	COMMERCIAL MULTIPLE PERIL(NON-LIABILITY)
5.2	31.97%	39.07%	39.69%	COMMERCIAL MULTIPLE PERIL(LIABILITY)
9.0	39.06%	25.63%	28.76%	INLAND MARINE
11.0	24.18%	25.38%	33.17%	MEDICAL MALPRACTICE
11.1	24.18%	25.38%	33.17%	MEDICAL MALPRACTICE(occ)
11.2	24.18%	25.38%	33.17%	MEDICAL MALPRACTICE (cm)
12.0	18.07%	17.08%	22.90%	EARTHQUAKE
17.0	32.55%	26.99%	30.50%	OTHER LIABILITY
17.1	32.55%	26.99%	30.50%	OTHER LIABILITY (occ)
17.2	32.55%	26.99%	30.50%	OTHER LIABILITY (cm)
18.0	24.58%	22.59%	31.36%	PRODUCTS LIABILITY
18.1	24.58%	22.59%	31.36%	PRODUCTS LIABILITY (occ)
18.2	24.58%	22.59%	31.36%	PRODUCTS LIABILITY (cm)
19.2	34.03%	26.81%	36.40%	PRIVATE PASSENGER AUTO LIABILITY
19.4	35.77%	31.98%	34.39%	COMMERCIAL AUTO LIABILITY
21.1	34.42%	27.28%	35.01%	PRIVATE PASSENGER AUTO PHYSICAL DAMAGE
21.2	34.41%	35.11%	36.30%	COMMERCIAL AUTO PHYSICAL DAMAGE
22.0	34.10%	34.10%	26.57%	AIRCRAFT
23.0	33.45%	46.91%	32.18%	FIDELITY
24.0	43.84%	43.84%	43.84%	SURETY
26.0	30.37%	30.37%	30.37%	BURGLARY & THEFT
27.0	36.00%	27.67%	39.23%	BOILER & MACHINERY

**LEVERAGE RATIO TABLE**

SOURCE: Bests Aggregates and Averages, 2010 Edition

DATE REVISED: 10/15/2010

Line	LF	Line Description
1.0	1.2239	Fire
2.1	1.2232	Allied Lines
3.0	1.3061	Farmowners
4.0	1.2665	Homeowners
5.1	1.2062	CMP - NL
5.2	0.5704	CMP - Liab.
5.0	0.8614	CMP
9.0	1.3135	Inland Marine
11.1	0.3440	Med. Mal. Occ.
11.2	0.5916	Med. Mal. cm.
11.0	0.5096	Med. Mal.
12.0	1.0000	Earthquake
17.1	0.4802	O. Liab. Occ.
17.2	0.5835	O. Liab. cm.
17.0	0.5081	O. Liab.
18.1	0.2759	Products - Occ.
18.2	0.5862	Products - cm.
18.0	0.3027	Products
19.2	1.0840	PP Auto Liab.
19.4	0.8037	C. Auto Liab.
21.1	1.7527	PP Auto PD
21.2	1.3809	Comm Auto PD
22.0	0.7175	Aircraft
23.0	0.8986	Fidelity
24.0	0.9888	Surety
26.0	1.2363	Burglary & Theft
27.0	1.1762	Boiler & Mach.

RESERVES RATIO TABLE

SOURCE: AM Best's Aggregates & Averages - Property Casualty, 2010 Edition

DATE REVISED: 9/21/2010

LINE	UEP	LOSS	Line Description
1	0.48	0.98	FIRE
2.1	0.47	1.20	ALLIED LINES
3	0.47	1.90	FARMOWNER MP
4	0.52	1.14	HOMEOWNER MP
5	0.50	2.87	CMP
5.1	0.49	1.12	CMP (N-LIAB)
5.2	0.50	5.16	CMP (LIAB)
9	0.36	0.68	INLAND MRN
11.0	0.46	4.64	MED MAL
11.1	0.58	5.56	MED MAL - occurrence
11.2	0.42	4.21	MED MAL - claims-made
12.0	0.47	1.00	EARTHQUAKE
17.0	0.52	4.41	OTHER LIAB
17.1	0.54	5.21	OTHER LIAB - occurrence
17.2	0.51	3.28	OTHER LIAB - claims-made
18.0	0.52	5.44	PROD LIAB
18.1	0.53	5.63	PROD LIAB - occurrence
18.2	0.43	3.85	PROD LIAB - claims-made
19.2	0.33	1.14	PPA LIAB
19.4	0.45	2.66	COMLA LIAB
21.1	0.33	0.09	PPA PD
21.2	0.51	0.32	COMLA PD
22.0	0.40	2.79	AIRCRAFT
23.0	0.57	2.62	FIDELITY
24.0	0.56	2.52	SURETY
26.0	0.59	0.91	BRGLRY THEFT
27.0	0.45	1.19	BLR & MCHNRY

## Loss Cost Multiplier (LCM) Template Instructions

The LCM Template spreadsheet must be completed for those rate filing submissions where the filed line or coverage utilizes a Loss Cost Multiplier. Examples include new or existing program rate filings that involve the adoption of Advisory Organization loss costs, and existing program rate filings where the LCM is being revised.

There are a number of data cells on the LCM Template spreadsheet that automatically populate either by reference to cells on other spreadsheets or by formula calculation. However there are five lines within the LCM Template spreadsheet for which additional data entry is required. The first three data entry items pertain to rate filing submissions that include an adoption of Advisory Organization loss costs. The last two data entry items are required only for existing programs.

*Complete the following for existing and new program rate filings when Advisory Organization loss costs are being adopted:*

Spreadsheet Item #1.1 CDI Filing Number – Please enter the CDI filing number of the Advisory Organization loss cost filing being adopted. If additional loss cost updates are being covered, please also identify the CDI filing number(s) of the additional loss cost updates being covered.

Spreadsheet Item #1.2 Loss Cost Percent Change Approved for the Line or Coverage – Please enter the CDI percent change approved for the Advisory Organization loss cost filing identified as Item #1.1. If multiple loss cost updates are being covered, identify the cumulative percent change approved.

Spreadsheet Item #1.3 AOE or LAE Load Approved for the Line or Coverage – As identified within the Advisory Organization loss cost filing entered as Item #1.1, please indicate the type of AOE or LAE expense loading the Advisory Organization used in its loss cost filing *and* enter the load amount.

*Complete the following for existing programs only; do not complete the following for new program filings:*

Spreadsheet Item #2.1 Current Expense Based LCM – Please enter the current expense based LCM for the filed line/coverage.

Spreadsheet Item #2.2 Current Loss Cost Modification Expressed as a Factor – Please enter the current Loss Cost Modification Factor applicable to the current expense based LCM.

Spreadsheet Items #3 through #7 are calculated fields.

Spreadsheet Item #3 calculates the insurer's current Final LCM.

Spreadsheet Item #4 calculates the Advisory Organization's AOE as a percent of loss and DCCE.

Spreadsheet Item #5 calculates the maximum CDI allowable expense based LCM for the filed line/coverage.

Spreadsheet Item #6 calculates the maximum CDI allowable loss cost modification factor for the filed line/coverage.

Spreadsheet Item #7 calculates the **maximum CDI allowable Final LCM** for the filed line/coverage. If the Insurer's current Final LCM (Item #3) and/or proposed Final LCM is greater than the Max Final LCM (Item #7), the Insurer will need to reduce its Final LCM so that it is no greater than the CDI calculated maximum allowable Final LCM. Otherwise, exceeding the CDI calculated maximum allowable Final LCM will require the filing of a Variance.

# LCM TEMPLATE

*Edition Date:*

4/4/2011

**CDI FILE NUMBER:** 0  
**COMPANY/GROUP:** The Medical Protective Company  
**LINE OF INSURANCE:** MEDICAL MALPRACTICE  
**LINE CODE:** 11  
  
**COVERAGE:** Claims Made &

## ADVISORY ORGANIZATION FILING INFORMATION

1 For filings that include an adoption of Advisory Organization loss costs, complete lines 1.1, 1.2, and 1.3; for all other filings skip lines 1.1, 1.2 and 1.3, and go to line 2.

1.1 CDI Filing Number		<input style="width: 95%;" type="text"/>
1.2 Loss Cost Percent Change Approved for the Line or Coverage		<input style="width: 95%;" type="text"/>
1.3 AOE or LAE Load Approved for the Line or Coverage	Type of Load	Amount of Load
	(LOSS+DCCE+AOE)/LOSS	<input style="width: 95%;" type="text"/>

## COMPANY LCM INFORMATION

2 If this is a New Program filing, skip lines 2.1 and 2.2 and review the Max\_Final LCM result on line 7; for all other filings complete lines 2.1 and 2.2.

2.1 Current <u>Expense Based</u> LCM	<input style="width: 95%;" type="text"/>
2.2 Current Loss Cost Modification Expressed as a Factor (see examples below)	<input style="width: 95%;" type="text"/>

Example 1: If the company's loss cost modification is +15%, enter 1.15  
 Example 2: If the company's loss cost modification is -10%, enter 0.9  
 Example 3: If the company currently does not apply a loss cost modification factor, enter 1.0

3 Insurer's Current <u>Final</u> LCM (Line 2.1 * Line 2.2)	NA	
4 Advisory Organization's AOE as a Percent of Loss and DCCE (Derived from Line 1.3 and the IncLoss&DCCE page)	-1.000	
5 Max_Expense Based Loss Cost Multiplier	N/A	10447.87233
6 Max_Loss Cost Modification (Existing program only) Max_Loss Cost Modification for new program is 1.0	N/A	
7 Max_Final LCM (Line 5 * Line 6)	#VALUE!	

**INCURRED LOSS AND DCCE EXHIBIT**

Source: 2008 Edition of Best's Aggregates &amp; Averages, Statement File Supplement - Insurance Expense Exhibit

Revised: 2/17/2009

Line	Line Description	INC LOSS	DCCE
1.0	FIRE	4,016,127	151,767
2.1	ALLIED LINES	3,394,918	216,167
3.0	FARM OWNERS MULTIPLE PERIL	1,473,328	55,438
4.0	HOMEOWNERS MULTIPLE PERIL	31,520,720	899,394
5.0	COMMERCIAL MULTIPLE PERIL (COMBINED)	15,043,900	3,062,099
5.1	COMMERCIAL MULTIPLE PERIL(NON-LIABILITY)	9,640,109	667,280
5.2	COMMERCIAL MULTIPLE PERIL(LIABILITY)	5,403,791	2,394,819
9.0	INLAND MARINE	5,314,416	125,783
11.0	MEDICAL MALPRACTICE (Combined)	4,334,271	2,067,254
11.1	MEDICAL MALPRACTICE (Occurrence)	4,334,271	2,067,254 *
11.2	MEDICAL MALPRACTICE (Claims-made)	4,334,271	2,067,254 *
12.0	EARTHQUAKE	-32,814	-2,659
17.0	OTHER LIABILITY (Combined)	27,204,022	7,099,766
17.1	OTHER LIABILITY (Occurrence)	27,204,022	7,099,766 *
17.2	OTHER LIABILITY (Claims-made)	27,204,022	7,099,766 *
18.0	PRODUCTS LIABILITY (Combined)	1,611,095	1,423,559
18.1	PRODUCTS LIABILITY (Occurrence)	1,611,095	1,423,559 *
18.2	PRODUCTS LIABILITY (Claims-made)	1,611,095	1,423,559 *
19.2	PRIVATE PASSENGER AUTO LIABILITY	61,960,518	3,457,812
19.4	COMMERCIAL AUTO LIABILITY	11,819,076	1,416,766
21.1	PRIVATE PASSENGER AUTO PHYSICAL DAMAGE	38,742,126	223,827
21.2	COMMERCIAL AUTO PHYSICAL DAMAGE	3,674,613	72,844
22.0	AIRCRAFT	1,608,088	149,853
23.0	FIDELITY	476,389	39,573
24.0	SURETY	962,488	256,711
26.0	BURGLARY & THEFT	28,019	2,792
27.0	BOILER & MACHINERY	376,293	17,336
33	MISCELLANEOUS	2,087,451	26,788

\* line totals are used for occurrence and claims-made policies.

bit, Part III -Total US PC Industry - (\$000 omitted).

**THE MEDICAL PROTECTIVE COMPANY**

**CALIFORNIA**

**PHYSICIANS & SURGEONS PROGRAM**

**ACTUARIAL MEMORANDUM**

The Actuarial Memorandum provides the commentary for the enclosed Exhibits 1-20 that are prepared in support of the California Department of Insurance's (CDI) Prior Approval Rate Application.

**EXHIBIT 1:**

Exhibit 1 provides the CDI numbers for any filings submitted in the last three years for this program. The Company's most recent rate filing for the Physicians and Surgeons program was submitted in advance of the 10/1/2005 effective date.

**EXHIBIT 2:**

Exhibit 2 provides rate level changes for the most recent five years for this program. The most recent rate filing was effective more than five years ago.

**EXHIBIT 3:**

Exhibit 3 is not applicable to this program.

**EXHIBIT 4:**

Exhibit 4 develops the premium adjustment factors utilizing a parallelogram method. The premium adjustment factors applicable to years 2008-2010 are all one since the most recent rate filing was effective 10/1/2005.

**EXHIBIT 5:**

This program is exempt from the promulgated method of calculating premium trend factors (in accordance with 2644.4(d)) since it applies to medical professional liability and it has been determined that no premium trend is necessary.

**EXHIBIT 6:**

Exhibit 6 is not applicable to this program.

## **EXHIBIT 7:**

This program is exempt from the promulgated method of calculating loss and allocated loss adjustment expense (alae) development factors (in accordance with 2644.4(d)) since it applies to medical professional liability.

The analysis of the physicians' and surgeons' loss and alae development was based on total limits experience for accident/report years 1999 through 2010 valued as of 12/31/2010. Exhibit 7A summarizes the projected loss and alae, developed separately, for the Claims-Made (CM) and Occurrence (Occ) segments of the physicians' and surgeons' program. These projected ultimate values are combined and compared to the incurred to date values to derive implied development factors for loss and alae, respectively.

The ultimate projections for the loss (CM and Occ) and alae (CM and Occ) components were based on six methods and each component is presented in the following configuration:

1. Summary of Projections
2. Paid Development
3. Incurred Development
4. Trended Frequency/Severity
5. Trended Pure Premium
6. Incurred Bornhuetter-Ferguson
7. Incurred Cape Cod

The Paid and Incurred Development techniques were given equal weight in the selection of the ultimate values for years 2001 through 2007 for both loss and alae. The selection of ultimate values for 2008 through 2010 were based on an average of the Frequency/Severity, Pure Premium, Bornhuetter-Ferguson and Cape Cod methods, unless otherwise noted. Exhibits 7B (1) (CM Loss), 7C (1) (Occ Loss), 7D (1) (CM ALAE) and 7E (1) (Occ ALAE) summarize the results of the individual methods and the selected ultimates.

The Trended Frequency/Severity technique for the CM and Occ loss projections, presented in Exhibits 7B(4) and 7C (4), relied on a loss severity trend of 2.0% that is based upon California National Practitioners' Data Bank (NPDB) indemnity payments on closed claims for calendar years 1998 through 2010. Exhibit 8C (1) and 8C (2) present the evaluation of the Company's loss severity and the CA NPDB closed claim severity, respectively. An evaluation of the Company's historical loss severity proved to be exceedingly variable and did not provide a sound basis for the determination of a loss trend.

The loss projections for accident/report years 2001-2007 are divided by the projected paid counts (refer to Exhibit 7G (1)) to derive the loss severities. The loss severities were adjusted to a 2008 cost level assuming a 2.0% severity trend and various weighted averages were considered. A loss severity was selected for 2008 and trended forward for 2009-10. The product of the trended severities and the projected paid counts resulted in the projected losses for accident/report years 2008-2010.

Similar Trended Frequency/Severity projections are presented in Exhibits 7D (4) and 7E (4) for the projection of alae ultimates. The Company's alae severity per reported count was evaluated in Exhibit 8D. In this case, a trend of 3.5% was selected for alae and the 2001-2007 alae severities were adjusted to a 2008 cost level. An alae severity was selected for 2008 and trended forward at 3.5% annually to derive the 2009-10 severities. The product of the trended severities and the projected reported counts (refer to Exhibit 7F (1)) resulted in the projected alae for accident/report years 2008-2010.

The Trended Pure Premium projections for loss and alae are presented in Exhibits 7B (5), 7C (5), 7D (5) and 7E (5). This projection method adjusts the pure premiums derived from the 2001-2007 ultimates to a 2008 cost level utilizing the loss trend of 2.0% and alae trend of 3.5%. Recognizing that claim frequencies were higher during the period 2001-2004, greater weight was placed on the trended pure premiums derived for 2005-2007 in the selection of the 2008 pure premium. The 2008 pure premium selection was trended forward in each exhibit to derive the 2009-10 pure premiums. The product of these values and the base class equivalent exposures resulted in the projected loss and alae.

An Incurred Bornhuetter-Ferguson projection method is presented for loss and alae in Exhibits 7B (6), 7C (6), 7D (6) and 7E (6). The a priori ultimate for 2005 through 2008 is based on the prior three years trend and exposure adjusted selected ultimates in the corresponding summary exhibit. For those years that utilize 2008-2009 projections in the derivation of the a priori ultimate, the average of Trended Frequency/Severity and the Trended Pure Premium projections are used in place of a selected ultimate. The percent unreported is derived from the incurred development pattern and this value is multiplied by the a priori ultimate to imply an estimated IBNR. The estimated IBNR is combined with the incurred to date to derive the projected ultimate.

Exhibits 7B (7), 7C (7), 7D (7) and 7E (7) presents the Incurred Cape Code projection method for loss and alae within each coverage segment. This technique begins with an a priori ultimate based on the selected ultimate for accident/report years 2001-2007. For 2008-10 the a priori ultimate is the average of the Trended Frequency/Severity and the Trended Pure Premium projections. The a priori ultimate is trended to a 2010 cost level utilizing the previously determined trends of 2.0% for loss and 3.5% for alae. The trended ultimates are divided by the corresponding claim counts to calculate a severity for each year. A three year weighted severity is then calculated for each year based on the prior three years. The product of the weighted severity and the corresponding claim count results in the expected ultimate. The product of the percent unreported, derived from the incurred development pattern, and the expected ultimate is divided by the trend index to adjust the unreported to a current cost basis. The unreported is combined with the incurred to date to calculate the projected ultimate.

Exhibits 7F, 7G, 7H and 7I present the development of the reported count and paid count projections for the CM and Occ segments, respectively. These projections are used throughout the analysis to derive the required severities and to evaluate frequency trends across the experience period. Although there is a discernable drop in frequency since 2004, the general level of claim frequency beginning in has been relatively flat. As such, the methods utilized in the projections have put a greater emphasis on the experience since 2004 and essentially assumed frequency will remain flat.

### **EXHIBIT 8:**

This program is exempt from the promulgated method of calculating frequency and severity trend factors (in accordance with 2644.4(d)) since this filing is for medical professional liability.

Exhibit 8A summarizes the determination of the trend factors to be applied in this filing. The trend factors are based on a 3.5% annualized trend assuming an assumed effective date of January 1, 2012.

Exhibit 8B provides a summary of the analysis of the loss and alae pure premium, loss and alae severity and reported frequency trends based on the experience for the period 2000 through 2010. Based on the results of the various regressions on these data sets, the Company has determined that a frequency trend of 0% and a severity trend of 3.5% are appropriate for adjusting accident/report year experience for 2008 through 2010 to the prospective cost level associated with an assumed effective date of January 1, 2012.

Exhibits 8C (1) and 8C (2) summarize the analysis of loss severity that led to the assumed severity trend of 2.0% utilized in the loss experience projections. Exhibit 8C (1) examined the indicated loss severities derived from the Company's experience and Exhibit 8C (2) examined the severity trends derived from the CA NPDB data at \$1M limits. The Company's experience base has grown, but the historical data tends to be too variable to be used as the basis for determining an appropriate severity trend. As such, the Company has relied on the CA NPDB data which provided more reliable indications of severity trend.

Exhibit 8D summarizes the analysis of alae severity trend that was used to derive the assumed severity trend of 3.5% utilized in the alae experience projections. This exhibit evaluated the alae severities for the experience period 2000 through 2007. The Company's alae experience has proved to be more stable than the loss experience and has provided a more reliable basis for the assessment of alae severity trend.

### **EXHIBIT 9:**

Exhibit 9 is not applicable to this program.

### **EXHIBIT 10:**

The Company assigns credibility based on an incurred claim\_standard of 683 claims. This standard is based on the classical credibility model described in the Casualty Actuarial Society's text, "Foundations of Casualty Actuarial Science." The criterion for 100% credibility is 683 incurred claims, implying that the selected estimated value is within 7.5% of the true value with 95.0% certainty.

**EXHIBIT 11:**

Exhibit 11 is not applicable to this program.

**EXHIBIT 12:**

Exhibit 12 is not applicable to this program.

**EXHIBIT 13:**

The only variance which the Company is applying for in this filing is identified in the Prior Approval Rate Application and is based on the variance change to the Leverage Ratio on the basis that the Company writes at least 90% of its direct earned premium in one line. In 2010, medical professional liability represented 100% of the Company's direct earned premium in California and 99.5% of the Company's direct earned premium countrywide.

**EXHIBIT 14:**

The Company has based the overall impact of the proposed base rate and class plan revisions on the rate indication of -2.6% derived in the CDI Prior Approval Rate Application. No other alternative or independent rate indication has been included with this filing.

**EXHIBIT 15:**

Exhibit 15 presents the proposed manual rates by class and territory, reflecting the proposed class plan revisions and base rate change. Since there are no changes in the territory relativities, the proposed manual rate changes by classification and percentage of policyholders is provided in greater detail in the subsequent exhibit.

**EXHIBIT 16:**

Proposed revisions to MedPro's Physicians & Surgeons classification plan are typically determined by incorporating a number of considerations including: a review of the classification relativities of other carriers, an analysis of MedPro claim experience, the credibility of the classification data, an evaluation of stability issues and underwriting judgment. In this particular instance, the Company has relied primarily upon the classification relativities of the leading medical malpractice carriers in the state.

Exhibit 16 (1) provides a comparison of the current and proposed rates by class/territory. The overall rate differential for each class is determined. Exhibit 16 (2) summarizes a comparison of the Company's current rate relativities with those of TDC, Norcal and MIEC. In each case, the Company reviewed the variation in the classification relativities' of the competitors relative to the current rate relativity in the Company's class plan. As a result of that review, it was determined

that each classification should be 1) either raised or lowered one class, so as to reasonably reflect the range of relativities used in the market; 2) move the current relativity closer to the range of relativities utilized by these carriers or; 3) leave the classification's relativity unchanged. The Company will continue to monitor the classification relativities so as to continue to refine the overall balance within the class plan. The premium impact of these classification changes is -10.5%.

The Company also proposes to amend the current class plan to include additional classifications for Hospitalist, Pain Medicine, Radiology (including mammography) and Bariatric Surgery.

**EXHIBIT 17:**

Exhibit 17 is not applicable to this program.

**EXHIBIT 18:**

Exhibit 18 is not applicable to this program.

**EXHIBIT 19:**

Exhibit 19 is not applicable to this program.

**EXHIBIT 20:**

A number of rating rules are being revised in order to clarify the intent, ensure more consistent application or include additional detail. The proposed changes to these rules will not have any impact on a current insured. The proposed revisions are outlined in the Filing Memorandum.

**The Medical Protective Company  
Physicians & Surgeons**

**Exhibit 1 - Filing History  
Claims Made & Occurrence**

California Department of Insurance  
Rate Filings Submitted During Last Three Years

**Date  
Effective**

**California  
Filing Number**

**None**

\* Last Company rate filing for Physicians  
and Surgeons was effective 10/1/2005.

**The Medical Protective Company  
Physicians & Surgeons**

**Exhibit 2 - Rate Level History  
Claims Made & Occurrence**

California Department of Insurance  
Rate Level Changes Made During Last Five Years

<u>Region</u>	<u>Effective Year</u>	<u>Effective Date</u>	<u>Percent Rate Change</u>
Area 1			
Area 2			
Area 3			
Area 1			
Area 2			
Area 3			
Area 1			
Area 2			
Area 3			
Area 1			
Area 2			
Area 3			

**None**

\* Last Company rate filing for Physicians  
and Surgeons was effective 10/1/2005.

**The Medical Protective Company  
Physicians & Surgeons**

**Exhibit 3 - Policy Term Distribution  
Claims Made & Occurrence**

California Department of Insurance

**100% of policy forms have a one year term.**

**The Medical Protective Company  
Physicians & Surgeons**

**Exhibit 4 - Premium Adjustment Factor  
Claims Made & Occurrence**

California Department of Insurance

<u>Year</u>	<u>Current Level Factor</u>
2007	1.000
2008	1.000
2009	1.000
2010	1.000

NOTE: Calculated using the parallelogram method.

**The Medical Protective Company  
Physicians & Surgeons**

**Exhibit 5 - Premium Trend Factor  
Claims Made & Occurrence**

California Department of Insurance

**No premium trend assumed.**

**The Medical Protective Company  
Physicians & Surgeons**

Exhibit 6 - Miscellaneous Fees and Other Charges  
**Claims Made & Occurrence**

California Department of Insurance

**None**

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians and Surgeons**  
Exhibit 7A - Loss Development Factors  
**Claims-Made**  
California Department of Insurance  
**California - Physicians and Surgeons**  
Summary of Ultimate Losses  
As of 12/31/2010

Year	CM Ult Loss	OC Ult Loss	Total Ult Loss	Year	CM Ult ALE	OC Ult ALE	Total Ult ALE
1999	17,500	-	17,500	1999	238,592	-	238,592
2000	782,999	-	782,999	2000	853,412	11	853,423
2001	994,269	401,997	1,396,266	2001	967,448	585,630	1,553,078
2002	4,781,942	21,973	4,803,915	2002	3,155,930	277,878	3,433,808
2003	5,333,692	322,850	5,656,542	2003	5,109,087	448,816	5,557,903
2004	11,821,806	894,194	12,716,000	2004	5,871,880	1,169,452	7,041,332
2005	2,247,519	409,097	2,656,617	2005	4,830,811	545,880	5,376,692
2006	4,025,398	437,789	4,463,187	2006	4,801,588	936,291	5,737,880
2007	6,178,100	2,159,866	8,337,966	2007	3,996,857	1,135,437	5,132,294
2008	4,547,804	636,587	5,184,391	2008	5,367,418	710,793	6,078,211
2009	5,008,325	472,889	5,481,013	2009	6,668,025	524,062	7,192,087
2010	5,985,725	1,083,754	7,069,480	2010	6,228,612	949,504	7,178,116

Year	CM Inc Loss To Date	OC Inc Loss To Date	Total Inc Loss To Date	Year	CM Inc ALE To Date	OC Inc ALE To Date	Total Inc ALE To Date
1999	17,500	-	17,500	1999	238,592	-	238,592
2000	782,999	-	782,999	2000	853,412	11	853,423
2001	994,269	401,997	1,396,266	2001	967,448	585,630	1,553,078
2002	4,781,942	22,000	4,803,942	2002	3,155,930	245,589	3,401,519
2003	5,334,192	323,251	5,657,443	2003	5,110,086	361,746	5,471,832
2004	11,821,292	894,707	12,715,999	2004	5,871,128	910,951	6,782,079
2005	2,242,999	414,999	2,657,998	2005	4,983,997	408,821	5,392,818
2006	4,030,749	485,999	4,516,748	2006	4,717,537	845,401	5,562,938
2007	5,895,496	2,006,000	7,901,496	2007	3,669,780	803,411	4,473,191
2008	4,024,507	64,000	4,088,507	2008	4,907,636	290,422	5,198,058
2009	2,811,998	16,000	2,827,998	2009	4,643,248	17,902	4,661,150
2010	1,628,000	4,000	1,632,000	2010	1,665,650	3,500	1,669,150

Year	CM Implied Loss LDF	OC Implied Loss LDF	Total Implied Loss LDF	Year	CM Implied ALE LDF	OC Implied ALE LDF	Total Implied ALE LDF
1999	1.000	1.000	1.000	1999	1.000	1.000	1.000
2000	1.000	1.000	1.000	2000	1.000	1.000	1.000
2001	1.000	1.000	1.000	2001	1.000	1.000	1.000
2002	1.000	0.999	1.000	2002	1.000	1.131	1.009
2003	1.000	0.999	1.000	2003	1.000	1.241	1.016
2004	1.000	0.999	1.000	2004	1.000	1.284	1.038
2005	1.002	0.986	0.999	2005	0.969	1.335	0.997
2006	0.999	0.901	0.988	2006	1.018	1.108	1.031
2007	1.048	1.077	1.055	2007	1.089	1.413	1.147
2008	1.130	9.947	1.268	2008	1.094	2.447	1.169
2009	1.781	29.543	1.938	2009	1.436	29.274	1.543
2010	3.677	270.939	4.332	2010	3.739	271.287	4.300

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**

Exhibit 7B-1 - Loss Development Factors  
 Claims-Made

California Department of Insurance  
**California - Physicians & Surgeons**

Summary of Ultimate Losses

As of 12/31/2010

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Year	Paid Development	Incurred Development	Frequency / Severity	Trended Pure Premium	Incurred Bornhuetter Ferguson Method	Incurred Cape Cod Method	Selected Ultimate Losses	Base Equivalent Exposures
1999	17,500	17,500				17,500	17,500	53
2000	782,999	782,999				782,999	782,999	415
2001	994,269	994,269				994,269	994,269	874
2002	4,781,942	4,781,942				4,781,942	4,781,942	2,321
2003	5,333,192	5,334,192				5,334,192	5,333,692	3,529
2004	11,821,292	11,822,320				11,821,677	11,821,806	3,971
2005	2,281,504	2,213,534			2,123,449	2,168,442	2,247,519	3,889
2006	4,086,445	3,964,351			3,913,686	3,945,002	4,025,398	3,931
2007	6,221,011	6,135,188			6,137,148	6,045,812	6,178,100	3,840
2008	4,694,006	4,239,364	4,785,000	4,859,090	4,242,049	4,305,077	4,547,804	3,887
2009	1,198,445	3,651,330	6,058,800	5,441,525	4,126,257	4,406,717	5,008,325	4,268
2010	-	6,341,789	5,836,644	5,516,137	6,211,147	6,378,972	5,985,725	4,242
<b>Totals</b>							<b>51,725,079</b>	<b>35,219</b>

Note: 1) Selected ultimates for 1999 through 2007 are based on an average of Col. (2) and (3)

2) Selected ultimates for 2008 through 2010 are based on an average of Col. (4) through (7)

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
**Exhibit 7B-2 - Loss Development Factors**  
**Claims Made**  
**California Department of Insurance**  
**California - Physicians & Surgeons**  
**Paid Loss Development**  
**As of 12/31/2010**

<b>Report Year</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>48</b>	<b>60</b>	<b>72</b>	<b>84</b>	<b>96</b>	<b>108</b>	<b>120</b>	<b>132</b>	<b>144</b>	<b>156</b>	<b>168</b>	<b>180</b>
1995	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999	0	0	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500
2000	0	692,999	782,999	782,999	782,999	782,999	782,999	782,999	782,999	782,999	782,999	782,999	782,999	782,999	782,999
2001	30,000	300,000	489,270	964,270	994,269	994,269	994,269	994,269	994,269	994,269	994,269	994,269	994,269	994,269	994,269
2002	14,500	1,571,400	4,651,399	4,781,942	4,781,942	4,781,942	4,781,942	4,781,942	4,781,942	4,781,942	4,781,942	4,781,942	4,781,942	4,781,942	4,781,942
2003	118,000	3,122,494	4,998,192	5,208,192	5,253,192	5,333,192	5,333,192	5,333,192	5,333,192	5,333,192	5,333,192	5,333,192	5,333,192	5,333,192	5,333,192
2004	162,500	4,936,113	7,495,674	7,532,674	11,426,674	11,426,674	11,426,674	11,426,674	11,426,674	11,426,674	11,426,674	11,426,674	11,426,674	11,426,674	11,426,674
2005	8,000	584,499	1,274,499	2,066,999	2,241,999	2,241,999	2,241,999	2,241,999	2,241,999	2,241,999	2,241,999	2,241,999	2,241,999	2,241,999	2,241,999
2006	0	2,377,000	3,468,250	4,000,749	4,000,749	4,000,749	4,000,749	4,000,749	4,000,749	4,000,749	4,000,749	4,000,749	4,000,749	4,000,749	4,000,749
2007	25,000	2,798,998	3,881,496	4,924,496	4,924,496	4,924,496	4,924,496	4,924,496	4,924,496	4,924,496	4,924,496	4,924,496	4,924,496	4,924,496	4,924,496
2008	17,000	958,558	3,098,507	3,098,507	3,098,507	3,098,507	3,098,507	3,098,507	3,098,507	3,098,507	3,098,507	3,098,507	3,098,507	3,098,507	3,098,507
2009	2,500	471,998	471,998	471,998	471,998	471,998	471,998	471,998	471,998	471,998	471,998	471,998	471,998	471,998	471,998
2010	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

<b>Report Year</b>	<b>12-24</b>	<b>24-36</b>	<b>36-48</b>	<b>48-60</b>	<b>60-72</b>	<b>72-84</b>	<b>84-96</b>	<b>96-108</b>	<b>108-120</b>	<b>120-132</b>	<b>132-144</b>	<b>144-156</b>	<b>156-168</b>	<b>168-180</b>	<b>180-Ult</b>
1995															
1996															
1997															
1998															
1999			1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2000		1.130	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2001	10.000	1.631	1.971	1.031	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2002	108.372	2.960	1.028	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2003	26.462	1.601	1.042	1.009	1.015	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2004	30.376	1.519	1.005	1.517	1.000	1.035	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2005	73.062	2.180	1.622	1.085	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2006		1.459	1.154	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2007	111.960	1.387	1.269	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2008	56.386	3.232	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2009	188.799	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

**Incremental Development Factors**

3 Year Wghtd Ave	95.046	1.703	1.275	1.299	1.004	1.018	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghtd Ave	136.972	1.649	1.124	1.174	1.003	1.017	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<b>Selected</b>	<b>116.009</b>	<b>1.676</b>	<b>1.199</b>	<b>1.237</b>	<b>1.004</b>	<b>1.018</b>	<b>1.000</b>								

**Cumulative Development Factors**

3 Year Wghtd Ave	274.124	2.884	1.693	1.329	1.023	1.018	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghtd Ave	304.115	2.220	1.346	1.196	1.020	1.017	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<b>Selected</b>	<b>294.558</b>	<b>2.539</b>	<b>1.515</b>	<b>1.263</b>	<b>1.021</b>	<b>1.018</b>	<b>1.000</b>								

<b>Ultimate Loss</b>	<b>-</b>	<b>1,198,445</b>	<b>4,694,006</b>	<b>6,221,011</b>	<b>4,086,445</b>	<b>2,281,504</b>	<b>11,821,292</b>	<b>5,333,192</b>	<b>4,781,942</b>	<b>994,269</b>	<b>782,999</b>	<b>17,500</b>			
----------------------	----------	------------------	------------------	------------------	------------------	------------------	-------------------	------------------	------------------	----------------	----------------	---------------	--	--	--

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
**Exhibit 7B-3 - Loss Development Factors**  
**Claims Made**  
**California Department of Insurance**  
**California - Physicians & Surgeons**  
**Incurred Loss Development**  
**As of 12/31/2010**

<b>Report Year</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>48</b>	<b>60</b>	<b>72</b>	<b>84</b>	<b>96</b>	<b>108</b>	<b>120</b>	<b>132</b>	<b>144</b>	<b>156</b>	<b>168</b>	<b>180</b>
1995	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999	0	361,000	117,500	117,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500
2000	74,000	778,999	804,999	783,999	782,999	782,999	782,999	782,999	782,999	782,999	782,999	782,999	782,999	782,999	782,999
2001	158,000	522,000	1,499,270	994,270	994,269	994,269	994,269	994,269	994,269	994,269	994,269	994,269	994,269	994,269	994,269
2002	274,500	2,695,400	4,701,399	4,811,942	4,906,942	4,781,942	4,781,942	4,781,942	4,781,942	4,781,942	4,781,942	4,781,942	4,781,942	4,781,942	4,781,942
2003	574,000	5,299,494	7,262,442	5,657,692	5,353,192	5,333,192	5,333,192	5,333,192	5,334,192						
2004	1,015,500	6,125,113	10,010,674	10,407,674	12,126,674	12,126,674	11,821,292								
2005	217,000	2,331,498	2,410,499	2,554,999	2,243,999	2,242,999									
2006	1,705,000	3,093,000	3,949,250	4,132,749	4,030,749										
2007	1,251,000	5,083,997	5,663,496	5,895,496											
2008	330,000	3,480,558	4,024,507												
2009	530,500	2,811,998													
2010	1,628,000														

<b>Report Year</b>	<b>12-24</b>	<b>24-36</b>	<b>36-48</b>	<b>48-60</b>	<b>60-72</b>	<b>72-84</b>	<b>84-96</b>	<b>96-108</b>	<b>108-120</b>	<b>120-132</b>	<b>132-144</b>	<b>144-156</b>	<b>156-168</b>	<b>168-180</b>	<b>180-Ult</b>
1995															
1996															
1997															
1998															
1999		0.325	1.000	0.149	1.000	1.000	1.000	1.000	1.000	1.000	1.000				
2000	10.527	1.033	0.974	0.999	1.000	1.000	1.000	1.000	1.000	1.000					
2001	3.346	2.872	0.663	1.000	1.000	1.000	1.000	1.000	1.000						
2002	9.819	1.744	1.024	1.020	0.975	1.000	1.000	1.000							
2003	9.233	1.370	0.779	0.946	0.996	1.000	1.000								
2004	6.032	1.634	1.040	1.165	1.000	0.975									
2005	10.744	1.034	1.060	0.878	1.000										
2006	1.814	1.277	1.046	0.975											
2007	4.064	1.114	1.041												
2008	10.547	1.156													
2009	5.301														

**Incremental Development Factors**

3 Year Wgtd Ave	5.388	1.170	1.047	1.076	0.999	0.986	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wgtd Ave	4.155	1.296	0.978	1.040	0.994	0.987	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Selected	3.000	1.233	1.012	1.058	0.997	0.987	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

**Cumulative Development Factors**

3 Year Wgtd Ave	6.996	1.298	1.110	1.061	0.985	0.986	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wgtd Ave	5.387	1.293	0.998	1.021	0.982	0.987	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Selected	3.895	1.298	1.053	1.041	0.984	0.987	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

<b>Ultimate Loss</b>	<b>6,341,789</b>	<b>3,651,330</b>	<b>4,239,364</b>	<b>6,135,188</b>	<b>3,964,351</b>	<b>2,213,534</b>	<b>11,822,320</b>	<b>5,334,192</b>	<b>4,781,942</b>	<b>994,269</b>	<b>782,999</b>	<b>17,500</b>			
----------------------	------------------	------------------	------------------	------------------	------------------	------------------	-------------------	------------------	------------------	----------------	----------------	---------------	--	--	--

**THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons**

**Exhibit 7B-4 - Loss Development Factors  
Claims Made**

California Department of Insurance

**California - Physicians & Surgeons**

Trended Frequency / Severity Method

As of 12/31/2010

(1)	(2)	(3)	(4)	(5)
<u>Report Year</u>	<u>Selected Ultimate Loss</u>	<u>Ultimate Paid Claims</u>	<u>Loss Severity</u>	<u>Trended Loss Severity</u>
1999	17,500	1	17,500	20,914
2000	782,999	8	97,875	114,676
2001	994,269	14	71,019	81,579
2002	4,781,942	31	154,256	173,718
2003	5,333,692	51	104,582	115,467
2004	11,821,806	38	311,100	336,745
2005	2,247,519	25	89,901	95,403
2006	4,025,398	31	129,852	135,098
2007	6,178,100	24	257,421	262,569
			<b><u>Weight</u></b>	
2001 -2007	35,382,726	214	<b>20.0%</b>	177,978
2003 -2007	29,606,515	169	<b>30.0%</b>	186,745
2005 -2007	12,451,017	80	<b>50.0%</b>	160,935
			<b>Selected</b>	<b>165,000</b>
Selected Trend up to 2008			<b>2.00%</b>	
Selected Trend Subsequent to 2008			<b>2.00%</b>	

	(6)	(7)	(8)
<u>Year</u>	<u>Selected Ultimate Paid Claims</u>	<u>Trended Paid Severity</u>	<u>Indicated Ultimate Losses</u>
2008	29	165,000	<b>4,785,000</b>
2009	36	168,300	<b>6,058,800</b>
2010	34	171,666	<b>5,836,644</b>

Note: (2) Selected Ultimate Loss based on average of Paid and Incrd Loss Development Projections

**THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons**

**Exhibit 7B-5 - Loss Development Factors  
Claims-Made**

California Department of Insurance  
**California - Physicians & Surgeons**

Trended Pure Premium Method

As of 12/31/2010

(1)	(2)	(3)	(4)	(5)
<u>Report Year</u>	<u>Selected Ultimate Loss</u>	<u>Base Equivalent Exposures</u>	<u>Loss Pure Premium</u>	<u>Trended Loss Pure Premium</u>
1999	17,500	53	332	396
2000	782,999	415	1,887	2,211
2001	994,269	874	1,138	1,307
2002	4,781,942	2,321	2,061	2,321
2003	5,333,692	3,529	1,511	1,669
2004	11,821,806	3,971	2,977	3,222
2005	2,247,519	3,889	578	613
2006	4,025,398	3,931	1,024	1,065
2007	6,178,100	3,840	1,609	1,641
			<u>Weights</u>	
2001 -2007	35,382,726	22,355	20.0%	1,704
2003 -2007	29,606,515	19,160	30.0%	1,647
2005 -2007	12,451,017	11,660	50.0%	1,104
			<b>Selected</b>	<b>1,250</b>
Selected Trend up to 2008			<b>2.00%</b>	
Selected Trend Subsequent to 2008			<b>2.00%</b>	

	(6)	(7)	(8)
<u>Year</u>	<u>Base Equivalent Exposures</u>	<u>Trended Pure Premium</u>	<u>Indicated Ultimate Losses</u>
2008	3,887	1,250	4,859,090
2009	4,268	1,275	5,441,525
2010	4,242	1,301	5,516,137

Note: (2) Selected Ultimate Loss based on average of Paid and Incrd Loss Development Projections

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
Exhibit 7B-6 - Loss Development Factors  
**Claims-Made**  
California Department of Insurance  
**California - Physicians & Surgeons**  
Incurred Bornhuetter Ferguson Method  
As of 12/31/2010

(1)	(2)	(3)	(4)	(5)	(6)
<b>Report Year</b>	A Priori Ultimate Losses	Unreported Factor I / [BL-3, Column	Estimated IBNR Losses	Incurred Losses	<b>Indicated Ultimate Losses</b>
2005	8,981,210	-1.3%	(119,550)	2,242,999	<b>2,123,449</b>
2006	6,989,281	-1.7%	(117,063)	4,030,749	<b>3,913,686</b>
2007	6,185,345	3.9%	241,652	5,895,496	<b>6,137,148</b>
2008	4,292,337	5.1%	217,542	4,024,507	<b>4,242,049</b>
2009	5,717,396	23.0%	1,314,259	2,811,998	<b>4,126,257</b>
2010	6,166,028	74.3%	4,583,147	1,628,000	<b>6,211,147</b>
<b>Totals</b>	<b>38,331,597</b>		<b>6,119,988</b>		<b>26,753,737</b>

Note: A Priori is the prior 3 Year weighted average Pure Premiums trended at:   **2.00%**

THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons  
Exhibit 7B-7 - Loss Development Factors  
Claims-Made

California Department of Insurance  
California - Physicians & Surgeons  
Incurred Cape Cod Method  
As of 12/31/2010

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Year	As of 12/31/2010 Ultimate Paid Claims	Percent Incurred Loss Outstanding	Inurred Loss To Date	Selected Ultimate Loss	2.00% Severity Index	Trended Selected Ultimate Loss	Trended Average Severity (7) / (2)	3 Yr Weighted Trended Average Severity	Expected Trended Ultimate Losses (2) x (9)	Estimated Unpaid Detrended Losses (3) x (10) / (6)	Estimated Ultimate Losses (4) + (11)
1999	1	0%	17,500	17,500	1.243	21,759	21,759	-	-	-	17,500
2000	8	0%	782,999	782,999	1.219	954,471	119,309	10,880	87,036	-	782,999
2001	14	0%	994,269	994,269	1.195	1,188,243	84,875	66,182	926,550	-	994,269
2002	31	0%	4,781,942	4,781,942	1.172	5,602,807	180,736	82,582	2,560,034	-	4,781,942
2003	51	0%	5,334,192	5,333,692	1.149	6,126,736	120,132	139,692	7,124,292	-	5,334,192
2004	38	0%	11,821,292	11,821,806	1.126	13,313,274	350,349	131,262	4,987,943	-	11,821,677
2005	25	-1%	2,242,999	2,247,519	1.104	2,481,443	99,258	247,361	6,184,035	(74,557)	2,168,442
2006	31	-2%	4,030,749	4,025,398	1.082	4,357,220	140,555	178,760	5,541,562	(85,747)	3,945,002
2007	24	4%	5,895,496	6,178,100	1.061	6,556,249	273,177	170,125	4,082,998	150,316	6,045,812
2008	29	5%	4,024,507	4,822,045	1.040	5,016,855	172,995	198,607	5,759,594	280,570	4,305,077
2009	36	23%	2,811,998	5,750,162	1.020	5,865,166	162,921	196,562	7,076,222	1,594,719	4,406,717
2010	34	74%	1,628,000	5,676,391	1.000	5,676,391	166,953	187,995	6,391,815	4,750,972	6,378,972
<b>Total</b>	<b>322</b>		<b>44,365,943</b>	<b>52,431,823</b>		<b>57,160,614</b>			<b>50,722,082</b>	<b>6,616,659</b>	<b>50,982,602</b>

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
 Exhibit 7C-1 - Loss Development Factors  
 Occurrence  
 California Department of Insurance  
**California - Physicians and Surgeons**  
 Summary of Ultimate Losses

As of 12/31/2010

(1) Year	(2) Paid Development	(3) Incurred Development	(4) Frequency / Severity	(5) Trended Pure Premium	(6) Incurred Bornhuetter Ferguson Method	(7) Incurred Cape Cod Method	(8) Selected Ultimate Losses	(9) Base Equivalent Exposures
1999	-	-				-	-	3
2000	-	-				-	-	13
2001	401,997	401,997				401,997	401,997	46
2002	22,000	21,945				21,927	21,973	244
2003	323,251	322,449				323,179	322,850	302
2004	894,707	893,681				891,966	894,194	329
2005	422,869	395,326				380,037	409,097	282
2006	415,436	460,143				448,991	437,789	258
2007	2,114,441	2,205,291				2,059,638	2,159,866	239
2008	104,589	173,776	680,000	668,655	394,586	574,563	636,587	223
2009	-	80,495	173,400	681,386	459,151	176,939	472,689	223
2010	-	66,979	1,061,208	870,913	1,319,142	1,900,033	1,083,754	279
<b>Totals</b>	<b>4,699,289</b>	<b>5,022,083</b>				<b>7,179,270</b>	<b>6,840,797</b>	<b>2,439</b>

- Note:
- 1) Selected ultimates for 1999 through 2007 are based on an average of Col. (2) and (3)
  - 2) Selected ultimates for 2008 through 2009 are based on an average of Col. (4) through (7)
  - 3) Selected ultimate for 2010 is based on an average of Col. (4) through (6)

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
**Exhibit 7C-2 - Loss Development Factors**  
**Occurrence**  
**California Department of Insurance**  
**California - Physicians & Surgeons**  
**Paid Loss Development**  
**As of 12/31/2010**

Accident Year	12	24	36	48	60	72	84	96	108	120	132	144	156	168	180
1995	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2001	0	12,000	296,998	341,998	341,998	341,998	401,997	401,997	401,997	401,997	401,997	401,997	401,997	401,997	401,997
2002	0	0	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000
2003	0	0	0	323,251	323,251	323,251	323,251	323,251	323,251	323,251	323,251	323,251	323,251	323,251	323,251
2004	0	0	582,000	622,000	794,707	894,707	894,707	894,707	894,707	894,707	894,707	894,707	894,707	894,707	894,707
2005	0	230,000	414,999	414,999	414,999	414,999	414,999	414,999	414,999	414,999	414,999	414,999	414,999	414,999	414,999
2006	0	0	204,999	214,999	384,999	384,999	384,999	384,999	384,999	384,999	384,999	384,999	384,999	384,999	384,999
2007	0	150,000	150,000	1,575,000	1,575,000	1,575,000	1,575,000	1,575,000	1,575,000	1,575,000	1,575,000	1,575,000	1,575,000	1,575,000	1,575,000
2008	0	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
2009	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2010	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Accident Year	12-24	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-120	120-132	132-144	144-156	156-168	168-180	180-Ult
1995															
1996															
1997															
1998															
1999															
2000															
2001		24.750	1.152	1.000	1.000	1.175	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2002			1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2003				1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2004			1.069	1.278	1.128	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2005		1.804	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2006			1.049	1.791	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2007		1.000	10.500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2008		1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2009															

**Incremental Development Factors**

3 Year Wghd Ave	1.000	2.139	2.864	1.274	1.065	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghd Ave	1.000	3.371	2.330	1.215	1.053	1.038	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Selected	1.000	2.755	2.597	1.244	1.059	1.019	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

**Cumulative Development Factors**

3 Year Wghd Ave	8.311	8.311	3.885	1.357	1.065	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghd Ave	10.423	10.423	3.092	1.327	1.093	1.038	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Selected	9.604	9.604	3.486	1.343	1.079	1.019	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Ultimate Loss	-	-	104,589	2,114,441	416,436	422,869	894,707	323,251	22,000	401,997					
---------------	---	---	---------	-----------	---------	---------	---------	---------	--------	---------	--	--	--	--	--

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
**Exhibit 7C-3 - Loss Development Factors**  
**Occurrence**  
 California Department of Insurance  
**California - Physicians & Surgeons**  
**Incurred Loss Development**  
 As of 12/31/2010

Accident Year	12	24	36	48	60	72	84	96	108	120	132	144	156	168	180
1995	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2001	0	19,000	353,998	566,998	566,998	566,998	401,997	402,997	402,997	401,997					
2002	1,000	19,000	53,000	22,000	47,000	22,000	22,000	22,000	22,000	22,000					
2003	3,000	5,000	264,000	324,251	325,251	324,251	323,251	323,251							
2004	2,000	789,000	761,000	803,000	894,707	894,707	894,707								
2005	6,000	250,000	415,999	414,999	414,999	414,999									
2006	3,000	22,000	324,999	316,999	485,999										
2007	4,000	188,000	187,000	2,006,000											
2008	103,000	36,000	64,000												
2009	0	16,000													
2010	4,000														

Accident Year	12-24	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-120	120-132	132-144	144-156	156-168	168-180	180-Ult
1995															
1996															
1997															
1998															
1999															
2000															
2001		18.631	1.602	1.000	1.000	0.709	1.002	1.000	0.998						
2002	19.000	2.789	0.415	2.136	0.468	1.000	1.000	1.000							
2003	1.667	50.800	1.277	1.003	0.897	0.997	1.000								
2004	394.500	0.965	1.055	1.114	1.000	1.000									
2005	41.667	1.664	0.998	1.000	1.000										
2006	7.333	14.773	0.975	1.533											
2007	47.000	0.995	10.727												
2008	0.350	1.778													
2009															

**Incremental Development Factors**

3 Year Wghtd Ave	2.243	2.341	2.950	1.170	0.999	0.999	1.001	1.000	0.998	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghtd Ave	4.414	1.364	1.989	1.152	0.988	0.908	1.001	1.000	0.998	1.000	1.000	1.000	1.000	1.000	1.000
Selected	3.328	1.853	2.470	1.161	0.994	0.954	1.001	1.000	0.998	1.000	1.000	1.000	1.000	1.000	1.000

**Cumulative Development Factors**

3 Year Wghtd Ave	18.081	8.061	3.443	1.167	0.997	0.998	0.999	0.998	0.998	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghtd Ave	12.377	2.804	2.056	1.033	0.897	0.907	0.999	0.998	0.998	1.000	1.000	1.000	1.000	1.000	1.000
Selected	16.745	5.031	2.715	1.099	0.947	0.953	0.999	0.998	0.998	1.000	1.000	1.000	1.000	1.000	1.000

<b>Ultimate Loss</b>	<b>66,979</b>	<b>80,495</b>	<b>173,776</b>	<b>2,205,291</b>	<b>460,143</b>	<b>395,326</b>	<b>893,681</b>	<b>322,449</b>	<b>21,945</b>	<b>401,997</b>					
----------------------	---------------	---------------	----------------	------------------	----------------	----------------	----------------	----------------	---------------	----------------	--	--	--	--	--

**THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons**

**Exhibit 7C-4 - Loss Development Factors  
Occurrence**

California Department of Insurance  
**California - Physicians and Surgeons**  
Trended Frequency / Severity Method  
As of 12/31/2010

(1)	(2)	(3)	(4)	(5)
Year	Selected Ultimate Loss	Ultimate Paid Claims	Loss Severity	Trended Loss Severity
2001	401,997	7	57,428	65,967
2002	21,973	1	21,973	24,745
2003	322,850	1	322,850	356,452
2004	894,194	13	68,784	74,454
2005	409,097	5	81,819	86,827
2006	437,789	5	87,558	91,095
2007	2,159,866	7	308,552	314,723
			<b>Weight</b>	
2001 -2007	4,647,767	39	20.0%	125,732
2003 -2007	4,223,797	31	30.0%	142,485
2005 -2007	3,006,753	17	50.0%	181,922
			<b>Selected</b>	<b>170,000</b>
Selected Trend up to 2008			<b>2.00%</b>	
Selected Trend Subsequent to 2008			<b>2.00%</b>	

	(6)	(7)	(8)
Year	Selected Ultimate Paid Claims	Trended Paid Severity	Indicated Ultimate Losses
2008	4	170,000	680,000
2009	1	173,400	173,400
2010	6	176,868	1,061,208

Note: (2) Selected Ultimate Loss based on average of Paid and Incrd Loss Development Projections

**THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons**

**Exhibit 7C-5 - Loss Development Factors  
Occurrence**

California Department of Insurance  
**California - Physicians and Surgeons**  
Trended Pure Premium Method  
As of 12/31/2010

(1)	(2)	(3)	(4)	(5)
Year	Selected Ultimate Loss	Base Equivalent Exposures	Loss Pure Premium	Trended Loss Pure Premium
1999	-	3	-	-
2000	-	13	-	-
2001	401,997	46	8,774	10,078
2002	21,973	244	90	101
2003	322,850	302	1,071	1,182
2004	894,194	329	2,720	2,945
2005	409,097	282	1,450	1,538
2006	437,789	258	1,697	1,766
2007	2,159,866	239	9,051	9,232
			<u>Weights</u>	
2001 -2007	4,647,767	1,699	20.0%	2,886
2003 -2007	4,223,797	1,409	30.0%	3,135
2005 -2007	3,006,753	779	50.0%	3,971
			<b>Selected</b>	<b>3,000</b>
			Selected Trend up to 2008	2.00%
			Selected Trend Subsequent to 2008	2.00%

	(6)	(7)	(8)
Year	Base Equivalent Exposures	Trended Pure Premium	Indicated Ultimate Losses
2008	223	3,000	668,655
2009	223	3,060	681,386
2010	279	3,121	870,913

Note: (2) Selected Ultimate Loss based on average of Paid and Incrd  
Loss Development Projections

**THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons**

**Exhibit 7C-6 - Loss Development Factors  
Occurrence**

California Department of Insurance  
**California - Physicians and Surgeons**  
Incurred Bornhuetter Ferguson Method  
As of 12/31/2010

(1)	(2)	(3)	(4)	(5)	(6)
Year	A Priori Ultimate Losses	Unreported Factor 1 / [BL-3, Column	Estimated IBNR Losses	Incurred Losses	Indicated Ultimate Losses
2005	410,196	-5.0%	(20,413)	414,999	394,586
2006	477,790	-5.6%	(26,848)	485,999	459,151
2007	500,163	9.0%	45,199	2,006,000	2,051,199
2008	885,106	63.2%	559,131	64,000	623,131
2009	1,052,170	80.1%	843,029	16,000	859,029
2010	1,398,671	94.0%	1,315,142	4,000	1,319,142
<b>Totals</b>	<b>4,724,097</b>		<b>2,715,240</b>		<b>5,706,238</b>

Note: A Priori is the prior 3 Year weighted average Pure Premiums trended at:

2.00%

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
 Exhibit 7C-7 - Loss Development Factors  
 Occurrence

California Department of Insurance  
**California - Physicians and Surgeons**  
 Incurred Cape Cod Method  
 As of 12/31/2010

(1) Year	(2) As of 12/31/2010 Ultimate Paid Claims	(3) Percent Incurred Loss Outstanding	(4) Incurred Loss To Date	(5) Selected Ultimate Loss	(6) 2.00% Severity Index	(7) Trended Selected Ultimate Loss	(8) Trended Average Severity (7) / (2)	(9) 3 Yr. Weighted Trended Average Severity	(10) Expected Trended Ultimate Losses (2) x (9)	(11) Estimated Unpaid Deterred Losses (3) x (10) / (6)	(12) Estimated Ultimate Losses (4) + (11)
1999	0	0%	-	0	1.243	0	-	-	-	-	0
2000	0	0%	-	0	1.219	0	-	-	-	-	0
2001	7	0%	401,997	401,997	1.195	480,424	68,632	-	-	-	401,997
2002	1	0%	22,000	21,973	1.172	25,745	25,745	34,316	34,316	(73)	21,927
2003	1	0%	323,251	322,850	1.149	370,853	370,853	33,462	33,462	(72)	323,179
2004	13	0%	894,707	894,194	1.126	1,007,008	77,462	206,876	2,689,392	(2,741)	891,966
2005	5	-5%	414,999	409,087	1.104	451,677	90,335	155,136	775,680	(34,962)	380,037
2006	5	-6%	485,999	437,789	1.082	473,877	94,775	142,577	712,885	(37,008)	448,991
2007	7	9%	2,006,000	2,159,866	1.061	2,292,067	327,438	89,981	629,865	53,638	2,059,638
2008	4	63%	64,000	674,328	1.040	701,570	175,393	210,219	840,875	510,563	574,563
2009	1	80%	16,000	427,393	1.020	435,941	435,941	204,883	204,883	160,939	176,939
2010	6	94%	4,000	966,060	1.000	966,060	161,010	336,076	2,016,456	1,896,033	1,900,033
<b>Total</b>	<b>50</b>		<b>4,632,953</b>	<b>6,715,548</b>		<b>7,205,222</b>			<b>7,937,813</b>	<b>2,546,317</b>	<b>7,179,270</b>

Note: (5) Selected Ultimate Loss based on the average of Paid and Incrd Loss Development Projections for 2001-07 and the average of the Frequency/Severity and Pure Premium Projections for 2008-10.

Weights applied are: 1st Prior Year - 50%, 2nd Prior Year - 30%, 3rd Prior Year - 20%.

3rd Prior Year 20%  
 2nd Prior Year 30%  
 1st Prior Year 50%

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
 Exhibit 7D-1 - ALAE Development Factors  
**Claims-Made**

California Department of Insurance  
**California - Physicians and Surgeons**  
 Summary of Ultimate Allocated Loss Adjustment Expenses

As of 12/31/2010

(1) Year	(2) Paid Development	(3) Incurred Development	(4) Frequency / Severity	(5) Trended Pure Premium	(6) Incurred Bornhuetter Ferguson Method	(7) Incurred Cape Cod Method	(8) Selected Ultimate ALAE	(9) Base Equivalent Exposures
1999	238,592	238,592				238,592	238,592	53
2000	853,412	853,412				853,412	853,412	415
2001	967,448	967,448				967,448	967,448	874
2002	3,155,930	3,155,930				3,155,930	3,155,930	2,321
2003	5,108,087	5,110,086				5,110,086	5,109,087	3,529
2004	5,871,278	5,872,482				5,872,209	5,871,880	3,971
2005	4,671,025	4,990,598			4,991,879	4,989,566	4,830,811	3,889
2006	4,798,079	4,805,098			4,824,162	4,801,159	4,801,588	3,931
2007	4,070,673	3,923,042			4,019,994	3,955,116	3,996,857	3,840
2008	5,251,188	5,919,670	4,749,500	5,247,817	5,741,863	5,730,492	5,367,418	3,887
2009	6,648,946	7,880,042	6,472,890	5,963,271	6,865,525	7,370,413	6,668,025	4,268
2010	8,251,491	8,316,447	6,067,418	6,133,935	6,252,734	6,460,360	6,228,612	4,242
<b>Totals</b>	<b>49,886,149</b>	<b>52,032,846</b>				<b>49,504,783</b>	<b>48,089,660</b>	<b>35,219</b>

Note: 1) Selected ultimates for 1999 through 2007 are based on an average of Col. (2) and (3)

2) Selected ultimates for 2008 through 2010 are based on an average of Col. (4) through (7)

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
 Exhibit 7D-2 - ALE Development Factors  
**Claims Made**  
 California Department of Insurance  
**California - Physicians and Surgeons**  
 Paid ALE Development  
 As of 12/31/2010

Report Year	12	24	36	48	60	72	84	96	108	120	132	144	156	168	180
1995	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999	0	4,946	64,330	70,316	238,692	238,692	238,692	238,692	238,692	238,692	238,692	238,692	238,692	238,692	238,692
2000	0	276,982	551,905	775,912	853,412	853,412	853,412	853,412	853,412	853,412	853,412	853,412	853,412	853,412	853,412
2001	54,716	240,520	578,581	868,366	966,537	967,238	967,238	967,238	967,448	967,448	967,448	967,448	967,448	967,448	967,448
2002	37,229	972,378	2,734,617	2,952,530	2,962,423	3,168,494	3,168,494	3,155,930	3,155,930	3,155,930	3,155,930	3,155,930	3,155,930	3,155,930	3,155,930
2003	130,185	2,404,777	4,134,304	4,884,619	5,048,770	5,090,660	5,108,048	5,108,087	5,108,087	5,108,087	5,108,087	5,108,087	5,108,087	5,108,087	5,108,087
2004	169,845	1,883,683	3,598,204	4,407,101	5,512,223	5,596,998	5,871,128	5,871,128	5,871,128	5,871,128	5,871,128	5,871,128	5,871,128	5,871,128	5,871,128
2005	131,185	1,426,200	2,959,069	3,939,198	4,561,957	4,563,979	4,563,979	4,563,979	4,563,979	4,563,979	4,563,979	4,563,979	4,563,979	4,563,979	4,563,979
2006	144,224	1,447,980	3,263,598	4,114,973	4,642,534	4,642,534	4,642,534	4,642,534	4,642,534	4,642,534	4,642,534	4,642,534	4,642,534	4,642,534	4,642,534
2007	27,418	1,121,290	2,950,036	3,423,946	3,423,946	3,423,946	3,423,946	3,423,946	3,423,946	3,423,946	3,423,946	3,423,946	3,423,946	3,423,946	3,423,946
2008	90,992	1,295,879	3,562,108	3,562,108	3,562,108	3,562,108	3,562,108	3,562,108	3,562,108	3,562,108	3,562,108	3,562,108	3,562,108	3,562,108	3,562,108
2009	58,863	1,877,100	1,877,100	1,877,100	1,877,100	1,877,100	1,877,100	1,877,100	1,877,100	1,877,100	1,877,100	1,877,100	1,877,100	1,877,100	1,877,100
2010	116,303	116,303	116,303	116,303	116,303	116,303	116,303	116,303	116,303	116,303	116,303	116,303	116,303	116,303	116,303

Report Year	12-24	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-120	120-132	132-144	144-156	156-168	168-180	180-Ult
1995															
1996															
1997															
1998															
1999		13.008	1.093	3.393	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2000		1.993	1.406	1.100	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2001	4.396	2.397	1.506	1.113	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2002	26.119	2.812	1.080	1.003	1.070	0.998	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2003	18.472	1.719	1.181	1.034	1.008	1.003	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2004	11.784	1.910	1.225	1.251	1.015	1.049	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2005	10.872	2.075	1.331	1.158	1.005	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2006	10.040	2.254	1.261	1.128	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2007	40.896	2.631	1.161	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2008	14.242	2.749	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2009	31.889	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

**Incremental Development Factors**

3 Year Wghtd Ave	24.224	2.529	1.251	1.181	1.010	1.020	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghtd Ave	15.836	2.276	1.229	1.120	1.019	1.018	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Selected	20.030	2.403	1.240	1.150	1.014	1.019	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

**Cumulative Development Factors**

3 Year Wghtd Ave	93.276	3.851	1.522	1.217	1.030	1.020	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghtd Ave	51.414	3.247	1.426	1.161	1.037	1.018	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Selected	70.948	3.542	1.474	1.189	1.034	1.019	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Ultimate ALE	8,251,491	6,648,948	5,251,188	4,070,673	4,798,079	4,671,025	5,871,278	5,108,087	3,155,930	967,448	853,412	238,692			
--------------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	---------	---------	---------	--	--	--

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
**Exhibit 7D-3 - ALAE Development Factors**  
**Claims Made**  
**California Department of Insurance**  
**California - Physicians and Surgeons**  
**Incurred ALE Development**  
**As of 12/31/2010**

<u>Report Year</u>	<u>12</u>	<u>24</u>	<u>36</u>	<u>48</u>	<u>60</u>	<u>72</u>	<u>84</u>	<u>96</u>	<u>108</u>	<u>120</u>	<u>132</u>	<u>144</u>	<u>156</u>	<u>168</u>	<u>180</u>
1995	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999	0	122,439	117,430	229,054	238,592	238,592	238,592	238,592	238,592	238,592	238,592	238,592	238,592	238,592	238,592
2000	286,985	547,960	708,903	837,817	853,412	853,412	853,412	853,412	853,412	853,412	853,412	853,412	853,412	853,412	853,412
2001	202,321	635,680	858,123	953,407	967,037	967,238	967,238	967,448	967,448	967,448	967,448	967,448	967,448	967,448	967,448
2002	411,000	2,077,076	2,858,050	3,067,538	3,077,428	3,169,494	3,155,930	3,155,930	3,155,930	3,155,930	3,155,930	3,155,930	3,155,930	3,155,930	3,155,930
2003	1,160,170	3,749,944	5,010,055	5,109,626	5,073,769	5,090,660	5,108,048	5,110,098	5,110,098	5,110,098	5,110,098	5,110,098	5,110,098	5,110,098	5,110,098
2004	1,280,153	3,725,698	4,470,473	5,326,837	5,781,281	5,859,578	5,871,128	5,871,128	5,871,128	5,871,128	5,871,128	5,871,128	5,871,128	5,871,128	5,871,128
2005	935,151	2,710,982	3,705,663	4,490,334	4,838,967	4,983,997	4,983,997	4,983,997	4,983,997	4,983,997	4,983,997	4,983,997	4,983,997	4,983,997	4,983,997
2006	1,127,771	2,744,595	4,050,051	4,617,682	4,717,537	4,717,537	4,717,537	4,717,537	4,717,537	4,717,537	4,717,537	4,717,537	4,717,537	4,717,537	4,717,537
2007	908,822	2,357,479	3,487,337	3,669,780	3,669,780	3,669,780	3,669,780	3,669,780	3,669,780	3,669,780	3,669,780	3,669,780	3,669,780	3,669,780	3,669,780
2008	1,106,952	3,515,562	4,907,638	4,907,638	4,907,638	4,907,638	4,907,638	4,907,638	4,907,638	4,907,638	4,907,638	4,907,638	4,907,638	4,907,638	4,907,638
2009	1,478,210	4,643,248	4,643,248	4,643,248	4,643,248	4,643,248	4,643,248	4,643,248	4,643,248	4,643,248	4,643,248	4,643,248	4,643,248	4,643,248	4,643,248
2010	1,665,650	1,665,650	1,665,650	1,665,650	1,665,650	1,665,650	1,665,650	1,665,650	1,665,650	1,665,650	1,665,650	1,665,650	1,665,650	1,665,650	1,665,650

<u>Report Year</u>	<u>12-24</u>	<u>24-36</u>	<u>36-48</u>	<u>48-60</u>	<u>60-72</u>	<u>72-84</u>	<u>84-96</u>	<u>96-108</u>	<u>108-120</u>	<u>120-132</u>	<u>132-144</u>	<u>144-156</u>	<u>156-168</u>	<u>168-180</u>	<u>180-Ult</u>
1995															
1996															
1997															
1998															
1999		0.959	1.951	1.042	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2000	1.909	1.294	1.182	1.019	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2001	3.142	1.350	1.111	1.014	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2002	5.054	1.376	1.073	1.003	1.030	0.996	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2003	3.232	1.336	1.020	0.993	1.003	1.003	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2004	2.910	1.200	1.192	1.082	1.017	1.002	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2005	2.899	1.367	1.212	1.078	1.030	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2006	2.434	1.476	1.140	1.022	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2007	2.594	1.479	1.052	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2008	3.176	1.396	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2009	3.141	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

**Incremental Development Factors**

3 Year Wgtd Ave	3.010	1.444	1.137	1.081	1.017	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wgtd Ave	2.874	1.370	1.120	1.038	1.018	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Selected	2.942	1.407	1.128	1.050	1.017	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

**Cumulative Devel:**

3 Year Wgtd Ave	5.337	1.773	1.228	1.080	1.018	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wgtd Ave	4.685	1.623	1.185	1.058	1.019	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Selected	4.983	1.697	1.206	1.069	1.019	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Ultimate ALE	8,316,447	7,880,042	5,919,670	3,923,042	4,805,098	4,990,598	5,872,462	5,110,086	3,155,930	967,448	853,412	238,592			
--------------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	---------	---------	---------	--	--	--

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
 Exhibit 7D-4 - ALAE Development Factors  
**Claims Made**  
 California Department of Insurance  
**California - Physicians and Surgeons**  
 Trended Frequency / Severity Method  
 As of 12/31/2010

(1)	(2)	(3)	(4)	(5)
Report Year	Selected Ultimate ALAE	Ultimate Reported Claims	ALAE Severity	Trended ALAE Severity
1999	238,592	5	47,718	65,035
2000	853,412	30	28,447	37,459
2001	967,448	49	19,744	25,120
2002	3,155,930	142	22,225	27,320
2003	5,109,087	265	19,280	22,898
2004	5,871,880	218	26,935	30,909
2005	4,830,811	168	28,755	31,881
2006	4,801,588	165	29,101	31,173
2007	3,996,857	146	27,376	28,334
			<u>Weight</u>	
2001 - 2007	28,733,602	1,153	20.0%	28,233
2003 - 2007	24,610,224	962	30.0%	28,526
2005 - 2007	13,629,257	479	50.0%	30,556
			<b>Selected</b>	<b>29,500</b>
Selected Trend up to 2008			3.50%	
Selected Trend Subsequent to 2008			3.50%	

(6)	(7)	(8)
Selected Ultimate Reported Claims	Trended Claim Severity	Indicated Ultimate ALAE
Year		
2008	161	4,749,500
2009	212	6,472,890
2010	192	6,067,418

Note: (2) Selected Ultimate ALAE based on average of Paid and Incrd ALAE Development Projections

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
Exhibit 7D-5 - ALAE Development Factors  
**Claims Made**  
California Department of Insurance  
**California - Physicians and Surgeons**  
Trended Pure Premium Method  
As of 12/31/2010

(1)	(2)	(3)	(4)	(5)
Report Year	Selected Ultimate ALAE	Base Equivalent Exposures	ALAE Pure Premium	Trended ALAE Pure Premium
1999	238,592	53	4,520	6,160
2000	853,412	415	2,057	2,709
2001	967,448	874	1,107	1,409
2002	3,155,930	2,321	1,360	1,672
2003	5,109,087	3,529	1,448	1,719
2004	5,871,880	3,971	1,479	1,697
2005	4,830,811	3,889	1,242	1,377
2006	4,801,588	3,931	1,222	1,309
2007	3,996,857	3,840	1,041	1,077
			<b>Implied Trend</b>	
2001 - 2007	28,733,602	22,355	<b>20.0%</b>	1,456
2003 - 2007	24,610,224	19,160	<b>30.0%</b>	1,432
2005 - 2007	13,629,257	11,660	<b>50.0%</b>	1,255

Selected **1,350**

Selected Trend up to 2008

**3.50%**

Selected Trend Subsequent to 2008

**3.50%**

Year	(6) Base Equivalent Exposures	(7) Trended Pure Premium	(8) Indicated Ultimate ALAE
2008	3,887	1,350	<b>5,247,817</b>
2009	4,268	1,397	<b>5,963,271</b>
2010	4,242	1,446	<b>6,133,935</b>

Note: (2) Selected Ultimate ALAE based on average of Paid and Incrd ALAE Development Projections

**THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons**

Exhibit 7D-6 - ALAE Development Factors

**Claims-Made**

California Department of Insurance

**California - Physicians and Surgeons**

Incurred Bornhuetter Ferguson Method

As of 12/31/2010

(1)	(2)	(3)	(4)	(5)	(6)
Year	A Priori Ultimate ALAE	Unreported Factor - 1 / [A-3, Column (	Estimated IBNR ALAE	To Date Incurred ALAE	Indicated Ultimate ALAE
2005	5,958,983	0.1%	7,882	4,983,997	4,991,879
2006	5,851,263	1.8%	106,625	4,717,537	4,824,162
2007	5,424,838	6.5%	350,214	3,669,780	4,019,994
2008	4,879,627	17.1%	834,227	4,907,636	5,741,863
2009	5,410,179	41.1%	2,222,277	4,643,248	6,865,525
2010	5,735,890	80.0%	4,587,084	1,665,650	6,252,734
<b>Total</b>	<b>33,260,779</b>		<b>8,108,308</b>		<b>32,696,156</b>

Note: A Priori is 3 Year weighted average Pure Premiums trended at:

3.50%

THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons  
Exhibit 7D-7 - ALAE Development Factors  
Claims-Made

California Department of Insurance  
California - Physicians and Surgeons  
Incurred Cape Cod Method  
As of 12/31/2010

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Year	Ultimate Reported Claims As of 12/31/2010	Percent Incurred ALAE Outstanding	Incurred ALAE To Date	Selected Ultimate ALAE	3.50% Severity Index	Trended Selected Ultimate ALAE	Trended Average Severity (7) / (2)	3 Yr Weighted Trended Average Severity	Expected Trended Ultimate ALAE (2) x (9)	Estimated Unpaid Detrended ALAE (3) x (10) / (6)	Estimated Ultimate ALAE (4) + (11)
1999	5	0%	238,592	238,592	1,460	348,337	69,667	-	-	-	238,592
2000	30	0%	853,412	853,412	1,411	1,203,822	40,127	34,834	1,045,011	-	853,412
2001	49	0%	967,448	967,448	1,363	1,318,532	26,909	40,964	2,007,232	-	967,448
2002	142	0%	3,155,930	3,155,930	1,317	4,155,757	29,266	39,426	5,598,508	-	3,155,930
2003	265	0%	5,110,086	5,109,087	1,272	6,500,185	24,529	30,731	8,143,795	-	5,110,086
2004	218	0%	5,871,128	5,871,880	1,229	7,218,040	33,110	26,426	5,760,875	1,081	5,872,209
2005	168	0%	4,983,997	4,830,811	1,188	5,737,488	34,152	29,767	5,000,859	5,569	4,989,566
2006	165	2%	4,717,537	4,801,588	1,148	5,509,933	33,394	31,915	5,265,992	83,622	4,801,159
2007	148	6%	3,689,780	3,996,857	1,109	4,431,387	30,352	33,564	4,900,393	285,336	3,955,116
2008	161	17%	4,907,636	4,998,658	1,071	5,354,688	33,259	32,024	5,155,926	822,856	5,730,492
2009	212	41%	4,643,248	6,218,081	1,035	6,435,713	30,357	32,414	6,871,718	2,727,165	7,370,413
2010	192	80%	1,685,650	6,100,677	1,000	6,100,677	31,774	31,227	5,995,515	4,794,710	6,460,360
<b>Total</b>	<b>1,753</b>		<b>40,784,444</b>	<b>47,143,022</b>		<b>54,314,560</b>			<b>55,745,705</b>	<b>8,720,339</b>	<b>49,504,783</b>

Note: (5) Selected Ultimate ALAE based on the average of Paid and Incrd ALAE Development Projections for 2001-07 and the average of the Frequency/Severity and Pure Premium Projections for 2008-10.

Weights applied are: 1st Prior Year - 30%, 2nd Prior Year - 20%, 3rd Prior Year - 0%.

3rd Prior Year 20%  
2nd Prior Year 30%  
1st Prior Year 50%

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**

Exhibit 7E-1 - ALAE Development Factors  
 Occurrence

California Department of Insurance  
**California - Physicians and Surgeons**  
 Summary of Ultimate Allocated Loss Adjustment Expenses  
 As of 12/31/2010

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Year	Paid Development	Incurred Development	Frequency / Severity	Trended Pure Premium	Incurred Bornhuetter Ferguson Method	Incurred Cape Cod Method	Selected Ultimate ALAE	Base Equivalent Exposures
1999	-	-				-	-	3
2000	11	11				11	11	13
2001	585,630	585,630				585,630	585,630	46
2002	307,616	248,139				248,421	277,878	244
2003	468,738	428,895				470,216	448,816	302
2004	1,213,705	1,125,199				1,107,580	1,169,452	329
2005	584,730	507,031			533,771	589,290	545,880	282
2006	817,619	1,054,964			975,415	971,187	936,291	258
2007	1,074,754	1,196,119			1,060,440	1,053,262	1,135,437	239
2008	315,290	559,481	710,000	768,953	673,508	690,710	710,793	223
2009	9,689	74,058	293,940	795,118	726,602	280,588	524,062	223
2010	-	73,013	798,598	1,031,224	1,018,691	1,164,176	949,504	279
<b>Totals</b>	<b>5,377,781</b>	<b>5,852,540</b>				<b>7,161,070</b>	<b>7,283,754</b>	<b>2,439</b>

- Note:
- 1) Selected ultimates for 1999 through 2007 are based on an average of Col. (2) and (3)
  - 2) Selected ultimates for 2008 through 2009 are based on an average of Col. (4) through (7)
  - 3) Selected ultimate for 2010 is based on an average of Col. (4) through (6)

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
**Exhibit 7E-2 - ALE Development Factors**  
**Occurrence**  
**California Department of Insurance**  
**California - Physicians and Surgeons**  
**Paid ALE Development**  
**As of 12/31/2010**

Accident Year	12	24	36	48	60	72	84	96	108	120	132	144	156	168	180
1995	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2000	0	0	11	11	11	11	11	11	11	11	11	11	11	11	11
2001	0	84,408	151,462	224,609	225,835	226,204	417,870	443,767	467,542	585,630					
2002	0	3,733	173,082	231,314	231,314	245,589	245,589	245,589	245,589						
2003	9,800	51,079	94,754	296,086	312,423	330,789	358,781	361,746							
2004	0	3,782	381,965	563,911	850,459	910,951	910,951								
2005	0	97,944	387,137	406,273	408,821										
2006	0	69,201	211,717	391,919	545,399										
2007	0	86,964	149,206	558,395											
2008	1,948	49,669	90,422												
2009	0	902													
2010	0														

Accident Year	12-24	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-120	120-132	132-144	144-166	156-168	168-180	180-Ult
1995															
1996															
1997															
1998															
1999															
2000			1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000					
2001		1.794	1.483	1.005	1.002	1.847	1.062	1.054	1.253						
2002		46.385	1.336	1.000	1.062	1.000	1.000	1.000							
2003	5.212	1.855	3.125	1.055	1.059	1.085	1.008								
2004		100.996	1.476	1.508	1.071	1.000									
2005		3.953	1.049	1.006	1.000										
2006		3.059	1.851	1.392											
2007		1.716	3.742												
2008	25.497	1.820													
2009															

**Incremental Development Factors**

3 Year Wghd Ave	70.603	2.193	1.813	1.325	1.050	1.019	1.028	1.034	1.253	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghd Ave	156.407	3.968	1.810	1.243	1.046	1.128	1.028	1.034	1.253	1.000	1.000	1.000	1.000	1.000	1.000
Selected	113.505	3.080	1.812	1.284	1.048	1.074	1.028	1.034	1.253	1.000	1.000	1.000	1.000	1.000	1.000

**Cumulative Development Factors**

3 Year Wghd Ave	530.266	7.511	3.425	1.889	1.426	1.357	1.332	1.296	1.253	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghd Ave	2195.155	14.035	3.537	1.954	1.572	1.503	1.332	1.296	1.253	1.000	1.000	1.000	1.000	1.000	1.000
Selected	1219.177	10.741	3.487	1.925	1.499	1.430	1.332	1.296	1.253	1.000	1.000	1.000	1.000	1.000	1.000

Ultimate ALE	-	9,689	316,290	1,074,754	817,619	584,730	1,213,705	468,738	307,616	585,630	11	-			
--------------	---	-------	---------	-----------	---------	---------	-----------	---------	---------	---------	----	---	--	--	--

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
**Exhibit 7E-3 - ALAE Development Factors**  
**Occurrence**  
**California Department of Insurance**  
**California - Physicians and Surgeons**  
**Incurred ALE Development**  
**As of 12/31/2010**

Accident Year	12	24	36	48	60	72	84	96	108	120	132	144	156	168	180
1995	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2000	0	0	11	11	11	11	11	11	11	11	11	11	11	11	11
2001	0	113,493	234,532	349,628	400,850	408,976	417,870	457,641	579,611	585,630					
2002	500	31,218	203,078	231,314	246,310	245,589	245,589	245,589	245,589	245,589					
2003	37,296	69,579	216,743	306,084	347,416	355,799	358,781	361,746							
2004	3,999	252,279	690,818	773,917	910,468	910,951	910,951								
2005	49,994	208,938	407,137	406,273	408,821	408,821									
2006	17,499	209,698	365,167	616,925	845,401										
2007	56,500	268,941	591,898	803,411											
2008	31,730	131,766	290,422												
2009	0	17,902													
2010	3,500														

Accident Year	12-24	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-120	120-132	132-144	144-156	156-168	168-180	180-Ult
1995															
1996															
1997															
1998															
1999															
2000			1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000					
2001		2.066	1.491	1.147	1.020	1.022	1.095	1.267	1.010						
2002	62.436	6.505	1.139	1.065	0.997	1.000	1.000	1.000							
2003	1.866	3.115	1.412	1.135	1.024	1.008	1.008								
2004	63.086	2.738	1.120	1.176	1.001	1.000									
2005	4.179	1.949	0.998	1.006	1.000										
2006	11.983	1.837	1.602	1.370											
2007	4.725	2.217	1.357												
2008	4.152	2.204													
2009															

**Incremental Development Factors**

3 Year Wghtd Ave	4.722	2.083	1.320	1.205	1.005	1.002	1.042	1.173	1.010	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghtd Ave	5.364	2.211	1.268	1.182	1.007	1.006	1.042	1.173	1.010	1.000	1.000	1.000	1.000	1.000	1.000
Selected	5.043	2.147	1.294	1.193	1.006	1.004	1.042	1.173	1.010	1.000	1.000	1.000	1.000	1.000	1.000

**Cumulative Development Factors**

3 Year Wghtd Ave	19.454	4.120	1.978	1.499	1.244	1.238	1.235	1.186	1.010	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghtd Ave	22.247	4.148	1.876	1.479	1.252	1.243	1.235	1.186	1.010	1.000	1.000	1.000	1.000	1.000	1.000
Selected	20.861	4.137	1.926	1.489	1.248	1.240	1.235	1.186	1.010	1.000	1.000	1.000	1.000	1.000	1.000
Ultimate ALE	73,013	74,058	559,481	1,196,119	1,054,964	507,031	1,125,199	428,895	248,139	585,630	11	-			

**THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons**

Exhibit 7E-4 - ALAE Development Factors  
**Occurrence**

California Department of Insurance  
**California - Physicians and Surgeons**  
Trended Frequency / Severity Method  
As of 12/31/2010

(1) Year	(2) Selected Ultimate ALAE	(3) Ultimate Reported Claims	(4) ALAE Severity	(5) Trended ALAE Severity
1999	-	-		
2000	11	1	11	14
2001	585,630	11	53,239	67,735
2002	277,878	10	27,788	34,158
2003	448,816	22	20,401	24,230
2004	1,169,452	33	35,438	40,666
2005	545,880	30	18,196	20,174
2006	936,291	25	37,452	40,119
2007	1,135,437	23	49,367	51,095
			<u>Weight</u>	
2001 - 2007	5,099,384	154	20.0%	37,306
2003 - 2007	4,235,876	133	30.0%	35,026
2005 - 2007	2,617,608	78	50.0%	35,684
			<b>Selected</b>	<b>35,500</b>
Selected Trend up to 2008			<b>3.50%</b>	
Selected Trend Subsequent to 2008			<b>3.50%</b>	

(6) Year	(7) Selected Ultimate Reported Claims	(8) Trended Claim Severity	(9) Indicated Ultimate ALAE
2008	20	35,500	710,000
2009	8	36,743	293,940
2010	21	38,028	798,598

Note: (2) Selected Ultimate ALAE based on average of Paid and Incrd ALAE Development Projections

**THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons**

**Exhibit 7E-5 - ALAE Development Factors  
Occurrence**

California Department of Insurance  
**California - Physicians and Surgeons**  
Trended Pure Premium Method  
As of 12/31/2010

(1)	(2)	(3)	(4)	(5)
Year	Selected Ultimate ALAE	Base Equivalent Exposures	ALAE Pure Premium	Trended ALAE Pure Premium
1999	-	3	-	-
2000	11	13	1	1
2001	585,630	46	12,781	16,261
2002	277,878	244	1,137	1,398
2003	448,816	302	1,488	1,768
2004	1,169,452	329	3,558	4,083
2005	545,880	282	1,934	2,145
2006	936,291	258	3,630	3,888
2007	1,135,437	239	4,758	4,925
			<u>Implied Trend</u>	
2001 - 2007	5,099,384	1,699	20.0%	3,381
2003 - 2007	4,235,876	1,409	30.0%	3,306
2005 - 2007	2,617,608	779	50.0%	3,574
			<b>Selected</b>	<b>3,450</b>
Selected Trend up to 2008			<b>3.50%</b>	
Selected Trend Subsequent to 2008			<b>3.50%</b>	

	(6)	(7)	(8)
Year	Base Equivalent Exposures	Trended Pure Premium	Indicated Ultimate ALAE
2008	223	3,450	768,953
2009	223	3,571	795,118
2010	279	3,696	1,031,224

Note: (2) Selected Ultimate ALAE based on average of Paid and Incrd ALAE Development Projections

**THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons**

**Exhibit 7E-6 - ALAE Development Factors  
Occurrence**

California Department of Insurance  
**California - Physicians and Surgeons**  
Incurred Bornhuetter Ferguson Method  
As of 12/31/2010

(1)	(2)	(3)	(4)	(5)	(6)
Year	A Priori Ultimate ALAE	Unreported Factor - 1 / [A-3, Column (	Estimated IBNR ALAE	To Date Incurred ALAE	Indicated Ultimate ALAE
2005	645,083	19.4%	124,950	408,821	533,771
2006	654,504	19.9%	130,014	845,401	975,415
2007	782,864	32.8%	257,029	803,411	1,060,440
2008	796,588	48.1%	383,086	290,422	673,508
2009	934,628	75.8%	708,700	17,902	726,602
2010	1,066,306	95.2%	1,015,191	3,500	1,018,691
<b>Total</b>	<b>4,879,974</b>		<b>2,618,969</b>		<b>4,988,426</b>

Note: A Priori is 3 Year weighted average Pure Premiums trended at:

**3.50%**

THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons  
Exhibit 7E-7 - ALAE Development Factors  
Occurrence

California Department of Insurance  
California - Physicians and Surgeons  
Incurred Cape Cod Method  
As of 12/31/2010

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
Year	As of 12/31/2010	Ultimate Reported Claims	Percent Incurred ALAE Outstanding	Incurred ALAE To Date	Selected Ultimate ALAE	Severity Index	Trended Selected Ultimate ALAE	Trended Average Severity (7) / (2)	3 Yr Weighted Trended Average Severity	Expected Trended Ultimate ALAE (2) x (9)	Estimated Unpaid Detrended ALAE (3) x (10) / (6)	Estimated Ultimate ALAE (4) + (11)
1999	0	0%	0	0	1.460	0	0	-	-	-	-	0
2000	1	0%	11	11	1.411	16	16	16	-	-	-	11
2001	11	0%	585,630	585,630	1.363	798,154	72,559	72,559	8	85	-	585,630
2002	10	1%	245,589	277,878	1.317	365,912	36,591	36,284	36,284	362,844	2,832	248,421
2003	22	16%	361,748	448,816	1.272	571,020	25,955	40,067	40,067	881,464	108,470	470,216
2004	33	19%	910,951	1,169,452	1.229	1,437,555	43,562	38,467	38,467	1,269,410	196,629	1,107,580
2005	30	19%	408,821	545,880	1.188	648,335	21,611	36,886	36,886	1,106,590	180,469	589,290
2006	25	20%	845,401	936,291	1.148	1,074,416	42,977	29,065	29,065	726,634	125,786	971,187
2007	23	33%	803,411	1,135,437	1.109	1,258,879	54,794	36,684	36,684	843,735	249,851	1,053,262
2008	20	48%	290,422	739,477	1.071	792,146	39,607	44,582	44,582	891,643	400,288	690,710
2009	8	76%	17,902	544,529	1.035	563,587	70,448	44,819	44,819	358,553	262,686	280,588
2010	21	95%	3,500	914,911	1.000	914,911	43,567	58,053	58,053	1,219,117	1,160,676	1,164,176
<b>Total</b>	<b>204</b>		<b>4,473,384</b>	<b>7,298,312</b>		<b>8,424,929</b>				<b>7,660,064</b>	<b>2,687,686</b>	<b>7,161,070</b>

Note: (5) Selected Ultimate ALAE based on the average of Paid and Incrd ALAE Development Projections for 2001-07 and the average of the Frequency/Severity and Pure Premium Projections for 2008-10.

Weights applied are: 1st Prior Year - 30%, 2nd Prior Year - 20%, 3rd Prior Year - 0%.

3rd Prior Year 20%  
2nd Prior Year 30%  
1st Prior Year 50%

**THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons**

**Exhibit 7F-1 - Reported Claim Development  
Claims-Made**

California Department of Insurance  
**California - Physicians and Surgeons**  
Summary of Ultimate Reported Claims  
As of 12/31/2010

(1)	(2)	(3)	(4)	(5)
Year	Reported Claim Development	Selected Ultimate Reported Claims	To Date Reported	Base Equivalent Exposures
1995	0	0	0	0
1996	0	0	0	0
1997	0	0	0	0
1998	0	0	0	0
1999	5	5	5	53
2000	30	30	30	415
2001	49	49	49	874
2002	142	142	142	2,321
2003	265	265	265	3,529
2004	218	218	216	3,971
2005	168	168	166	3,889
2006	165	165	163	3,931
2007	146	146	144	3,840
2008	161	161	158	3,887
2009	212	212	206	4,268
2010	192	192	163	4,242
<b>Totals</b>	<b>1,752</b>	<b>1,753</b>	<b>1,707</b>	<b>35,219</b>

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
**Exhibit 7F-2 - Reported Claim Development**  
**Claims-Made**  
**California Department of Insurance**  
**California - Physicians and Surgeons**  
**Reported Claim Development**  
**As of 12/31/2010**

<b>Report Year</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>48</b>	<b>60</b>	<b>72</b>	<b>84</b>	<b>96</b>	<b>108</b>	<b>120</b>	<b>132</b>	<b>144</b>	<b>156</b>	<b>168</b>	<b>180</b>
1995	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999	0	5	5	5	5	5	5	5	5	5	5	5	5	5	5
2000	20	30	30	30	30	30	30	30	30	30	30	30	30	30	30
2001	35	48	48	48	49	49	49	49	49	49	49	49	49	49	49
2002	122	141	142	142	142	142	142	142	142	142	142	142	142	142	142
2003	219	258	260	260	260	260	261	265	265	265	265	265	265	265	265
2004	183	215	215	216	216	216	216	216	216	216	216	216	216	216	216
2005	140	164	164	165	165	165	165	165	165	165	165	165	165	165	165
2006	127	159	161	163	163	163	163	163	163	163	163	163	163	163	163
2007	125	142	143	144	144	144	144	144	144	144	144	144	144	144	144
2008	132	156	158	158	158	158	158	158	158	158	158	158	158	158	158
2009	187	206	206	206	206	206	206	206	206	206	206	206	206	206	206
2010	163	163	163	163	163	163	163	163	163	163	163	163	163	163	163

<b>Report Year</b>	<b>12-24</b>	<b>24-36</b>	<b>36-48</b>	<b>48-60</b>	<b>60-72</b>	<b>72-84</b>	<b>84-96</b>	<b>96-108</b>	<b>108-120</b>	<b>120-132</b>	<b>132-144</b>	<b>144-156</b>	<b>156-168</b>	<b>168-180</b>	<b>180-Ult</b>
1995															
1996															
1997															
1998															
1999		1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2000	1.500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2001	1.371	1.000	1.000	1.021	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2002	1.156	1.007	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2003	1.178	1.008	1.000	1.000	1.000	1.004	1.015	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2004	1.175	1.000	1.005	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2005	1.171	1.000	1.006	1.000	1.006	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2006	1.252	1.013	1.012	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2007	1.136	1.007	1.007	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2008	1.182	1.013	1.013	1.013	1.013	1.013	1.013	1.013	1.013	1.013	1.013	1.013	1.013	1.013	1.013
2009	1.102	1.102	1.102	1.102	1.102	1.102	1.102	1.102	1.102	1.102	1.102	1.102	1.102	1.102	1.102

**Incremental Development Factors**

3 Year Wghd Ave	1.135	1.011	1.009	1.000	1.002	1.002	1.009	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghd Ave	1.163	1.006	1.005	1.000	1.001	1.001	1.008	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<b>Selected</b>	<b>1.149</b>	<b>1.008</b>	<b>1.007</b>	<b>1.000</b>	<b>1.001</b>	<b>1.002</b>	<b>1.009</b>	<b>1.000</b>							

**Cumulative Development Factors**

3 Year Wghd Ave	1.171	1.032	1.021	1.012	1.012	1.010	1.009	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghd Ave	1.189	1.022	1.016	1.011	1.011	1.010	1.008	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<b>Selected</b>	<b>1.180</b>	<b>1.027</b>	<b>1.018</b>	<b>1.011</b>	<b>1.011</b>	<b>1.010</b>	<b>1.009</b>	<b>1.000</b>							
<b>Ultimate Reported</b>	<b>192</b>	<b>212</b>	<b>161</b>	<b>146</b>	<b>165</b>	<b>168</b>	<b>218</b>	<b>265</b>	<b>142</b>	<b>49</b>	<b>30</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
 Exhibit 7G-1 - Reported Claim Development  
**Occurrence**

California Department of Insurance  
**California - Physicians and Surgeons**  
 Summary of Ultimate Reported Claims  
 As of 12/31/2010

(1)	(2)	(3)	(4)	(5)
Year	Reported Claim Development	Selected Ultimate Reported Claims	To Date Reported	Base Equivalent Exposures
1995	0	0	0	0
1996	0	0	0	0
1997	0	0	0	0
1998	0	0	0	0
1999	0	0	0	3
2000	1	1	1	13
2001	11	11	11	46
2002	10	10	10	244
2003	22	22	22	302
2004	33	33	32	329
2005	30	30	29	282
2006	25	25	24	258
2007	23	23	22	239
2008	20	20	18	223
2009	8	8	6	223
2010	21	21	4	279
<b>Totals</b>	<b>203</b>	<b>204</b>	<b>179</b>	<b>2,439</b>

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
**Exhibit 7G-2 - Reported Claim Development**  
**Occurrence**  
**California Department of Insurance**  
**California - Physicians and Surgeons**  
**Reported Claim Development**  
**As of 12/31/2010**

Accident Year	12	24	36	48	60	72	84	96	108	120	132	144	156	168	180
1995	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2000	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0
2001	0	10	10	10	10	10	10	11	11	11	1	0	0	0	0
2002	1	6	9	9	10	10	10	10	10	10	10	0	0	0	0
2003	4	14	21	21	22	22	22	22	22	22	22	0	0	0	0
2004	2	24	31	31	32	32	32	32	32	32	32	0	0	0	0
2005	7	25	28	28	28	28	28	28	28	28	28	0	0	0	0
2006	3	17	23	24	24	24	24	24	24	24	24	0	0	0	0
2007	4	15	20	22	22	22	22	22	22	22	22	0	0	0	0
2008	6	16	18	18	18	18	18	18	18	18	18	0	0	0	0
2009	0	6	6	6	6	6	6	6	6	6	6	0	0	0	0
2010	4	4	4	4	4	4	4	4	4	4	4	0	0	0	0

Accident Year	12-24	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-120	120-132	132-144	144-156	156-168	168-180	180-Ult
1995															
1996															
1997															
1998															
1999															
2000		1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2001		1.000	1.000	1.000	1.000	1.000	1.100	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2002	6.000	1.500	1.000	1.111	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2003	3.500	1.500	1.000	1.048	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2004	12.000	1.292	1.000	1.032	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2005	3.571	1.120	1.000	1.000	1.000	1.036	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2006	5.667	1.353	1.043	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2007	3.750	1.333	1.100	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2008	2.667	1.125	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2009															

**Incremental Development Factors**

3 Year Wghtd Ave	3.700	1.271	1.042	1.012	1.012	1.000	1.024	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghtd Ave	3.950	1.237	1.024	1.027	1.010	1.000	1.023	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Selected	3.825	1.254	1.033	1.019	1.011	1.000	1.024	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

**Cumulative Development Factors**

3 Year Wghtd Ave	5.140	1.389	1.093	1.049	1.038	1.024	1.024	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghtd Ave	5.310	1.344	1.087	1.061	1.033	1.023	1.023	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Selected	5.228	1.367	1.090	1.055	1.035	1.024	1.024	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Ultimate Reported	21	8	20	23	25	30	33	22	10	11	1	-	-	-	-
-------------------	----	---	----	----	----	----	----	----	----	----	---	---	---	---	---

**THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons**

**Exhibit 7H-1 - Paid Claim Development  
Claims-Made**

California Department of Insurance  
**California - Physicians and Surgeons**  
Summary of Ultimate Paid Claims  
As of 12/31/2010

(1)	(2)	(3)	(4)	(5)
Year	Paid Count Development Method	Incurred Count Development Method	Selected Ultimate Paid Counts	Base Equivalent Exposures
1995	0	0	0	0
1996	0	0	0	0
1997	0	0	0	0
1998	0	0	0	0
1999	1	1	1	53
2000	8	8	8	415
2001	14	14	14	874
2002	31	31	31	2,321
2003	50	51	51	3,529
2004	38	38	38	3,971
2005	24	25	25	3,889
2006	31	31	31	3,931
2007	25	24	24	3,840
2008	27	29	29	3,887
2009	25	36	36	4,268
2010	0	34	34	4,242
<b>Totals</b>	<b>274</b>	<b>323</b>	<b>322</b>	<b>35,219</b>

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
**Exhibit 7H-2 - Paid Claim Development**  
**Claims-Made**  
**California Department of Insurance**  
**California - Physicians and Surgeons**  
**Paid Claim Development**  
**As of 12/31/2010**

<u>Report Year</u>	12	24	36	48	60	72	84	96	108	120	132	144	156	168	180
1995	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1
2000	0	6	8	8	8	8	8	8	8	8	8	8	8	8	8
2001	1	6	11	12	14	14	14	14	14	14	14	14	14	14	14
2002	2	13	29	31	31	31	31	31	31	31	31	31	31	31	31
2003	6	27	44	46	48	50	50	50	50	50	50	50	50	50	50
2004	1	22	32	34	39	39	38	38	38	38	38	38	38	38	38
2005	2	11	18	22	24	24	24	24	24	24	24	24	24	24	24
2006	0	12	26	31	31	31	31	31	31	31	31	31	31	31	31
2007	1	12	20	23	23	23	23	23	23	23	23	23	23	23	23
2008	1	12	22	22	22	22	22	22	22	22	22	22	22	22	22
2009	1	11	11	11	11	11	11	11	11	11	11	11	11	11	11
2010	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

<u>Report Year</u>	<u>12-24</u>	<u>24-36</u>	<u>36-48</u>	<u>48-60</u>	<u>60-72</u>	<u>72-84</u>	<u>84-96</u>	<u>96-108</u>	<u>108-120</u>	<u>120-132</u>	<u>132-144</u>	<u>144-156</u>	<u>156-168</u>	<u>168-180</u>	<u>180-Ult</u>
1995															
1996															
1997															
1998															
1999			1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2000		1.333	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2001	6.000	1.833	1.091	1.167	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2002	6.500	2.231	1.069	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2003	4.500	1.630	1.045	1.043	1.042	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2004	22.000	1.455	1.063	1.147	1.000	0.974	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2005	5.500	1.636	1.222	1.091	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2006		2.167	1.192	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2007	12.000	1.667	1.150	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2008	12.000	1.833	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2009	11.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

**Incremental Development Factors**

3 Year Wghtd Ave	11.667	1.889	1.168	1.080	1.018	0.992	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghtd Ave	11.600	1.710	1.114	1.055	1.013	0.993	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<b>Selected</b>	<b>11.633</b>	<b>1.800</b>	<b>1.151</b>	<b>1.068</b>	<b>1.015</b>	<b>0.992</b>	<b>1.000</b>								

**Cumulative Development Factors**

3 Year Wghtd Ave	28.544	2.447	1.295	1.091	1.010	0.992	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghtd Ave	23.451	2.022	1.182	1.061	1.006	0.993	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<b>Selected</b>	<b>25.919</b>	<b>2.228</b>	<b>1.238</b>	<b>1.076</b>	<b>1.008</b>	<b>0.992</b>	<b>1.000</b>								

<b>Ultimate Paid</b>	<b>-</b>	<b>25</b>	<b>27</b>	<b>25</b>	<b>31</b>	<b>24</b>	<b>38</b>	<b>50</b>	<b>31</b>	<b>14</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
----------------------	----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	----------	----------	----------	----------	----------

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
**Exhibit 7H-3 - Paid Claim Development**  
**Claims-Made**  
**California Department of Insurance**  
**California - Physicians and Surgeons**  
**Incurred Claim Development**  
**As of 12/31/2010**

<b>Report Year</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>48</b>	<b>60</b>	<b>72</b>	<b>84</b>	<b>96</b>	<b>108</b>	<b>120</b>	<b>132</b>	<b>144</b>	<b>156</b>	<b>168</b>	<b>180</b>
1995	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999	0	3	2	2	1	1	1	1	1	1	1	1	1	1	1
2000	20	16	11	9	8	8	8	8	8	8	8	8	8	8	8
2001	28	31	17	14	15	14	14	14	14	14	14	14	14	14	14
2002	111	60	34	32	32	31	31	31	31	31	31	31	31	31	31
2003	173	103	83	57	50	50	50	51	51	51	51	51	51	51	51
2004	139	85	50	40	40	40	38	38	38	38	38	38	38	38	38
2005	94	63	42	33	27	25	25	25	25	25	25	25	25	25	25
2006	97	60	43	39	32	32	32	32	32	32	32	32	32	32	32
2007	95	51	29	28	28	28	28	28	28	28	28	28	28	28	28
2008	96	60	40	40	40	40	40	40	40	40	40	40	40	40	40
2009	139	76	76	76	76	76	76	76	76	76	76	76	76	76	76
2010	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125

<b>Report Year</b>	<b>12-24</b>	<b>24-36</b>	<b>36-48</b>	<b>48-60</b>	<b>60-72</b>	<b>72-84</b>	<b>84-96</b>	<b>96-108</b>	<b>108-120</b>	<b>120-132</b>	<b>132-144</b>	<b>144-156</b>	<b>156-168</b>	<b>168-180</b>	<b>180-Ult</b>
1995															
1996															
1997															
1998															
1999		0.667	1.000	0.500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2000	0.800	0.688	0.818	0.889	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2001	1.107	0.548	0.824	1.071	0.933	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2002	0.541	0.567	0.941	1.000	0.969	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2003	0.595	0.806	0.687	0.877	1.000	1.000	1.020	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2004	0.612	0.588	0.800	1.000	1.000	0.950	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2005	0.670	0.667	0.788	0.818	0.926	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2006	0.619	0.717	0.907	0.821	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2007	0.537	0.569	0.966	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2008	0.625	0.667	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2009	0.547	0.667	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

**Incremental Development Factors**

3 Year Wgtd Ave	0.587	0.655	0.877	0.884	0.983	0.983	1.011	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wgtd Ave	0.595	0.639	0.798	0.900	0.976	0.986	1.010	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Selected	0.581	0.647	0.837	0.892	0.979	0.985	1.010	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

**Cumulative Development Factors**

3 Year Wgtd Ave	0.281	0.496	0.757	0.863	0.977	0.994	1.011	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wgtd Ave	0.265	0.448	0.698	0.875	0.971	0.995	1.010	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Selected	0.274	0.471	0.728	0.869	0.974	0.995	1.010	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Ultimate Paid	34	36	29	24	31	25	38	51	31	14	8	1			
---------------	----	----	----	----	----	----	----	----	----	----	---	---	--	--	--

**THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons**

**Exhibit 7I-1 - Paid Claim Development  
Occurrence**

California Department of Insurance  
**California - Physicians and Surgeons**  
Summary of Ultimate Paid Claims  
As of 12/31/2010

(1)	(2)	(3)	(4)	(5)
Year	Paid Count Development Method	Incurred Count Development Method	Selected Ultimate Paid Counts	Base Equivalent Exposures
1995	0	0	0	0
1996	0	0	0	0
1997	0	0	0	0
1998	0	0	0	0
1999	0	0	0	3
2000	0	0	0	13
2001	7	7	7	46
2002	1	1	1	244
2003	1	1	1	302
2004	13	13	13	329
2005	5	5	5	282
2006	4	5	5	258
2007	5	7	7	239
2008	2	4	4	223
2009	0	1	1	223
2010	0	6	6	279
<b>Totals</b>	<b>38</b>	<b>50</b>	<b>50</b>	<b>2,439</b>

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
 Exhibit 71-2 - Paid Claim Development  
**Occurrence**  
 California Department of Insurance  
**California - Physicians and Surgeons**  
 Paid Count Development  
 As of 12/31/2010

Accident Year	12	24	36	48	60	72	84	96	108	120	132	144	156	168	180
1995	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2001	0	1	4	5	5	5	7	7	7	7	7	7	7	7	7
2002	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1
2003	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1
2004	0	0	5	7	12	13	13	13	13	13	13	13	13	13	13
2005	0	2	5	5	5	5	5	5	5	5	5	5	5	5	5
2006	0	0	2	3	4	4	4	4	4	4	4	4	4	4	4
2007	0	1	1	3	3	3	3	3	3	3	3	3	3	3	3
2008	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2009	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2010	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Accident Year	12-24	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-120	120-132	132-144	144-156	156-168	168-180	180-Ult
1995															
1996															
1997															
1998															
1999															
2000															
2001		4.000	1.250	1.000	1.000	1.400	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2002			1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2003				1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2004			1.400	1.714	1.083	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2005		2.500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2006			1.500	1.333	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2007		1.000	3.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2008		1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2009															

**Incremental Development Factors**

3 Year Wghtd Ave	1.000	2.000	1.375	1.400	1.056	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghtd Ave	1.000	3.500	1.462	1.353	1.042	1.100	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Selected	1.000	2.750	1.418	1.376	1.049	1.050	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

**Cumulative Development Factors**

3 Year Wghtd Ave	4.064	4.064	2.032	1.478	1.056	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghtd Ave	7.930	7.930	2.268	1.550	1.146	1.100	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Selected	5.911	5.911	2.149	1.516	1.101	1.050	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Ultimate Paid	-	-	2	5	4	5	13	1	1	7	-	-	-	-	-
---------------	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
 Exhibit 71-3 - Paid Claim Development  
**Occurrence**  
 California Department of Insurance  
**California - Physicians and Surgeons**  
 Incurred Count Development  
 As of 12/31/2010

Accident Year	12	24	36	48	60	72	84	96	108	120	132	144	156	168	180
1995	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2001	0	10	9	8	8	8	7	8	8	7					
2002	1	5	3	1	2	1	1	1	1						
2003	3	5	5	2	3	2	1	1							
2004	2	14	15	12	13	13	13								
2005	6	15	6	5	5	5									
2006	3	8	11	6	6										
2007	4	11	12	8											
2008	4	9	7												
2009	0	2													
2010	4														

Accident Year	12-24	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-120	120-132	132-144	144-166	156-168	168-180	180-Ult
1995															
1996															
1997															
1998															
1999															
2000															
2001		0.900	0.889	1.000	1.000	0.875	1.143	1.000	0.875						
2002	5.000	0.600	0.333	2.000	0.500	1.000	1.000	1.000							
2003	1.667	1.000	0.400	1.500	0.667	0.500	1.000								
2004	7.000	1.071	0.800	1.083	1.000	1.000									
2005	2.500	0.400	0.833	1.000	1.000										
2006	2.667	1.375	0.545	1.000											
2007	2.750	1.091	0.667												
2008	2.250	0.778													
2009															

**Incremental Development Factors**

3 Year Wghd Ave	2.750	1.071	0.655	1.043	0.952	0.938	1.111	1.000	0.875	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghd Ave	2.647	0.895	0.673	1.115	0.935	0.917	1.111	1.000	0.875	1.000	1.000	1.000	1.000	1.000	1.000
Selected	2.699	0.983	0.664	1.079	0.944	0.927	1.111	1.000	0.875	1.000	1.000	1.000	1.000	1.000	1.000

**Cumulative Development Factors**

3 Year Wghd Ave	1.749	0.636	0.593	0.906	0.868	0.911	0.972	0.875	0.875	1.000	1.000	1.000	1.000	1.000	1.000
5 Year Wghd Ave	1.483	0.560	0.626	0.930	0.834	0.891	0.972	0.875	0.875	1.000	1.000	1.000	1.000	1.000	1.000
Selected	1.619	0.600	0.610	0.918	0.851	0.901	0.972	0.875	0.875	1.000	1.000	1.000	1.000	1.000	1.000

Ultimate Paid	6	1	4	7	5	5	13	1	1	7	-	-			
---------------	---	---	---	---	---	---	----	---	---	---	---	---	--	--	--

**The Medical Protective Company  
Physicians & Surgeons**

**Exhibit 8A - Loss Trend, ALAE Trend, and Expense Trend  
Claims Made & Occurrence**

California Department of Insurance

	<u>2008</u>	<u>2009</u>	<u>2010</u>
Trend	3.5%	3.5%	3.5%
Years to 12/31/12	4.50	3.50	2.50
Trend Factor	1.167	1.128	1.090

**The Medical Protective Company  
Physicians & Surgeons**

**Exhibit 8B - Loss Trend, ALAE Trend, and Expense Trend  
Claims Made & Occurrence**

California Department of Insurance

Year (X)	Projected Loss and <u>ALAE</u>	Base Equiv Earned <u>Exposures</u>	LALE Pure Premium <u>(Y)</u>	Reported <u>Count</u>	LALE Severity <u>(Y)</u>	Reported <u>Count</u>	Reported <u>Frequency</u>
2000	1,636,422	428	3,825	31	52,788	31	7.2%
2001	2,949,344	920	3,207	60	49,156	60	6.5%
2002	8,237,723	2,565	3,212	152	54,196	152	5.9%
2003	11,214,445	3,831	2,928	287	39,075	287	7.5%
2004	19,757,332	4,300	4,595	251	78,714	251	5.8%
2005	8,033,308	4,171	1,926	198	40,572	198	4.7%
2006	10,201,066	4,189	2,435	190	53,690	190	4.5%
2007	13,470,260	4,079	3,302	169	79,706	169	4.1%
2008	11,262,602	4,110	2,740	181	62,224	181	4.4%
2009	12,673,100	4,491	2,822	220	57,605	220	4.9%
2010	14,247,596	4,521	3,152	213	66,890	213	4.7%

Output Statistics:

	<u>Pure Premium</u>		<u>Severity</u>		<u>Frequency</u>	
	<u>Trend</u>	<u>R Squared</u>	<u>Trend</u>	<u>R Squared</u>	<u>Trend</u>	<u>R Squared</u>
2001-10	-1.3%	3%	3.6%	19%	-10.0%	56%
2003-10	-0.7%	0%	4.7%	18%	-7.4%	47%
2005-10	8.1%	55%	7.3%	34%	8.2%	5%
2001-09	-2.3%	7%	3.5%	14%	-9.0%	60%
2003-09	-2.1%	3%	5.0%	14%	-6.7%	56%
2005-09	9.2%	48%	8.9%	30%	2.5%	1%
Selected:	3.5%					

**The Medical Protective Company  
Physicians & Surgeons**

**Exhibit 8C-1 - Loss Trend, ALAE Trend, and Expense Trend  
Claims Made & Occurrence**

California Department of Insurance

Acc/Rep			Loss Severity
Year (X)	Projected Loss	Paid Count	Severity (Y)
1999	17,500	1	-
2000	782,999	8	97,875
2001	1,396,266	21	66,489
2002	4,803,915	32	150,122
2003	5,656,542	52	108,780
2004	12,716,000	51	249,333
2005	2,656,617	30	88,554
2006	4,463,187	36	123,977
2007	8,337,966	31	268,967
2008	5,184,391	33	157,103
2009	5,481,013	37	148,135
2010	7,069,480	40	176,737

Output Statistics:

	<u>Severity</u>	
	<u>Trend</u>	<u>R Squared</u>
2000-07	11.9%	31%
2001-07	13.7%	29%
2002-07	6.7%	7%
2003-07	11.8%	12%
2004-07	5.8%	2%

Selected:           **2.0%**           (Refer to Exh 8C (2))

Note: Data based on CA statewide experience

**The Medical Protective Company  
Physicians & Surgeons**

**Exhibit 8C-2 - Loss Trend, ALAE Trend, and Expense Trend  
Claims Made & Occurrence**

California Department of Insurance

Close Year (X)	CA NPDB Paid Loss	Paid Count	LAE Severity (Y)
1998	184,640,850	1392	132,644
1999	193,808,650	1411	137,356
2000	184,089,150	1,341	137,278
2001	214,150,800	1,383	154,845
2002	208,108,250	1,298	160,330
2003	206,865,100	1,288	160,610
2004	199,044,300	1,150	173,082
2005	197,799,700	1,111	178,038
2006	190,608,050	981	194,300
2007	178,235,050	915	194,792
2008	177,282,600	891	198,970
2009	169,711,050	905	187,526
2010	126,716,800	670	189,130

Output Statistics:

	<u>Trend</u>	<u>Severity</u> <u>R Squared</u>
1998-07	4.7%	97%
2000-07	4.8%	95%
2001-08	4.0%	96%
2002-09	3.2%	78%
2003-10	2.3%	57%
2004-10	1.4%	36%
Selected:	2.0%	

**The Medical Protective Company  
Physicians & Surgeons**

**Exhibit 8D - Loss Trend, ALAE Trend, and Expense Trend  
Claims Made & Occurrence**

California Department of Insurance

Acc/Rep Year (X)	Projected ALAE	Reported Count	Severity Severity (Y)
1999	238,592	5	-
2000	853,423	31	27,530
2001	1,553,078	60	25,885
2002	3,433,808	152	22,591
2003	5,557,903	287	19,366
2004	7,041,332	251	28,053
2005	5,376,692	198	27,155
2006	5,737,880	190	30,199
2007	5,132,294	169	30,369
2008	6,078,211	181	33,581
2009	7,192,087	220	32,691
2010	7,178,116	213	33,700

Output Statistics:

	<u>Trend</u>	<u>Severity</u> <u>R Squared</u>
2000-07	2.9%	21%
2001-07	5.1%	43%
2002-07	8.3%	69%
2003-07	10.2%	69%
2004-07	3.5%	65%
Selected:	3.5%	

**The Medical Protective Company  
Physicians & Surgeons**

**Exhibit 9 - Catastrophe Adjustment  
Claims Made & Occurrence**

California Department of Insurance

**No adjustments are made for catastrophic loss.**

**THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons**

**Exhibit 10 - Credibility Adjustment  
Claims Made & Occurrence**

California Department of Insurance

Physicians & Surgeons

Credibility Calculation

I. Establishment of Credibility Standard:

A. Error % =  $K = 7.5\%$

B. Probability =  $P = 95.0\%$

C.  $N = \{ (Z^2) / (K^2) \} = (1.96^2) / (0.075^2) = 683$

II. Calculated Credibility :

Based on the Number of Incurred Counts:

Net Number of Incurred Counts = N

100% Credibility is assigned to 683 Incurred Counts

$$\text{Credibility} = \sqrt{\frac{N}{683}}$$

Calculation:

N = 254 {Sum Diagonal [Exh 7H(3) + Exh 7I(3)]}

$$\text{Credibility} = \sqrt{\frac{254}{683}} = 0.61$$

Selected Credibility Factor = 0.61

**The Medical Protective Company  
Physicians & Surgeons**

**Exhibit 11 - Ancillary Income  
Claims Made & Occurrence**

California Department of Insurance

	<b>Calendar Year \$</b>		
	<u>2008</u>	<u>2009</u>	<u>2010</u>
Finance and Service Charges*	-	-	-
Aggregate Write ins for Misc. Income**	-	-	-
<b>Total Ancillary</b>	-	-	-
<b><u>Direct Written Premium By Program</u></b>			
Dentists	960,006	1,230,419	1,582,498
Physicians & Surgeons - CM	24,342,868	25,208,205	23,759,302
Physicians & Surgeons - OC	2,669,156	2,451,534	2,832,633
Hospitals & Allieds	151,809	434,001	1,131,678
<b><u>Allocated Ancillary Income By Program</u></b>			
Dentists	-	-	-
Physicians & Surgeons - CM	-	-	-
Physicians & Surgeons - OC	-	-	-
Hospitals & Allieds	-	-	-

\* Medical Protective Annual Statement Schedule T Column 8 Line 5 (California - Finance & service charges not incl in prem)

\*\* Medical Protective Annual Statement Page 4 Line 14.  
Medical Protective has no income for this item from California. All items on this line are associated with JUA Service Fees from the States of IN, TX and FL

**The Medical Protective Company  
Physicians & Surgeons**

**Exhibit 13 - Request For Variance  
Claims Made & Occurrence**

California Department of Insurance

**Variance 3 Request**

Leverage factor from section 2644.17 is modified due to the insurer writing over 90% of direct premium earned in one line of business. In 2010, medical professional liability represented 100% of the Company's direct earned premium in California and 99.5% of the Company's direct earned premium countrywide.

This variance will move the maximum indicated rate change from -5.44% to -2.63%.

**The Medical Protective Company  
Physicians & Surgeons**

Exhibit 15 - Rate Distribution  
California Department of Insurance  
Mature \$1M/\$3M Claims Made Rates

<u>Class</u>	<u>Current Rate</u>		
	<u>Area 1</u>	<u>Area 2</u>	<u>Area 3</u>
1A	\$ 10,343	\$ 8,233	\$ 6,593
1B	\$ 11,453	\$ 9,118	\$ 7,300
1C	\$ 13,515	\$ 10,758	\$ 8,615
2A	\$ 16,605	\$ 13,220	\$ 10,585
2B	\$ 19,470	\$ 15,500	\$ 12,410
2C	\$ 20,043	\$ 15,955	\$ 12,775
3	\$ 25,195	\$ 20,058	\$ 16,060
4	\$ 34,358	\$ 27,353	\$ 21,900
5A	\$ 41,413	\$ 32,970	\$ 26,398
5B	\$ 50,163	\$ 39,935	\$ 31,975
6	\$ 51,538	\$ 41,030	\$ 32,850
7A	\$ 65,853	\$ 52,425	\$ 41,975
7B	\$ 69,540	\$ 55,363	\$ 44,325
8	\$ 88,758	\$ 70,660	\$ 56,575

<u>Class</u>	<u>Proposed Rate</u>		
	<u>Area 1</u>	<u>Area 2</u>	<u>Area 3</u>
1A	\$ 8,720	\$ 6,943	\$ 5,558
1B	\$ 9,965	\$ 7,935	\$ 6,353
1C	\$ 12,458	\$ 9,918	\$ 7,940
1D	\$ 14,325	\$ 11,405	\$ 9,130
1E	\$ 17,130	\$ 13,638	\$ 10,918
2A	\$ 18,063	\$ 14,380	\$ 11,513
2B	\$ 21,178	\$ 16,860	\$ 13,498
2C	\$ 23,670	\$ 18,843	\$ 15,085
3	\$ 27,408	\$ 21,818	\$ 17,468
4	\$ 37,373	\$ 29,753	\$ 23,820
5A	\$ 44,225	\$ 35,208	\$ 28,188
5B	\$ 52,323	\$ 41,653	\$ 33,348
6	\$ 56,060	\$ 44,630	\$ 35,730
7A	\$ 62,288	\$ 49,588	\$ 39,700
7B	\$ 74,745	\$ 59,505	\$ 47,640
8	\$ 87,203	\$ 69,423	\$ 55,580

<u>Class</u>	<u>Percent Change</u>		
	<u>Area 1</u>	<u>Area 2</u>	<u>Area 3</u>
1A	-15.7%	-15.7%	-15.7%
1B	-13.0%	-13.0%	-13.0%
1C	-7.8%	-7.8%	-7.8%
1D	<new>	<new>	<new>
1E	<new>	<new>	<new>
2A	8.8%	8.8%	8.8%
2B	8.8%	8.8%	8.8%
2C	18.1%	18.1%	18.1%
3	8.8%	8.8%	8.8%
4	8.8%	8.8%	8.8%
5A	6.8%	6.8%	6.8%
5B	4.3%	4.3%	4.3%
6	8.8%	8.8%	8.8%
7A	-5.4%	-5.4%	-5.4%
7B	7.5%	7.5%	7.5%
8	-1.8%	-1.8%	-1.8%

**The Medical Protective Company  
Physicians & Surgeons**

**Exhibit 16-1 - Rate Classification Relativities  
California Department of Insurance**

<u>Class</u>	<u>Current</u>	<u>Proposed</u>
1A	0.903	0.700
1B	1.000	0.800
1C	1.180	1.000
1D	<new>	1.150
1E	<new>	1.375
2A	1.450	1.450
2B	1.700	1.700
2C	1.750	1.900
3	2.200	2.200
4	3.000	3.000
5A	3.616	3.550
5B	4.380	4.200
6	4.500	4.500
7A	5.750	5.000
7B	6.072	6.000
8	7.750	7.000

THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons  
Exhibit 16-2 - Loss Development Factors  
California Department of Insurance  
California - Physicians and Surgeons  
Classification Changes

Current Class	ISO Code	Description	Current Relativity to 1B	Current MedPro Rate Rel to 80420	Proposed MedPro Rate Rel to 80420	Relative to 80420			Proposed Relativity to 1C	Proposed Class	Relativity Change	Overall Specialty Change *	Percentage of PH 5/31/2011
						07/2011 TDC	07/2007 NORCAL	09/2006 MIEC					
<b>Class 1A</b>													
1A	240.00	FORENSIC MEDICINE	0.903	0.765	0.609	1.000	1.000	1.000	0.700	1A	-22.5%	-15.7%	0.1%
1A	254.00	ALLERGY	0.903	0.765	0.609	0.612	0.396	0.500	0.700	1A	-22.5%	-15.7%	0.3%
1A	263.00	OPHTHALMOLOGY - NO SURG	0.903	0.765	0.609	0.714	0.665	1.045	0.700	1A	-22.5%	-15.7%	0.3%
<b>From Class 1A to 1B</b>													
1A	230.00	AEROSPACE MEDICINE	0.903	0.765	0.696	1.000	1.000	1.000	0.800	1B	-11.4%	-3.6%	0.0%
1A	231.00	GENL. PREVENTIVE MED.-NO SURG	0.903	0.765	0.696	1.071	0.665	1.000	0.800	1B	-11.4%	-3.6%	0.1%
1A	233.00	OCCUPATIONAL MEDICINE	0.903	0.765	0.696	0.528	0.829	1.000	0.800	1B	-11.4%	-3.6%	1.2%
1A	235.00	PHYSIATRY	0.903	0.765	0.696	0.723	0.396	0.818	0.800	1B	-11.4%	-3.6%	1.1%
1A	238.00	PUBLIC HEALTH	0.903	0.765	0.696	1.000	1.000	0.636	0.800	1B	-11.4%	-3.6%	0.0%
1A	248.00	NUTRITION	0.903	0.765	0.696	1.000	1.000	1.000	0.800	1B	-11.4%	-3.6%	0.1%
1A	258.00	DERMATOLOGY-NO SURG	0.903	0.765	0.696	0.741	0.655	0.909	0.800	1B	-11.4%	-3.6%	1.8%
1A	262.00	NUCLEAR MEDICINE	0.903	0.765	0.696	0.676	0.829	1.000	0.800	1B	-11.4%	-3.6%	0.2%
<b>Class 1B</b>													
1B	232.00	HYPNOSIS	1.000	0.847	0.696	0.736	0.577	0.500	0.800	1B	-20.0%	-13.0%	0.0%
1B	249.00	PSYCHIATRY-INCLUDING CHILD	1.000	0.847	0.696	0.736	0.577	0.500	0.800	1B	-20.0%	-13.0%	1.8%
1B	250.00	PSYCHOANALYSIS	1.000	0.847	0.696	0.736	0.577	0.500	0.800	1B	-20.0%	-13.0%	0.0%
1B	251.00	PSYCHOSOMATIC MEDICINE	1.000	0.847	0.696	0.736	0.577	0.500	0.800	1B	-20.0%	-13.0%	0.1%
<b>From Class 1A to 1C</b>													
1A	234.00	PHARMACOLOGY-CLINICAL	0.903	0.765	0.870	1.071	0.829	1.000	1.000	1C	10.7%	20.5%	0.0%
1A	268.00	PHYSICIANS-NO SURGERY-N.O.C.	0.903	0.765	0.870	1.000	1.000	1.000	1.000	1C	10.7%	20.5%	1.1%
<b>From Class 1B to 1C</b>													
1B	238.00	ENDOCRINOLOGY-NO SURGERY	1.000	0.847	0.870	1.071	0.829	1.000	1.000	1C	0.0%	8.8%	0.6%
1B	243.00	GERIATRICS-NO SURGERY	1.000	0.847	0.870	1.000	1.000	1.000	1.000	1C	0.0%	8.8%	0.2%
<b>Class 1C</b>													
1C	244.00	GYNECOLOGY-NO SURG	1.180	1.000	0.870	1.000	1.710	1.000	1.000	1C	-15.3%	-7.8%	0.2%
1C	247.00	RHINOLOGY-NO SURG	1.180	1.000	0.870	1.000	1.190	1.000	1.000	1C	-15.3%	-7.8%	0.0%
1C	252.00	RHEUMATOLOGY-NO SURG	1.180	1.000	0.870	1.071	0.829	1.000	1.000	1C	-15.3%	-7.8%	1.0%
1C	253.00	LARYNGOLOGY-NO SURG	1.180	1.000	0.870	1.000	1.190	1.000	1.000	1C	-15.3%	-7.8%	0.1%
1C	264.00	OTOLOGY-NO SURG	1.180	1.000	0.870	1.000	1.190	1.000	1.000	1C	-15.3%	-7.8%	0.1%
1C	265.00	OTORHINOLARYNGOLOGY-NO SURG	1.180	1.000	0.870	1.000	1.190	1.000	1.000	1C	-15.3%	-7.8%	0.1%
1C	268.00	PATHOLOGY-NO SURG	1.180	1.000	0.870	1.129	0.577	0.909	1.000	1C	-15.3%	-7.8%	2.8%
1C	282.00	DERMATOLOGY-MINOR SURG	1.180	1.000	0.870	1.324	0.665	1.384	1.000	1C	-15.3%	-7.8%	0.7%
<b>From Class 1C to 1D</b>													
1C	114.00	SURGERY-OPHTHALMOLOGY	1.180	1.000	1.000	1.658	0.829	1.136	1.150	1D	-2.5%	6.0%	5.6%
1C	260.00	NEPHROLOGY-NO SURG	1.180	1.000	1.000	1.071	0.829	1.000	1.150	1D	-2.5%	6.0%	0.9%
1C	289.00	OPHTHALMOLOGY-MINOR SURG	1.180	1.000	1.000	0.892	0.665	1.136	1.150	1D	-2.5%	6.0%	0.2%
1C	420.00	FAMILY PHYS/GEN.-NO SURG	1.180	1.000	1.000	1.000	1.000	1.000	1.150	1D	-2.5%	6.0%	17.1%
<b>Class 1D</b>													
new	296.00	HOSPITALISTS			1.026				1.180	1D	new		
<b>From Class 2A to 1D</b>													
2A	245.00	HEMATOLOGY-NO SURG	1.450	1.229	1.000	1.071	0.829	1.000	1.150	1D	-20.7%	-13.7%	1.4%
2A	267.00	PEDIATRICS-NO SURG	1.450	1.229	1.000	1.337	0.829	0.500	1.150	1D	-20.7%	-13.7%	4.3%
<b>From Class 1C to 1E</b>													
1C	255.00	CARDIOVASCULAR DISEASE-NO SURG	1.180	1.000	1.196	1.071	0.665	1.045	1.375	1E	16.5%	26.8%	0.6%
<b>From Class 2A to 1E</b>													
2A	257.00	INTERNAL MEDICINE-NO SURG	1.450	1.229	1.196	1.129	0.829	1.000	1.375	1E	-5.2%	3.2%	13.7%
<b>Class 2A</b>													
2A	102.26	URGENT CARE - NO SURG	1.450	1.229	1.261	1.129	1.000	1.000	1.450	2A	0.0%	8.8%	1.4%
2A	151.00	ANESTHESIOLOGY	1.450	1.229	1.261	1.324	1.043	1.384	1.450	2A	0.0%	8.8%	7.7%
new	182.00	PAIN MEDICINE			1.261				1.450	2A	new		
2A	295.00	PAIN MANAGEMENT	1.450	1.229	1.261	1.324	1.043	1.384	1.450	2A	0.0%	8.8%	0.8%
<b>From Class 2C to 2A</b>													
2C	272.00	ENDOCRINOLOGY-MINOR SURG	1.750	1.483	1.261	1.129	0.829	1.000	1.450	2A	-17.1%	-9.9%	0.0%
2C	425.00	RADIATION THERAPY,N.O.C.	1.750	1.483	1.261	1.569	1.760	1.136	1.450	2A	-17.1%	-9.9%	0.2%
<b>From Class 1C to 2B</b>													
1C	237.00	DIABETES-NO SURG	1.180	1.000	1.478	1.071	0.829	1.000	1.700	2B	44.1%	58.7%	0.0%
<b>From Class 2A to 2B</b>													
2A	253.00	RADIOLOGY-DIAGNOSTIC-NO SURG	1.450	1.229	1.478	1.772	1.190	1.384	1.700	2B	17.2%	27.6%	0.8%
2A	270.00	RHINOLOGY-MINOR SURG	1.450	1.229	1.478	1.508	1.190	2.045	1.700	2B	17.2%	27.6%	0.0%
2A	285.00	LARYNGOLOGY-MINOR SURG	1.450	1.229	1.478	1.508	2.780	2.045	1.700	2B	17.2%	27.6%	0.0%
2A	290.00	OTOLOGY-MINOR SURG	1.450	1.229	1.478	1.508	1.190	2.045	1.700	2B	17.2%	27.6%	0.0%
2A	291.00	OTORHINOLARYNGOLOGY-MIN. SURG	1.450	1.229	1.478	1.508	1.190	2.045	1.700	2B	17.2%	27.6%	0.1%
<b>Class 2B</b>													
2B	278.00	GERIATRICS-MINOR SURG	1.700	1.441	1.478	1.324	1.000	1.000	1.700	2B	0.0%	8.8%	0.0%

THE MEDICAL PROTECTIVE COMPANY  
Physicians & Surgeons  
Exhibit 16-2 - Loss Development Factors  
California Department of Insurance  
California - Physicians and Surgeons  
Classification Changes

Current Class	ISO Code	Description	Current Relativity to 1B	Current MedPro Rate Rel to 80420	Proposed MedPro Rate Rel to 80420	Relative to 80420			Proposed Relativity to 1C	Proposed Class	Relativity Change	Overall Specialty Change *	Percentage of P/H 5/31/2011
						07/2011 TDC	07/2007 NORCAL	09/2008 MSEC					
<b>From Class 2C to 2B</b>													
2C	241.00	GASTROENTEROLOGY-NO SURG	1.750	1.483	1.478	1.457	1.000	1.000	1.700	2B	-2.9%	5.7%	0.2%
2C	246.00	INFECTIOUS DISEASES-NO SURG	1.750	1.483	1.478	1.071	0.828	1.000	1.700	2B	-2.9%	5.7%	0.4%
2C	261.00	NEUROLOGY-INCL. CHILD-NO SURG	1.750	1.483	1.478	1.760	1.190	1.364	1.700	2B	-2.9%	5.7%	2.7%
2C	269.00	PULMONARY DISEASES-NO SURG	1.750	1.483	1.478	1.615	1.190	1.045	1.700	2B	-2.9%	5.7%	0.8%
2C	274.00	GASTROENTEROLOGY-MIN. SURG	1.750	1.483	1.478	1.457	1.000	1.000	1.700	2B	-2.9%	5.7%	1.3%
2C	287.00	NEPHROLOGY-MINOR SURG	1.750	1.483	1.478	1.129	0.829	1.000	1.700	2B	-2.9%	5.7%	0.0%
2C	292.00	PATHOLOGY-MINOR SURG	1.750	1.483	1.478	1.129	0.577	1.364	1.700	2B	-2.9%	5.7%	0.0%
2C	293.00	PEDIATRICS-MINOR SURG	1.750	1.483	1.478	1.337	0.829	0.909	1.700	2B	-2.9%	5.7%	0.0%
2C	284.00	PHYSICIANS-MINOR SURG.-N.O.C.	1.750	1.483	1.478	1.324	1.000	1.364	1.700	2B	-2.9%	5.7%	0.8%
2C	421.00	FAMILY PHYS/GEN.-MINOR SURG NO DELIVERIES	1.750	1.483	1.478	1.324	1.000	1.364	1.700	2B	-2.9%	5.7%	1.7%
2C	431.00	SHOCK THERAPY,N.O.C.	1.750	1.483	1.478	1.324	0.665	0.500	1.700	2B	-2.9%	5.7%	0.0%
<b>From Class 3 to 2B</b>													
3	277.00	GYNECOLOGY-MINOR SURG	2.200	1.884	1.478	2.592	1.710	2.273	1.700	2B	-22.7%	-15.9%	0.4%
3	471.00	NEONATOLOGY	2.200	1.884	1.478	1.728	1.381	1.364	1.700	2B	-22.7%	-15.9%	0.1%
<b>From Class 3 to 2C</b>													
3	145.00	SURGERY-UROLOGICAL	2.200	1.884	1.652	2.083	1.190	1.818	1.900	2C	-13.6%	-6.0%	0.8%
3	278.00	HEMATOLOGY-MINOR SURG	2.200	1.884	1.652	1.129	0.829	1.000	1.900	2C	-13.6%	-6.0%	0.0%
3	279.00	INFECTIOUS DISEASES-MIN. SURG	2.200	1.884	1.652	1.129	1.190	1.000	1.900	2C	-13.6%	-6.0%	0.0%
3	281.00	CARDIOVASCULAR DISEASE-MIN. SURG	2.200	1.884	1.652	1.688	1.190	1.591	1.900	2C	-13.6%	-6.0%	0.0%
3	284.00	INTERNAL MEDICINE-MINOR SURG	2.200	1.884	1.652	1.129	1.190	1.591	1.900	2C	-13.6%	-6.0%	0.9%
<b>Class 3</b>													
3	260.00	RADIOLOGY-DIAGNOSTIC-MIN. SURG	2.200	1.884	1.913	1.772	1.190	1.364	2.200	3	0.0%	8.8%	0.7%
3	283.00	INTENSIVE CARE MEDICINE	2.200	1.884	1.913	1.129	1.190	1.591	2.200	3	0.0%	8.8%	0.2%
3	422.00	CATHETERIZATION,N.O.C.	2.200	1.884	1.913	1.688	1.190	1.591	2.200	3	0.0%	8.8%	2.0%
3	437.00	ACUPUNCTURE	2.200	1.884	1.913	1.324	1.000	1.364	2.200	3	0.0%	8.8%	0.0%
3	449.00	RADIOPAQUE DYE INJECTIONS,N.O.C.	2.200	1.884	1.913	1.324	1.190	1.136	2.200	3	0.0%	8.8%	0.0%
<b>From Class 4 to 3</b>													
4	106.00	SURGERY-LARYNGOLOGY	3.000	2.542	1.913	1.506	1.190	2.045	2.200	3	-28.7%	-20.2%	0.1%
4	115.00	SURGERY-COLON AND RECTAL	3.000	2.542	1.913	2.965	2.780	3.273	2.200	3	-28.7%	-20.2%	0.1%
4	155.00	SURGERY-PLASTIC-OTORHINOLARYNGOLOGY	3.000	2.542	1.913	2.718	2.780	2.045	2.200	3	-28.7%	-20.2%	0.1%
4	158.00	SURGERY-OTOLOGY	3.000	2.542	1.913	1.506	1.190	2.045	2.200	3	-28.7%	-20.2%	0.0%
4	159.00	SURGERY-OTORHINOLARYNGOLOGY	3.000	2.542	1.913	1.506	1.190	2.045	2.200	3	-28.7%	-20.2%	0.2%
4	160.00	SURGERY-RHINOLOGY	3.000	2.542	1.913	1.506	1.190	2.045	2.200	3	-28.7%	-20.2%	0.0%
4	273.00	FAMILY PRACTICE - MINOR SURG INCL DELIVERIES	3.000	2.542	1.913	3.559	1.760	2.273	2.200	3	-28.7%	-20.2%	0.6%
<b>From Class 3 to 4</b>													
new	472.00	RADIOLOGY-INCL MAMMOGRAPHY			2.609	1.772			3.000	4			0.0%
3	104.00	SURGERY-GASTROENTEROLOGY	2.200	1.884	2.609	1.457	1.000	3.273	3.000	4	36.4%	48.4%	0.0%
3	288.00	NEUROLOGY-INCL. CHILD-MIN. SURG.	2.200	1.884	2.609	1.760	1.190	1.364	3.000	4	36.4%	48.4%	0.0%
<b>Class 4</b>													
4	102.00	EMERGENCY MED.-NO MAJ. SURG	3.000	2.542	2.609	2.592	1.710	2.045	3.000	4	0.0%	8.8%	0.1%
4	105.00	SURGERY-GERIATRICS	3.000	2.542	2.609	1.760	2.780	3.273	3.000	4	0.0%	8.8%	0.0%
4	117.00	SURGERY-FAMILY PRACTICE	3.000	2.542	2.609	1.780	2.780	2.045	3.000	4	0.0%	8.8%	0.3%
4	167.00	SURGERY-GYNECOLOGY	3.000	2.542	2.609	2.592	2.780	2.273	3.000	4	0.0%	8.8%	1.7%
<b>From Class 5A to 4</b>													
5A	169.00	SURGERY-HAND	3.616	3.064	2.609	2.701	2.780	3.273	3.000	4	-17.0%	-9.7%	0.1%
<b>From Class 5B to 4</b>													
5B	170.00	SURGERY-HEAD AND NECK	4.380	3.712	2.609	4.562	2.780	3.273	3.000	4	-31.5%	-25.5%	0.0%
5B	176.00	ORTHOPEDIC (EXCL. BACK)	4.380	3.712	2.609	3.715	2.780	3.273	3.000	4	-31.5%	-25.5%	1.8%
<b>From Class 6 to 4</b>													
6	136.00	SURGERY-COSMETIC	4.500	3.814	2.609	3.247	2.780		3.000	4	-33.3%	-27.5%	0.8%
6	156.00	SURGERY-PLASTIC-N.O.C.	4.500	3.814	2.609	3.247	2.780	3.273	3.000	4	-33.3%	-27.5%	1.2%
<b>Class 5A</b>													
5A	157.00	EMERGENCY MED.-INCL MAJ. SURG.	3.616	3.064	3.087	2.592	1.710	2.045	3.550	5A	-1.8%	6.8%	0.0%
<b>From Class 6 to 5A</b>													
6	154.00	SURGERY-ORTHOPEDIC	4.500	3.814	3.087	3.765	3.008	4.548	3.550	5A	-21.1%	-14.2%	1.0%
<b>Class 5B</b>													
5B	143.00	SURGERY-GENERAL-N.O.C.	4.380	3.712	3.652	4.562	2.780	3.273	4.200	5B	-4.1%	4.3%	2.6%
<b>From Class 6 to 5B</b>													
6	146.00	SURGERY-VASCULAR	4.500	3.814	3.652	4.321	2.780	3.273	4.200	5B	-6.7%	1.5%	0.3%
6	150.00	SURGERY-CARDIOVASCULAR DISEASE	4.500	3.814	3.652	4.321	3.006	4.548	4.200	5B	-6.7%	1.5%	0.1%
<b>From Class 7A to 5B</b>													
7A	144.00	SURGERY-THORACIC	5.750	4.873	3.652	4.321	3.008	3.273	4.200	5B	-27.0%	-20.5%	0.2%
<b>Class 6</b>													
6	168.00	SURGERY-ABDOMINAL	4.500	3.814	3.913	4.562	2.780	3.273	4.500	6	0.0%	8.8%	0.0%
<b>From Class 7B to 7A</b>													
7B	153.00	SURGERY-OBSTETRICS-GYNECOLOGY	6.072	5.148	4.348	5.438	3.677	5.455	5.000	7A	-17.7%	-10.4%	5.9%
7B	168.00	SURGERY-OBSTETRICS	6.072	5.148	4.348	5.438	3.677	5.455	5.000	7A	-17.7%	-10.4%	0.0%

**THE MEDICAL PROTECTIVE COMPANY**  
 Physicians & Surgeons  
 Exhibit 18-2 - Loss Development Factors  
 California Department of Insurance  
 California - Physicians and Surgeons  
 Classification Changes

Current Class	ISO Code	Description	Current Relativity to 1B	Current MedPro Rate Rel to 80420	Proposed MedPro Rate Rel to 80420	Relative to 80420			Proposed Relativity to 1C	Proposed Class	Relativity Change	Overall Specialty Change *	Percentage of P/H 5/31/2011
						07/2011 TDC	07/2007 NORCAL	09/2008 MIEC					
new	148.00	<u>Class 7B</u> SURGERY-BARIATRIC							6.000	7B	new		
7B	171.00	SURGERY-TRAUMATIC	6.072	5.146	5.217	4.562	2.780	3.273	6.000	7B	-1.2%	7.5%	0.1%
8	152.00	<u>Class 8</u> SURGERY-NEUROLOGY-INCL. CHILD	7.750	6.568	6.087	7.467	5.178	6.818	7.000	8	-9.7%	-1.7%	0.7%
Class Plan Impact:											-10.5%	-2.63%	100.0%

\* Overall Specialty change includes a +8.8% base change

**THE MEDICAL PROTECTIVE COMPANY**  
**Physicians & Surgeons**  
Exhibit 20  
California Department of Insurance  
**California - Physicians and Surgeons**

- \* Modify the language in the Partnership/Corporation Rating Rule to clarify the algebraic order of the calculation.
- \* Modify the Risk Management Credit Rule to eliminate the availability of the credit for risk management courses that are not sponsored/administered by the Company, so that the Company can ensure that it is able to appropriately track and credit successful completion in a consistent manner. The language is also being revised to clarify that the credit can be applied so long as the insured has successfully completed the course no later than 30 days after policy inception. These changes will not impact current insureds, but will be applied prospectively to new insureds.
- \* Clarify the applicability of the Membership Association Credit Rule by adding a list of the associations currently eligible for the credit. This change will not impact any current insureds.
- \* Modify the language in the Claim Free Credit Rule to clarify the conditions that constitute when an insured is no longer claim free. This clarification does not change the current application of the rule and will not impact any current insureds. Also, given the difficulty that can arise tracking an insureds' prior part-time status, the exclusion for years in part-time practice is deleted from the rule.
- \* Modify the Non-Discretionary Debit Plan Rule to include recognition of the classifications added to the class plan.
- \* Amend the language in the Accelerated Extension Contract Rule so as to be consistent with the revised forms previously filed and approved. This change will not impact any current insureds.
- \* Modify the New to Practice Credit Rule to clarify that the requirement that an insured apply for the credit within 6 months of completion of their training will also extend to those insureds that initiated this process with another carrier. This change will not impact any current insureds.
- \* Withdraw the New to Company Credit Rule in accordance with previous discussions with the CDI.
- \* Modify the language in the Full Time Equivalency Rating Rule to eliminate the condition that the application of the rule is subject to underwriting guidelines. Additional language is added to clarify that the rule is applicable to situations in which the scope of the medical practice is more readily measured by patient encounters or physician hours.
- \* Expand the language in the Individual Risk Rating Rule to provide additional clarification and detail to its application. The revised language outlines the manner in which a medical group's historical experience is evaluated and utilized in the determination of the appropriate modification to the manual premium. The threshold for the application of the rule has been raised from \$250,000 to \$500,000 and an additional constraint of a maximum modification of 65% has been included in the rule.

