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DEC - 6 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

December 3, 2010

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

FILED

MAR 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RE: THE MEDICAL PROTECTIVE COMPANY- NAIC #11843
COMPANY FILE NO: 10-IL-143
COMPANY FEIN NO: 35-0506406 ✓
RATE/RULE ILLINOIS PHYSICIANS & SURGEONS
OCCURRENCE AND STANDARD CLAIMS MADE PROGRAMS
Revise Claim Free Credit Rule -3.8%

COMPREHENSIVE LIABILITY COVERAGE FOR HEALTHCARE PROVIDERS
Revised State Rate Pages, Sections II - III

PROPOSED EFFECTIVE DATE: March 1, 2011

Dear Ms. Neuman:

The Medical Protective Company hereby submits for your review and consideration the above-captioned rule filing applicable to its Illinois Physicians & Surgeons and Comprehensive Liability programs. The company requests **March 1, 2011**, as the effective date for this submission.

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

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

Sincerely,

-3.8%

Melissa Millican

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

Enclosure(s)

HO
MEM
RUL
gln
Jeh

Neuman, Gayle

From: Millican, Melissa [Melissa.Millican@medpro.com]
Sent: Monday, June 25, 2012 3:40 PM
To: Neuman, Gayle
Subject: RE: Medical Protective Co - Rate/Rule Filing #10-IL-143

Ms. Neuman,

This is to confirm that we did implement the filing with an effective date of 3/1/2011.

Please let me know if you should need anything additional.

Thank you,

Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Monday, June 25, 2012 4:29 PM
To: Millican, Melissa
Subject: Medical Protective Co - Rate/Rule Filing #10-IL-143

Ms. Millican,

The Department of Insurance has now completed its review of the filing referenced above. Originally, Medical Protective requested the filing be effective March 1, 2011. Was the filing put in effect on March 1, 2011 or do you wish to have a different effective date?

Your prompt response is appreciated.

Gayle Neuman

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

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

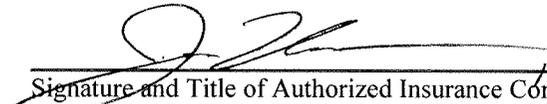
THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: GAYLE.NEUMAN@ILLINOIS.GOV.

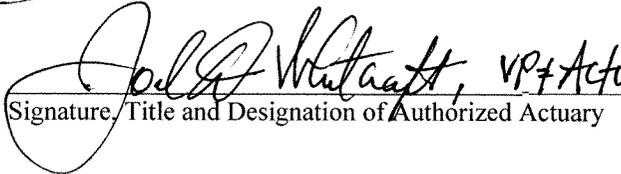
**ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES**

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

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

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

 SVP & Chief Actuary 12/03/2010
Signature and Title of Authorized Insurance Company Officer Date

 VP & Actuary, CRCU, ARE 12/03/2010
Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN 35-0506406 Filing Number 10-IL-143

Insurer's Address 5814 Reed Road

City Fort Wayne State IN Zip Code 46835

Contact Person's:

-Name and E-mail Melissa Millican

melissa.millican@medpro.com

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

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 03/01/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Line 11 - Med Mal (MD)</u> Line of Insurance	<u>23,041,569</u>	<u>-3.8%</u>

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): The filing includes a revision to the Claim Free Credit rule for the Physicians & Surgeons Program, the overall rate impact is -3.8%.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Medical Protective Company

Name of Company

Angela Adams, Counsel & Assistant Secretary

Official - Title

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DEC 07 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FILING# 10-IL-143

Neuman, Gayle

From: Millican, Melissa [Melissa.Millican@medpro.com]
Sent: Tuesday, December 07, 2010 12:09 PM
To: Neuman, Gayle
Subject: RE: Medical Protective Company - Rate/Rule Filing #10-IL-143
Attachments: F540IL RF3 Form.pdf

Ms. Neuman,

Yes, the company reports to ISO. I have attached a revised RF-3 form, I apologize for the oversight.

Please let me know if you should need anything additional.
thank you,
Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Tuesday, December 07, 2010 11:42 AM
To: Millican, Melissa
Subject: Medical Protective Company - Rate/Rule Filing #10-IL-143

Ms. Millican,

I am in receipt of the above referenced filing submitted with your cover letter dated December 3, 2010.

Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used? This information is required on every medical malpractice rate/rule filing submission.

The RF-3 should indicate the -3.8% in column 3.

Your prompt attention and response are appreciated.

Gayle Neuman

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

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

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SUMMARY SHEET

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6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Professional Liab</u> <u>Line of Insurance</u>	23,041,569	-875,580

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Physicians & Surgeons rule filing, modifications to Claim Free Credit rule (-3.8% overall rate impact).

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Medical Protective Company
Name of Company

Angela Adams, Counsel & Assistant Secretary
Official - Title

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

THE MEDICAL PROTECTIVE COMPANY

ILLINOIS

PHYSICIANS AND SURGEONS

EXPLANATORY MEMORANDUM

The Medical Protective Company (MedPro) submits for your review and consideration the attached rule filing. The Company respectfully requests an effective date of 03/01/2011.

REVISED CLAIM FREE CREDIT RULE

The Company wishes to modify its current Claim Free Credit (CFC) rule for the Physicians and Surgeons Occurrence and Standard Claims Made programs. The table below identifies the changes being made to the credit structure. These proposed modifications have an estimated premium impact of -3.8% on the Company's current portfolio.

Years Claim Free	Credit	
	Current	Proposed
1	0.0%	0.0%
2	0.0%	0.0%
3	5.0%	7.5%
4	5.0%	7.5%
5	10.0%	15.0%
6	10.0%	15.0%
7	10.0%	15.0%
8	15.0%	20.0%
9	15.0%	20.0%
10+	20.0%	25.0%

Additionally, this credit structure revision will be reflected in the attached manual page for the Comprehensive Liability Coverage for Healthcare Providers General Manual Section III.

The proposed changes to the Claim Free Credit Rating Rule will further encourage and recognize physicians that adhere to the highest quality of healthcare delivery that addresses the risks associated with adverse events. The Company will continue to monitor the application of the credits and their correlation to future claim activity.

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

ILLINOIS
PHYSICIANS AND SURGEONS
OCCURRENCE PROGRAM

CLAIM FREE CREDIT

IF NO CLAIM HAS BEEN ATTRIBUTED TO AN INSURED, THE INSURED WILL BE ELIGIBLE FOR A PREMIUM CREDIT BASED ON THE FOLLOWING SCHEDULE:

1. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 3 YEARS BUT LESS THAN 5, A 7.5% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
2. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 5 YEARS BUT LESS THAN 8, A ~~10~~15% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
3. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 8 YEARS BUT LESS THAN 10 YEARS, A ~~15~~20% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
4. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 10 YEARS OR MORE, A CREDIT OF ~~20~~25% SHALL BE APPLIED TO THE NEXT POLICY RENEWAL.

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 SHALL QUALIFY FOR CREDIT AT THE POLICY INCEPTION DATE IN ACCORDANCE WITH THE COMPANY'S GUIDELINES.

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE PROGRAM

CLAIM FREE CREDIT

IF NO CLAIM HAS BEEN ATTRIBUTED TO AN INSURED, THE INSURED WILL BE ELIGIBLE FOR A PREMIUM CREDIT BASED ON THE FOLLOWING SCHEDULE:

1. IF INSURED BY THE COMPANY AND CLAIM FREE FOR 3 YEARS BUT LESS THAN 5 YEARS, A 7.5% CREDIT SHALL BE APPLIED TO THE NEXT RENEWAL.
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INSUREDS CONVERTING COVERAGE TO THE MEDICAL PROTECTIVE COMPANY SHALL QUALIFY FOR CREDIT AT THE POLICY INCEPTION DATE IN ACCORDANCE WITH THE COMPANY'S GUIDELINES.

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

Year	Credit	Add'l Credit – if EMR
1	5%	2.5%
2	5%	2.5%
3	5%	2.5%

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

Years Claim Free at Renewal	Credit
3 but less than 5	5% 7.5%
5 but less than 8	10% 15%
8 but less than 10	15% 20%
10 or more	20% 25%

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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 28%	6% to 12%	5% to 20%	3% to 16%	2% to 14%
100	17% to 46%	15% to 26%	13% to 32%	10% to 25%	8% to 22%
200		30% to 47%	26% to 52%	21% to 40%	17% to 33%
250			32% to 60%	26% to 46%	21% to 38%
500				43% to 69%	36% to 56%

PREMIUM CREDIT FOR LOSS AND ALE DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	16% to 44%	14% to 24%	12% to 30%	9% to 24%	6% to 20%
100	29% to 66%	26% to 41%	22% to 46%	17% to 35%	14% to 29%
200		44% to 67%	39% to 70%	31% to 53%	25% to 43%
250			45% to 79%	36% to 60%	30% to 49%
500				57% to 87%	46% to 70%

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.

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

ILLINOIS
PHYSICIANS AND SURGEONS
OCCURRENCE PROGRAM
CLAIM FREE CREDIT

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ILLINOIS
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STANDARD CLAIMS MADE PROGRAM
CLAIM FREE CREDIT

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(Occurrence, & Standard Claims Made Programs)

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