

ARKANSAS INSURANCE DEPARTMENT  
RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: The Medical Assurance Company, Inc.  
 NAIC Number: 33391  
 Name of Advisory Organization Whose Filing You Are Referencing N/A  
 Co. Affiliation to Advisory Organization: Member Subscriber Service Purchase  
 Reference Filing #: Proposed Effective Date: June 1, 2006

Contact Person: LaQuita Goodwin  
 Signature: \_\_\_\_\_  
 Telephone No: (205)802-4426

(1) LINE OF INSURANCE By coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Hospital Professional Liability	26.2%	+ 6.0%	N/A	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT	xxxxxxxxxxxx	6.0%	N/A	N/A	N/A	N/A	N/A

N/A (N) Apply Loss Cost Factors to Future Filings? (Y or N)  
 11.2% Estimated Maximum Rate Increase for any Arkansas Insured (%)  
 11.4% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to question 3 on RF-2 or RF-WC

5 Year History

Selected Provisions

Year	Policy Count	Rate Change History %	Rate Change History Eff. Date	AR Earned Premium (000)	Incurred Losses (000) *	Arkansas Loss Ratio*	Countrywide Loss Ratio*	A. Total Production Expense	10.0%
2000	0	N/A	N/A	N/A	N/A	N/A	N/A	B. General Expense	5.8%
2001	0	N/A	N/A	N/A	N/A	N/A	N/A	C. Taxes, License & Fees	2.59%
2002	13	initial	June 02, 2002	330	353	107%	149%	D. Underwriting Profit & Contingencies	4.6%
2003	18	N/A	N/A	3,341	5,786	173%	108%	E. Other Acquisition	3.2%
2004	24	19.3%	April 01, 2004	5,046	5,039	100%	87%	F. TOTAL	26.2%

\* Incl.ALAE

\* Incl.ALAE

\* Incl.ALAE