

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: April 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
Physicians and Surgeons	5.2%	5.2%	N/A	N/A	N/A	N/A	N/A
Professional Liability							
Dentists	-4.9%	-4.9%	N/A	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT	xxxxxxxxxxxx	5.1%	N/A	N/A	N/A	N/A	N/A

N/A (N) Apply Loss Cost Factors to Future Filings? (Y or N)

25.0% Estimated Maximum Rate Increase for any Arkansas Insured (%)

39.2% 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 % Eff. Date	AR Earned Premium (000)	Incurred Losses (000) *	Arkansas Loss Ratio*	Countrywide Loss Ratio*	A. Total Production Expense	8.0%
2000	21	0.0% N/A	59	10	17%	97%	B. General Expense	5.8%
2001	19	0.0% N/A	117	8	7%	98%	C. Taxes, License & Fees	2.6%
2002	126	97.4% March 01, 2002	1,394	1,038	74%	102%	D. Underwriting Profit & Contingencies	4.3%
2003	161	27.0% June 01, 2003	2,424	1,156	48%	70%	E. Other Acquisition	3.3%
2004	171	0.0% N/A	2,129	1,946	91%	78%	F. TOTAL	24.0%

\* Incl.ALAE

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