

SERFF Tracking Number: MDPC-127007509 State: California
Filing Company: The Medical Protective Company State Tracking Number: 11-5761
Company Tracking Number: 11-HCPA-01
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0024 Physicians Assistants
Made/Occurrence
Product Name: Health Care Professionals - Physician Assistants
Project Name/Number: Limits/11-HCPA-01

Filing at a Glance

Company: The Medical Protective Company

Product Name: Health Care Professionals - Physician Assistants SERFF Tr Num: MDPC-127007509 State: California

TOI: 11.0 Medical Malpractice - Claims

SERFF Status: Assigned

State Tr Num: 11-5761

Made/Occurrence

Sub-TOI: 11.0024 Physicians Assistants

Co Tr Num: 11-HCPA-01

State Status: Accepted

Filing Type: Rate

Reviewer(s): Mely Salazar

Authors: Melissa Millican,

Disposition Date:

Christopher Cole

Date Submitted: 07/07/2011

Disposition Status:

Effective Date Requested (New): 09/07/2011

Effective Date (New):

Effective Date Requested (Renewal): 09/07/2011

Effective Date (Renewal):

General Information

Project Name: Limits

Status of Filing in Domicile: Pending

Project Number: 11-HCPA-01

Domicile Status Comments: Indiana is the state of domicile.

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 07/08/2011

State Status Changed: 07/12/2011

Deemer Date: 09/13/2011

Created By: Christopher Cole

Submitted By: Melissa Millican

Corresponding Filing Tracking Number:

Filing Description:

The Medical Protective Company (MedPro) respectfully submits for your review the attached rate filing for use in its Physician Assistants product. MedPro recently filed its new Physician Assistants product. Initial market feedback has indicated demand for limits of coverage not contained in the original submission. As such, MedPro is seeking to expand the limits offered in this state. Exhibit 1 outlines the support for the new increased limit factors.

Company and Contact

Filing Contact Information

SERFF Tracking Number: MDPC-127007509 State: California
 Filing Company: The Medical Protective Company State Tracking Number: 11-5761
 Company Tracking Number: 11-HCPA-01
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0024 Physicians Assistants
 Made/Occurrence
 Product Name: Health Care Professionals - Physician Assistants
 Project Name/Number: Limits/11-HCPA-01

Melissa Millican, Paralegal melissa.millican@medpro.com
 5814 Reed Road 260-486-0838 [Phone]
 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-127007509 State: California
Filing Company: The Medical Protective Company State Tracking Number: 11-5761
Company Tracking Number: 11-HCPA-01
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0024 Physicians Assistants
Made/Occurrence
Product Name: Health Care Professionals - Physician Assistants
Project Name/Number: Limits/11-HCPA-01

Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Exhibit I	Melissa Millican	07/07/2011	07/07/2011

SERFF Tracking Number: MDPC-127007509 *State:* California
Filing Company: The Medical Protective Company *State Tracking Number:* 11-5761
Company Tracking Number: 11-HCPA-01
TOI: 11.0 Medical Malpractice - Claims *Sub-TOI:* 11.0024 Physicians Assistants
Made/Occurrence
Product Name: Health Care Professionals - Physician Assistants
Project Name/Number: Limits/11-HCPA-01

Form Schedule

SERFF Tracking Number: MDPC-127007509 State: California
 Filing Company: The Medical Protective Company State Tracking Number: 11-5761
 Company Tracking Number: 11-HCPA-01
 TOI: 11.0 Medical Malpractice - Claims Made/Occurrence Sub-TOI: 11.0024 Physicians Assistants
 Product Name: Health Care Professionals - Physician Assistants
 Project Name/Number: Limits/11-HCPA-01

Rate Information

Rate data applies to filing.

Filing Method: prior approval
Rate Change Type: %
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision: 02/21/2011
Filing Method of Last Filing: prior approval - last filing was the initial filing

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	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: MDPC-127007509 State: California
 Filing Company: The Medical Protective Company State Tracking Number: 11-5761
 Company Tracking Number: 11-HCPA-01
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0024 Physicians Assistants
 Made/Occurrence
 Product Name: Health Care Professionals - Physician Assistants
 Project Name/Number: Limits/11-HCPA-01

Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Filing Attachments
	OCC Rate Pages	RTS-OCC; CA-11-1	Replacement	MDPC-127007518	CA OCC RATES.pdf
	SCM Rate Pages	RTS-CM; CA-11-1	Replacement	MDPC-127007518	CA SCM RATES.pdf
	OCC Increased Limit Factors	ILF-CA; CA-11-1	New		CA OCC ILF.pdf
	SCM Increased Limit Factors	ILF-CA; CA-11-1	New		CA SCM ILF.pdf

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

**CALIFORNIA
PHYSICIAN ASSISTANTS PROGRAM
OCCURRENCE RATES**

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
P1	2,211	2,985	3,206	3,770	4,303	4,457
P2	2,764	3,731	4,008	4,713	5,379	5,572
P3	3,317	4,478	4,810	5,655	6,455	6,687
PM	719	971	1,043	1,226	1,399	1,450
PS	NA	NA	NA	NA	NA	NA

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

**CALIFORNIA
PHYSICIAN ASSISTANTS PROGRAM
OCCURRENCE RATES**

Class	1000/5000	1000/6000	2000/2000	2000/4000	2000/6000	3000/3000
P1	4,597	4,643	5,185	5,340	5,479	5,979
P2	5,746	5,804	6,482	6,675	6,849	7,474
P3	6,896	6,966	7,778	8,011	8,220	8,969
PM	1,495	1,510	1,686	1,736	1,782	1,944
PS	NA	150	NA	NA	NA	NA

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

Professional Protection Exclusively Since 1899

**CALIFORNIA
PHYSICIAN ASSISTANTS PROGRAM
OCCURRENCE RATES**

Class	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	6,134	6,693	6,848	7,336	7,491
P2	7,668	8,367	8,561	9,171	9,365
P3	9,202	10,042	10,274	11,006	11,239
PM	1,995	2,177	2,227	2,386	2,436
PS	NA	NA	NA	NA	NA

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

CALIFORNIA

PHYSICIAN ASSISTANTS PROGRAM

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
P1	806	1,088	1,169	1,374	1,568	1,625
P2	1,007	1,359	1,460	1,717	1,960	2,030
P3	1,209	1,632	1,753	2,061	2,353	2,437
PM	654	883	948	1,115	1,273	1,318
PS						

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

Professional Protection Exclusively Since 1899

CALIFORNIA

PHYSICIAN ASSISTANTS PROGRAM

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	1000/5000	1000/6000	2000/2000	2000/4000	2000/6000	3000/3000
P1	1,676	1,693	1,890	1,946	1,997	2,180
P2	2,094	2,115	2,361	2,432	2,495	2,723
P3	2,514	2,539	2,835	2,920	2,996	3,269
PM	1,360	1,373	1,534	1,579	1,621	1,768
PS						

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

CALIFORNIA

PHYSICIAN ASSISTANTS PROGRAM

STANDARD CLAIMS MADE RATES

0 YEARS SINCE RETROACTIVE DATE

Class	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	2,236	2,440	2,496	2,674	2,731
P2	2,794	3,048	3,119	3,341	3,412
P3	3,354	3,660	3,745	4,012	4,096
PM	1,814	1,980	2,026	2,170	2,216
PS					

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

CALIFORNIA

PHYSICIAN ASSISTANTS PROGRAM

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
P1	1,530	2,066	2,219	2,609	2,977	3,084
P2	1,912	2,581	2,772	3,260	3,721	3,855
P3	2,294	3,097	3,326	3,911	4,464	4,625
PM	654	883	948	1,115	1,273	1,318
PS						

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

Professional Protection Exclusively Since 1899

CALIFORNIA

PHYSICIAN ASSISTANTS PROGRAM

STANDARD CLAIMS MADE RATES

1 YEAR SINCE RETROACTIVE DATE

Class	1000/5000	1000/6000	2000/2000	2000/4000	2000/6000	3000/3000
P1	3,181	3,213	3,588	3,695	3,791	4,137
P2	3,975	4,015	4,484	4,617	4,738	5,170
P3	4,769	4,817	5,379	5,540	5,685	6,203
PM	1,360	1,373	1,534	1,579	1,621	1,768
PS						

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

**CALIFORNIA
PHYSICIAN ASSISTANTS PROGRAM
STANDARD CLAIMS MADE RATES
1 YEAR SINCE RETROACTIVE DATE**

Class	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	4,244	4,632	4,739	5,077	5,184
P2	5,304	5,788	5,922	6,344	6,478
P3	6,364	6,945	7,105	7,612	7,772
PM	1,814	1,980	2,026	2,170	2,216
PS					

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

Professional Protection Exclusively Since 1899

CALIFORNIA

PHYSICIAN ASSISTANTS PROGRAM

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
P1	1,970	2,660	2,857	3,359	3,834	3,972
P2	2,462	3,324	3,570	4,198	4,791	4,963
P3	2,955	3,989	4,285	5,038	5,750	5,957
PM	654	883	948	1,115	1,273	1,318
PS						

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

CALIFORNIA

PHYSICIAN ASSISTANTS PROGRAM

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	1000/5000	1000/6000	2000/2000	2000/4000	2000/6000	3000/3000
P1	4,096	4,137	4,620	4,758	4,882	5,327
P2	5,118	5,170	5,773	5,946	6,101	6,657
P3	6,143	6,206	6,929	7,136	7,322	7,991
PM	1,360	1,373	1,534	1,579	1,621	1,768
PS						

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

Professional Protection Exclusively Since 1899

CALIFORNIA

PHYSICIAN ASSISTANTS PROGRAM

STANDARD CLAIMS MADE RATES

2 YEARS SINCE RETROACTIVE DATE

Class	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	5,465	5,964	6,102	6,537	6,675
P2	6,830	7,453	7,626	8,169	8,342
P3	8,197	8,946	9,152	9,805	10,012
PM	1,814	1,980	2,026	2,170	2,216
PS					

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

Professional Protection Exclusively Since 1899

CALIFORNIA

PHYSICIAN ASSISTANTS PROGRAM

STANDARD CLAIMS MADE RATES

MATURE

Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000
P1	2,010	2,714	2,915	3,427	3,911	4,052
P2	2,512	3,391	3,642	4,283	4,888	5,064
P3	3,015	4,070	4,372	5,141	5,867	6,078
PM	654	883	948	1,115	1,273	1,318
PS						

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

Professional Protection Exclusively Since 1899

CALIFORNIA

PHYSICIAN ASSISTANTS PROGRAM

STANDARD CLAIMS MADE RATES

MATURE

Class	1000/5000	1000/6000	2000/2000	2000/4000	2000/6000	3000/3000
P1	4,179	4,221	4,713	4,854	4,981	5,435
P2	5,222	5,275	5,891	6,066	6,225	6,793
P3	6,268	6,332	7,070	7,281	7,471	8,153
PM	1,360	1,373	1,534	1,579	1,621	1,768
PS						

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

Professional Protection Exclusively Since 1899

CALIFORNIA

PHYSICIAN ASSISTANTS PROGRAM

STANDARD CLAIMS MADE RATES

MATURE

Class	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	5,576	6,085	6,226	6,670	6,810
P2	6,969	7,605	7,780	8,335	8,511
P3	8,364	9,127	9,338	10,004	10,215
PM	1,814	1,980	2,026	2,170	2,216
PS					

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

Professional Protection Exclusively Since 1899

CALIFORNIA

PHYSICIAN ASSISTANTS PROGRAM

OCCURRENCE

INCREASED LIMITS TABLE

LIMIT	CLASS P1-PM	CLASS PS
100/300	1.000	
200/600	1.350	
250/750	1.450	
500/1000	1.705	
1000/1000	1.946	
1000/3000	2.016	
1000/5000	2.079	
1000/6000	2.100	1.000
2000/2000	2.345	
2000/4000	2.415	
2000/6000	2.478	
3000/3000	2.704	
3000/5000	2.774	
4000/4000	3.027	
4000/6000	3.097	
5000/5000	3.318	
5000/7000	3.388	

*NOTE - For limits not shown above, refer to Company.

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

Professional Protection Exclusively Since 1899

CALIFORNIA

PHYSICIAN ASSISTANTS PROGRAM

STANDARD CLAIMS MADE

INCREASED LIMITS TABLE

LIMIT	CLASS P1-PM
100/300	1.000
200/600	1.350
250/750	1.450
500/1000	1.705
1000/1000	1.946
1000/3000	2.016
1000/5000	2.079
1000/6000	2.100
2000/2000	2.345
2000/4000	2.415
2000/6000	2.478
3000/3000	2.704
3000/5000	2.774
4000/4000	3.027
4000/6000	3.097
5000/5000	3.318
5000/7000	3.388

*NOTE - For limits not shown above, refer to Company.

SERFF Tracking Number: MDPC-127007509 State: California
Filing Company: The Medical Protective Company State Tracking Number: 11-5761
Company Tracking Number: 11-HCPA-01
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0024 Physicians Assistants
Made/Occurrence
Product Name: Health Care Professionals - Physician Assistants
Project Name/Number: Limits/11-HCPA-01

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Prior Approval Rate Application Comments: attached Attachments: PriorApprovalRateApplication040411.xls 20110707105627259.pdf		

	Item Status:	Status Date:
Satisfied - Item: Memo Comments: attached Attachment: CA pa memos.pdf		

	Item Status:	Status Date:
Satisfied - Item: Exhibit I Comments: Exhibit I attached Attachment: exhibit 1.pdf		

SERFF Tracking Number: MDPC-127007509 *State:* California
Filing Company: The Medical Protective Company *State Tracking Number:* 11-5761
Company Tracking Number: 11-HCPA-01
TOI: 11.0 Medical Malpractice - Claims *Sub-TOI:* 11.0024 Physicians Assistants
Made/Occurrence
Product Name: Health Care Professionals - Physician Assistants
Project Name/Number: Limits/11-HCPA-01

Attachment "PriorApprovalRateApplication040411.xls" is not a PDF document and cannot be reproduced here.

PRIOR APPROVAL RATE APPLICATION

Completed by: Keith Barnes Date: 7/7/2011

Your File #: 11-HCPA-01
(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, subline and/or program:
09-4037

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 Other Professional Liability

Program Physician Assistants

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 7, 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 The Medical Protective Company CDI Filing No. _____
(Department use only)
NAIC Company Code 11843

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 type="checkbox"/> Decrease rate | Pages 1 through 10, 13 & 14, plus exhibits |
| <input checked="" 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 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 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)

PROPERTY AND LIABILITY FILING SUBMISSION DATA SHEET (Continued)

Proposed Earned Premium Per Exposure: 2100

Proposed Overall Rate Change NA

	<u>COVERAGE*</u>	<u>INDICATED CHANGE (%)</u>	<u>PROPOSED CHANGE (%)</u>	<u>ADJUSTED EARNED PREMIUM*</u>	<u>PROJECTED EARNED PREMIUM</u>
1.	<u>Medical Malpractice</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>75,000</u>
2.	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
3.	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4.	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
5.	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
6.	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
7.	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
8.	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
9.	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
10.	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
	TOTAL:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>75,000</u>

Total earned premium must include all income derived from miscellaneous fees and other charges.

* Commercial Auto Liability and Physical damage must be combined in one application, with separate rate templates for liability and physical damage.

* Adjusted earned premium is the historical earned premium for the most recent year adjusted to the current rate level and trended to the average date of loss of the proposed rating period.

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		Keith Barnes		
Date Completed		7/7/2011		
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%		100.00%
Prior Effective Date (current rates)		5/1/2011		
Proposed Effective Date (new rates)		11/1/2011		
CDI File Number (Department use only)		0		
Does the data provided below reflect a Request for Variance?		No <input type="checkbox"/> Variance #:		
Data below is:		Accident Year Data		
		2nd Prior Year	1st Prior Year	Most Recent Year
		2008	2009	2010
1	California Direct Written Premium			150,000
2	California Direct Earned Premium			75,000
3	Premium Adjustment Factor (Developed in Exhibit 4)			
4	Premium Trend Factor * (Developed in Exhibit 5)			
5	Miscellaneous Fees and Flat Charges (Not included in Line 2; Developed in Exhibit 6)			-
6	Earned Exposure Units			35
7	Historic Losses (Projected for New Programs)			78,379
8	Historic Defense and Cost Containment Expense (DCCE)			
9	Loss Development Factor (Developed in Exhibit 7)			
10	DCCE Development Factor (Developed in Exhibit 7)			
11	Loss Trend Factor* (Developed in Exhibit 8)			
12	DCCE Trend Factor* (Developed in Exhibit 8)			
13	Catastrophe Adjustment Factor (Developed in Exh 9)			
14	Credibility Factor for Losses & DCCE (Developed in Exhibit 10)			
15	Excluded Expense Factor (From Page 13)			0.78%
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 & 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>2008</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	\$ 945,105
5.		\$ -	\$ -	\$ -
6.		\$ -	\$ -	\$ -
7.		\$ -	\$ -	\$ -
8.		\$ -	\$ -	\$ -
9.		\$ -	\$ -	\$ -
10.		\$ -	\$ -	\$ -
	TOTAL	\$ 26,836,143	\$ 28,469,379	\$ 27,760,080
	Statutory Page 14	\$ 26,836,143	\$ 28,469,379	\$ 27,760,080
	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*

Calendar Year

Year 2010

DATA

1. Number of claims outstanding at beginning of year _____
2. Number of claims during the year _____
3. Number of claims closed during the year _____
4. Number of claims outstanding at year's end ((1) + (2) - (3)) _____
5. Unearned Premiums _____
6. Dollar amount of claims paid _____
7. Net loss reserves for outstanding claims excluding claims incurred but not reported _____
8. Net loss reserves for claims incurred but not reported _____
9. Losses incurred as a percentage of premiums earned - including IBNR _____
10. Net investment gain or loss and other income or gain or loss allocated to the line. _____
11. Net income before federal and foreign income taxes (line 10 plus line 15) _____
12. Total number of policies in force on the last day of the reporting period _____
13. Total number of policies cancelled _____
14. Total number of policies non-renewed _____
15. Net underwriting gain or loss
 (=CY earned premiums minus CY incurred loss minus CY incurred expense) _____
16. Separate allocations of expenses for:
 - a) commissions and brokerage expense, _____
 - b) other acquisition costs, _____
 - c) general office expenses, _____
 - d) taxes, licenses and fees, _____
 - e) loss adjustment expense (DCCE & AOE), and _____
 - f) other expenses _____

*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 % _____

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.*	SOURCE	RESTRICTS COVERAGE [Yes/No]	BROADENS COVERAGE [Yes/No]	RATE IMPACT [Yes/No]	% CHANGE	FLAT RATE
1] New:										
Old:										
2] New:										
Old:										
3] New:										
Old:										
4] New:										
Old:										
5] New:										
Old:										

REQUIRED RESPONSES FOR THE ITEMS ABOVE

- | | | |
|----------------------------|---------------------------------|---------------------------|
| TYPE: | SOURCE | CATEGORY |
| 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:		682,188,000	668,482,000	645,451,000
Countrywide direct earned premium for lines of business subject to Proposition 103:		682,188,000	668,482,000	645,451,000

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	436,715	1,803,352	429,556	2,172,511
2nd Highest Paid	272,426	268,438	270,503	446,145	267,213	572,170
3rd Highest Paid	221,701	156,884	219,988	276,876	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	3,095,873	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	3,095,873	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
Total excluded expenses	2,295,340	9,461,738	3,748,253
Excluded expense factor	0.34%	1.42%	0.58%
3-year average excluded expense factor	0.78%		

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
7.7	Industrial and miscellaneous	8,711,241	175,626,322	301,914,877	1,624,743	15,598,233
8.7	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]				27.82%	
(14) Projected yield on invested assets line (12) column [3] / column [1]		<u>3.38%</u>			

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)	3.61%

		RATE TEMPLATE			<i>Edition Date:</i>	<i>4/4/2011</i>
		<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:	5/1/2011				<i>Completed by:</i>	<i>Keith Barnes</i>
PROPOSED EFF DATE:	11/1/2011				<i>Date:</i>	<i>7/7/2011</i>
DATA PROVIDED BY FILER						
	Year:	2008	2009	2010		
		PRIOR2	PRIOR1	RECENT	PROJECTED/ SUMMARY	
WRT PREM		0	0	0	150,000	
ERN PREM		0	0	0	75,000	
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		0	0	0	35	
LOSSES		0	0	0	78,379	
DCCE		0	0	0	0	
LOSS DEV		1,000	1,000	1,000		
DCCE DEV		1,000	1,000	1,000		
LOSS TREND		1,000	1,000	1,000	0.000	
DCCE TREND		1,000	1,000	1,000	0.000	
CAT ADJ		1,000	1,000	1,000		
CREDIBILITY					100.00%	
EXPENSE EXCLUSION FACTOR					0.78%	
ANC INC		0	0	0	0	
FIT INV					27.82%	
YIELD					3.61%	
CDI PARAMETERS:						
FIT UW					35.00%	
EFF STANDARD					32.39%	
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%	<i>March 2011</i>
MAXIMUM RATE OF RETURN					8.09%	
MINIMUM RATE OF RETURN					-6.00%	
CDI CALCULATIONS:						
ADJ PREM		0	0	0	75,000	
ADJUSTED LOSSES		0	0	0	78,379	
ADJUSTED DCCE		0	0	0	0	
ADJUSTED LOSS+DCCE RATIO		0.00%	0.00%	0.00%	104.51%	
TRENDED CURRENT RATE LEVEL PREMIUM		#DIV/0!	#DIV/0!	#DIV/0!	2142.86	
LOSS+DCCE PER EXP		#DIV/0!	#DIV/0!	#DIV/0!	2239.40	
COMP LOSS+DCCE PER EXP		#DIV/0!	#DIV/0!	#DIV/0!	1391.93	
CRED LOSS PER EXP		#DIV/0!	#DIV/0!	#DIV/0!	2239.40	
ANC INC PER EXP		#DIV/0!	#DIV/0!	#DIV/0!	0.00	
FIXED INV INC FACTOR					18.58%	
VAR INV INC FACTOR					9.70%	
ANNUAL NET TREND					0.00%	
COMP TREND					0.00%	
MAX PROFIT					24.42%	
MIN PROFIT					-18.11%	
UW PROFIT					2.65%	
MAX DENOM					0.529	
MIN DENOM					0.954	
MAX PREMIUM					\$3,447.53	
MIN PREMIUM					\$1,910.90	
CHANGE AT MIN					-10.82%	
CHANGE AT MAX					60.88%	
Alternate Calculation with Reinsurance						
COMMISSION RATE					0.00%	
RE PREM		-	-	-	0	
RE RECOV		-	-	-	0	
RE PREM PER EXP		#DIV/0!	#DIV/0!	#DIV/0!	0.00	
RE RECOV PER EXP		#DIV/0!	#DIV/0!	#DIV/0!	0.00	
COMP LOSS RE		#DIV/0!	#DIV/0!	#DIV/0!	1391.93	
RMAX PREMIUM					NA	
RCHANGE AT MAX					NA	

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

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

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

1.2 Loss Cost Percent Change Approved for the Line or Coverage

1.3 AOE or LAE Load Approved for the Line or Coverage

Type of Load

Amount of Load

(LOSS+DCCE+AOE)/LOSS



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 Expense Based LCM

2.2 Current Loss Cost Modification Expressed as a Factor (see examples below)

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 Final 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

2239.4

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 & 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

HEALTHCARE PROFESSIONALS
PHYSICIAN ASSISTANTS

ACTUARIAL MEMORANDUM

The Medical Protective Company (MedPro) respectfully submits support for new Increased Limits Factors for use in its Physician Assistants product. MedPro recently filed its new Physician Assistants product. Initial market feedback has indicated demand for limits of coverage not contained in the original submission. As such, MedPro is seeking to expand the limits offered in this state. Exhibit 1 outlines the support for the new increased limit factors.

EXHIBIT 1: INCREASED LIMIT FACTORS

Exhibit 1 outlines the increased limit factors underlying the filed/approved manual rate pages for MedPro. Additionally, it outlines the approved increased limit factors of the American Casualty Company of Reading, Pennsylvania (CNA). The proposed 1MM/3MM, 2MM/4MM and 2MM/6MM factors are calculated based on the filed CNA factors. The derivation is noted within the exhibit. The remaining limits were calculated based on the applying the following additional charges by layer:

	Proposed MedPro Factor	Charge Per Layer	Decay Rate
1000/3000	2.016		
2000/4000	2.415	39.9%	
3000/5000	2.774	35.9%	90%
4000/6000	3.097	32.3%	90%
5000/7000	3.388	29.1%	90%

The 39.9% additional CNA charge to go from the 1MM/3MM to 2MM/4MM layer was adjusted downward in each subsequent layer by a factor of 90%. The credit/charge to adjust for aggregate limit changes (2MM/2MM to 2MM/4MM) is based on the filed CNA factors (.07). This charge is then carried forward to the upper limits.

Enclosed are revised rate pages that have been expanded to contain the new 1MM/1MM, 1MM/3MM, 1MM/5MM, 1.3MM/3.9MM, 2MM/2MM, 2MM/4MM, 2MM/6MM, 3MM/3MM, 3MM/6MM, 4MM/4MM, 4MM/6MM, 5MM/5MM and 5MM/7MM limits.

Revised manual pages displaying the new limits are enclosed.

THE MEDICAL PROTECTIVE COMPANY

INCREASED LIMIT FACTORS

EXHIBIT 1

<u>Limit</u>	<u>CNA Filed Factor</u>	<u>MedPro Filed Factor</u>	<u>Proposed MedPro Factor</u>	<u>Rationale</u>
500/1000	0.79	1.705	1.705	Currently Filed.
1000/1000	NA	NA	1.946	Refer to Actuarial Memorandum.
1000/3000	0.96	NA	2.016	= 0.96 x 2.10 (1M/6M CNA base)
1000/5000	NA	NA	2.079	Refer to Actuarial Memorandum.
1000/6000	1.00	2.100	2.100	Currently Filed.
2000/2000	NA	NA	2.345	Refer to Actuarial Memorandum.
2000/4000	1.15	NA	2.415	= 1.15 x 2.10 (1M/6M CNA base)
2000/6000	1.18	NA	2.478	= 1.18 x 2.10 (1M/6M CNA base)
3000/3000	NA	NA	2.704	Refer to Actuarial Memorandum.
3000/5000	NA	NA	2.774	Refer to Actuarial Memorandum.
4000/4000	NA	NA	3.027	Refer to Actuarial Memorandum.
4000/6000	NA	NA	3.097	Refer to Actuarial Memorandum.
5000/5000	NA	NA	3.318	Refer to Actuarial Memorandum.
5000/7000	NA	NA	3.388	Refer to Actuarial Memorandum.

	<u>Proposed MedPro Factor</u>	<u>Charge Per Layer</u>	<u>Decay Rate</u>
1000/3000	2.016		
2000/4000	2.415	39.9%	
3000/5000	2.774	35.9%	90%
4000/6000	3.097	32.3%	90%
5000/7000	3.388	29.1%	90%