

SERFF Tracking Number: CNAC-126649464 State: District of Columbia
Filing Company: American Casualty Company of Reading - PA State Tracking Number:
Company Tracking Number: 10-00089-R
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations
Made/Occurrence
Product Name: Healthcare Providers Services Organization Program
Project Name/Number: HPSO RPG /10-00089-R

Filing at a Glance

Company: American Casualty Company of Reading - PA

Product Name: Healthcare Providers Services SERFF Tr Num: CNAC-126649464 State: District of Columbia
Organization Program

TOI: 11.0 Medical Malpractice - Claims SERFF Status: Closed-APPROVED State Tr Num:

Made/Occurrence

Sub-TOI: 11.0000 Med Mal Sub-TOI

Co Tr Num: 10-00089-R

State Status:

Combinations

Filing Type: Rate

Reviewer(s): Robert Nkojo

Author: Sharon Robinson

Disposition Date: 11/16/2010

Date Submitted: 06/04/2010

Disposition Status: APPROVED

Effective Date Requested (New): 07/01/2010

Effective Date (New):

Effective Date Requested (Renewal): 07/01/2010

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: HPSO RPG

Status of Filing in Domicile:

Project Number: 10-00089-R

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/16/2010

State Status Changed:

Deemer Date:

Created By: Sharon Robinson

Submitted By: Sharon Robinson

Corresponding Filing Tracking Number:

Filing Description:

On behalf of American Casualty Company of Reading, PA we hereby submit for your review and approval the captioned rates and rules for use with our Healthcare Providers Services Organization Program currently on file with your department.

Company and Contact

Filing Contact Information

Sharon Robinson, Regulatory Filings Technician sharon.robinson2@cna.com

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40 Wall Street 212-440-7302 [Phone]
 9th Floor 212-440-2877 [FAX]
 New York, NY 10005

Filing Company Information

American Casualty Company of Reading - PA CoCode: 20427 State of Domicile: Pennsylvania
 40 Wall Street Group Code: 218 Company Type:
 8th Floor Group Name: State ID Number:
 New York, NY 10005 FEIN Number: 23-0342560
 (212) 440-3478 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Casualty Company of Reading - PA	\$0.00		

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	11/16/2010	11/16/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Certification (P&C)	Sharon Robinson	06/04/2010	06/04/2010

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Disposition

Disposition Date: 11/16/2010

Effective Date (New):

Effective Date (Renewal):

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter All Filings		Yes
Supporting Document	Consulting Authorization		Yes
Supporting Document (revised)	Actuarial Certification (P&C)		Yes
Supporting Document	Actuarial Certification (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		Yes
Rate	Countrywide Manual Pages		Yes

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Amendment Letter

Submitted Date: 06/04/2010

Comments:

Revisions were made to Actuarial Certification form.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Actuarial Certification (P&C)

Comment:

DC Certification Form 2010.pdf

Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
	Countrywide Manual Pages	1-3	Replacement	09-00025-RL DC HPSO State Pages 2010.pdf

DISTRICT OF COLUMBIA (08)

**COMPANY STATE PAGE FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PA**

I. STATE ENDORSEMENTS

- | | | |
|---|--------------|---------------------------|
| A. Professional Liability
State Provisions | G-123846-C08 | Mandatory on all policies |
| B. Student Blanket
State Provisions | G-144931-A08 | Mandatory on all policies |

II. AMENDED RULES

Reserved for future use.

**COMPANY STATE PAGE FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PA**

III. RATES

- A. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim, with a \$6,000,000 annual aggregate.

CLASS		EMPLOYED	SELF-EMPLOYED
I	A	87	242
	B	102	343
	C	102	286
II		102	343
III	A	106	345
	B	102	286
	C	102	200
	D	102	110
	E	106	345
IV	A	146	390
	B	93	182
	C	115	323
V		172	343
VI	A	172	200
	B	200	343
VII	A	229	1,087
	B	172	200
VIII	A	183	263
	B	166	239
	C	86	86
IX	A	164	467
	B	83	234
X		---	---
XI	A	751	842
	B	1,060	1,191
	C	1,372	1,539
	D	1,683	1,890
	E	275	N/A
	F	563	694
XII		90	154
XIII		68	286
XIV		56	200
XV	A	125	300
	B	450	950
	C	125	330
	D	125	265
XVI	A	4,398	4,398
	B	5,498	5,498
	C	6,597	6,597
	D	156	N/A
	E	4,398	4,398
XVII	A	804	804
	B	156	N/A

DISTRICT OF COLUMBIA (08)

**COMPANY STATE PAGE FOR
HEALTHCARE PROVIDERS SERVICE ORGANIZATION
AMERICAN CASUALTY COMPANY OF READING, PA**

B. Student Rates

The **minimum** rate for an individual healthcare student is **\$35**, except where otherwise specified in class rate schedule III. A.

C. General Liability

Base General Liability limits of \$1,000,000 for each claim, with a \$1,000,000 annual aggregate may be purchased for \$150 minimum base rate subject to the provisions of rule XIX. F.

D. Student Blanket

The rate is \$13 per student for all specialties at \$1,000,000/\$5,000,000 limit of liability.

E. A 10% Firm debit may apply.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter All Filings		
Comments:		
Attachment: DC 10-00089-R Cover Letter.pdf		

	Item Status:	Status Date:
Bypassed - Item: Consulting Authorization		
Bypass Reason: No third party		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Certification (P&C)		
Comments:		
Attachment: DC Certification Form 2010.pdf		

	Item Status:	Status Date:
Satisfied - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Comments:		
Attachments: DC Supporting Actuarial Exhibits 2010.pdf DC Actuarial Memo 2010.pdf		

	Item Status:	Status
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Product Name: Healthcare Providers Services Organization Program
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Date:

Bypassed - Item: District of Columbia and
Countrywide Loss Ratio Analysis
(P&C)

Bypass Reason: N/A

Comments:



40 Wall Street – 9th Floor
New York, New York 10005

Sharon Robinson
Regulatory Filings Technician
P & C State Filing Unit
CNA Global Specialty Lines
Phone: 212-440-7302
email
sharon.robinson1@cna.com

June 2, 2010

Commissioner of Insurance
District of Columbia Department of
Insurance Securities and Banking
810 1st Street NE Suite 701
Washington, DC 20002

RE: American Casualty Company of Reading, PA NAIC No.: 20427 FEIN: 23-0342560
Healthcare Providers Services Organization Risk Purchasing Group
Rates Filing
Filing No.: 10-00089-R

Honorable Commissioner:

On behalf of American Casualty Company of Reading, PA we hereby submit for your review and approval the captioned rates and rules for use with our Healthcare Providers Services Organization Program currently on file with your department.

Attached for your review are:

- the actuarial memorandum which outlines the changes proposed by this filing;
- revised CW manual pages;
- revised State exception pages,

We wish this filing to be applicable to all policies effective on or after July 1, 2010 for new business and renewals; or the earliest date permitted by your state.

Sincerely,

Sharon Robinson

Sharon Robinson

DISTRICT OF COLUMBIA

DEPARTMENT OF INSURANCE SECURITIES & BANKING

INSURANCE RATE AND RULE FILING CERTIFICATION

A. Name of company or rating organization and mailing address
American Casualty Company of Reading, PA
CNA Insurance Companies, 333 S. Wabash Ave.
Chicago, IL 60604

B. Date of Filing 6/4/2010

C. Line of Business 11.0 Proposed Effective Date 7/15/2010

Notes: N/A A Premium Survey Form must be attached to every private passenger auto filing
X All information shall be for the District of Columbia only, unless otherwise specified
X Provide a filing memorandum which fully states the purpose of the filing

D. Is this an independent filing Yes or a "me too" filing _____ or a filing related to the approved filing of a rating organization _____?

If not an independent filing, specify approval date and reference number (if applicable) of the related filing

E. List all rate level changes for the District of Columbia policies for the last five years:

<u>Effective Date</u>	<u>Overall Rate Level Change</u>
<u>2/8/2010</u>	<u>3.4% (Registered Nurses only. Different class from this filing)</u>
<u>12/21/2005</u>	<u>6.2%</u>
<u>5/2/2005</u>	<u>16.5%</u>
_____	_____
_____	_____

F. Show the change in the number of policies in force in the District of Columbia over the last five years:

Mandatory

Number of Policies in Force (as December 31st)

	<u>Voluntary</u>		<u>Assigned Risk</u>	<u>Grand Total</u>	<u>Percent Growth</u>
	<u>New</u>	<u>Renewal</u>			
5th Prior Year	<u>222</u>	<u>658</u>	<u>0</u>	<u>880</u>	<u>xxxx</u>
4th Prior Year	<u>184</u>	<u>660</u>	<u>0</u>	<u>844</u>	<u>-4.1%</u>
3rd Prior Year	<u>184</u>	<u>649</u>	<u>0</u>	<u>833</u>	<u>-1.3%</u>
2nd Prior Year	<u>259</u>	<u>649</u>	<u>0</u>	<u>908</u>	<u>9.0%</u>
1st Prior Year	<u>228</u>	<u>665</u>	<u>0</u>	<u>893</u>	<u>-1.7%</u>

G. Show the maximum and minimum rate level effect of this filing by coverage. These effects shall illustrate the maximum increase (or smallest decrease) and minimum increase (or largest decrease), which will result to any one insured from the proposed changes to rates and/or rating factors.

The calculation of these effects shall be: the proposed change in the base rate, times the maximum (or minimum) change to each rating factor affecting coverage.

Percentage Minimum	Rate Level Maximum	Changes	
N/A	10.00%	10.00%	FIRMS & Individual Ancillary Healthcare Providers
N/A	20.70%	20.70%	Students
N/A	21.00%	21.00%	Ancillary Firms
0%	0%	0%	Rest of Program

H. Please provide information on the actuarial supporting data:

(1)	Calendar Year	_____	Basic Limits	_____
	Accident Year	X _____	Total Limits	X _____
	Policy year	_____		
	Other (Specify)	_____		

If total limits data has been provided, specify the part of the filing that illustrates how large losses have been considered.

All losses are analyzed together since policy limits are only \$1M.

(2) All rate filings shall mathematically consider investment income, pursuant to D.C. Code Section 31-2703(6), 2001 Edition (as amended).
Specify the part of the filing which mathematically determines investment income:
Exhibit I, Sheet 1

(3) Please provide a chart showing the number of earned exposures for each coverage and each year of experience.

Coverage is not applicable for this product. Please see the earned exposures (policy counts) below:

2005	869
2006	862
2007	839
2008	871
2009	901

(4) Please provide a chart showing the actual written premium by coverage, which was used to calculate the overall percentage rate change.

Please see Exhibit III, Sheet 1.

I. The following data for the District of Columbia should be submitted from page 15 of the Annual Statement for the most recent two years.

<u>Coverage</u>	<u>Most Recent Year (2009)</u>			
	<u>Direct Premium</u>		<u>Direct Losses</u>	
	<u>Written</u>	<u>Earned</u>	<u>Paid</u>	<u>Incurred</u>
Medical Malpractice	<u>275,766</u>	<u>246,518</u>	<u>39,333</u>	<u>-133,387</u>

<u>Coverage</u>	<u>Prior Year (2008)</u>			
	<u>Direct Premium</u>		<u>Direct Losses</u>	
	<u>Written</u>	<u>Earned</u>	<u>Paid</u>	<u>Incurred</u>
Medical Malpractice	<u>224,724</u>	<u>23,953</u>	<u>0</u>	<u>-1,983,129</u>

Most Recent Year (2009)

Underwriting Income/Earned Premium 88.16%

As an authorized representative of the Company or rating organization, I hereby certify that to the best of my knowledge and belief the attached filing complies with all applicable laws, regulations and bulletins of the District of Columbia.

Jennifer Kowall, FCAS
NAME OF AUTHORIZED REPRESENTATIVE

Jennifer Kowall
SIGNATURE (REQUIRED)

Actuarial Manager, Healthpro Pricing
TITLE

312/822-2188
TELEPHONE NUMBER

Jennifer.Kowall@cna.com
E-MAIL ADDRESS

EXPENSE PROVISIONS & PERMISSIBLE LOSS RATIO

Countrywide

Premium Expenses

[1] Fixed Expense Ratio	3.2%
[2] Commission Rate	40.4%
[3] Premium Tax	1.8%
[4] Total Premium Expense Ratio [[1] + [2] + [3]]	45.4%

Permissible Loss Ratio

[5] Underwriting Profit Provision [a]	-4.8%
[6] Permissible Loss & LAE Ratio [1 - [4] - [5]]	59.4%
[7] ULAE (as a % of Loss & ALAE)	9.0%
[8] Permissible Loss & ALAE Ratio [[6] / {1 + [7]}]	54.5%

NOTES

[a] From CNA Rate Review as of September 30, 2009.

HISTORICAL LOSS RATIOS & INDICATION

FIRMS

Countrywide

Amounts in \$000's

Loss Year	Earned Premium	Selected Ultimate Indemnity	Loss Cost Trend Factor	Trended Ultimate Indemnity	Selected Ultimate ALAE	ALAE Trend Factor	Trended Ultimate ALAE	Trended Ultimate Loss & ALAE	On-Level Loss & ALAE Ratio
[1]	[a]	[a]	[a]	[3]x[4]	[a]	[a]	[6]x[7]	[5]+[8]	[9]/[2]
[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
1999	2,431	2,621	0.338	885	1,787	0.298	532	1,417	58.3%
2000	3,487	2,579	0.404	1,043	1,424	0.361	515	1,558	44.7%
2001	4,901	8,289	0.485	4,018	5,499	0.439	2,412	6,430	131.2%
2002	7,010	6,314	0.581	3,668	4,348	0.532	2,314	5,982	85.3%
2003	9,902	10,440	0.696	7,270	5,120	0.646	3,306	10,576	106.8%
2004	12,933	6,767	0.835	5,648	4,132	0.784	3,238	8,886	68.7%
2005	16,829	6,962	1.000	6,964	4,084	0.951	3,884	10,848	64.5%
2006	20,769	8,708	1.199	10,439	4,983	1.154	5,751	16,190	78.0%
2007	22,892	8,090	1.158	9,369	5,634	1.123	6,326	15,696	68.6%
2008	23,969	9,094	1.119	10,175	5,796	1.093	6,334	16,509	68.9%
2009	25,406	10,202	1.085	11,074	6,194	1.067	6,609	17,683	69.6%
Total/Avg	150,529	80,067			49,003			111,773	74.3%

Average On-Level Loss & ALAE Ratios

[11] All Years - Excl. High & Low	73.0%
[12] 5-Year Average: 2004 to 2008	70.0%
[13] 4-Year Average: 2004 to 2008 - Excl. 2006	67.8%
[14] 6-Year Average: 2004 to 2009	69.9%
[15] 5-Year Average: 2004 to 2009 - Excl. 2006	68.2%

Expected Loss & ALAE Ratio

[16] Selected Loss & ALAE Ratio [b]	69.1%
-------------------------------------	-------

Rate Change Indication

[17] Permissible Loss & ALAE Ratio [c]	54.5%
[18] Indicated Rate Change $[(16)/(17) - 1]$	26.7%

NOTES

- [a] Earned Premium was used because on-leveling is not possible due to a lack of exposure details. The significant increase in premium between 2003-4 was due to a large rate increase. Thus, those earlier years were ignored when selecting the projected loss ratio.
 [b] From CNA Rate Review as of September 30, 2009.
 [c] Judgmentally selected.
 [d] From Exhibit I, Sheet 1, Column [8].

HISTORICAL LOSS RATIOS & INDICATION

INDIVIDUAL ANCILLARY HEALTHCARE PROVIDERS

Countrywide
 Amounts in \$000's

Loss Year	Current Level Earned Premium	Selected Ultimate Indemnity	Loss Cost Trend Factor	Trended Ultimate Indemnity	Selected Ultimate ALAE	ALAE Trend Factor	Trended Ultimate ALAE	Trended Ultimate Loss & ALAE	On-Level Loss & ALAE Ratio
[1]	[a]	[b]	[b]	[3]x[4]	[b]	[b]	[6]x[7]	[5]+[8]	[9]/[2]
[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
1999	10,777	5,047	1.657	8,361	1,271	1.707	2,169	10,530	97.7%
2000	13,287	4,688	1.594	7,474	2,078	1.628	3,382	10,857	81.7%
2001	15,860	5,129	1.534	7,869	3,542	1.553	5,500	13,370	84.3%
2002	19,763	6,886	1.477	10,168	3,288	1.481	4,871	15,039	76.1%
2003	23,211	9,436	1.421	13,409	5,186	1.413	7,327	20,737	89.3%
2004	24,495	10,450	1.368	14,293	5,367	1.617	8,676	22,968	93.8%
2005	25,500	10,854	1.316	14,287	5,106	1.524	7,782	22,069	86.5%
2006	27,941	8,473	1.267	10,733	4,333	1.437	6,227	16,960	60.7%
2007	29,884	11,168	1.219	13,616	5,674	1.355	7,690	21,305	71.3%
2008	30,096	11,581	1.173	13,589	5,767	1.278	7,369	20,957	69.6%
2009	29,183	11,306	1.135	12,827	5,551	1.214	6,737	19,564	67.0%
Total/Avg	249,997	95,018			47,162			194,357	77.7%

Average On-Level Loss & ALAE Ratios

[11] All Years - Excl. High & Low	79.0%
[12] All Years - Excl. 2009	79.2%
[13] 8-Year Average: 2002 to 2009	76.0%
[14] 7-Year Average: 2002 to 2009 - Excl. 2004	73.6%
[15] 5-Year Average: 2005 to 2009	70.7%
[16] 3-Year Average: 2007 to 2009	69.3%

Expected Loss & ALAE Ratio

[16] Selected Loss & ALAE Ratio [c]	70.7%
-------------------------------------	-------

Rate Change Indication

[17] Permissible Loss & ALAE Ratio [d]	54.5%
[18] Indicated Rate Change [[16] / [17] - 1]	29.8%

NOTES

- [a] Calculated by re-rating historical policies.
- [b] From CNA Rate Review as of September 30, 2009.
- [c] Judgmentally selected.
- [d] From Exhibit I, Sheet 1, Column [8].

OVERALL PREMIUM LEVEL CHANGE
District of Columbia

Group	Number of Policyholders in 2009	Current Level Written Premium in 2009	Expected Premium Change From Filing	Selected Rate Change
[1]	[2]	[a]	[4]	[4]/[3]
INDIVIDUAL ANCILLARY HEALTHCARE PROVIDERS	112	29,401	2,940	10.0%
FIRMS	63	73,879	7,388	10.0%
ANCILLARY FIRMS	11	12,405	2,605	21.0%
STUDENTS	78	2,262	468	20.7%
REST OF PROGRAM	661	137,464	0	0.0%
TOTAL	925	255,411	13,401	5.2%

NOTES

[a] Calculated by re-rating historical policies.

American Casualty Company of Reading, PA
 Healthcare Providers Service Organization
 Professional Liability
 DISTRICT OF COLUMBIA

Actuarial Memorandum

American Casualty Company of Reading Pennsylvania (ACCO) is proposing the following changes to its Healthcare Providers Service Organization program. The overall impact of these changes to the entire program is 5.2%. These changes are itemized below and all take place in the state exception pages:

1. FIRMS (Section III-E)

The countrywide rate indication is +26.7% (refer to Exhibit II, sheet 1 in file "Support Actuarial Exhibits 2010"). For now, we are only proposing a 10% increase by applying a 10% debit. We plan to manage this debit via underwriting guidelines on a class by class basis so that the application of this debit is consistent among our insureds.

2. Ancillary Individual Healthcare Providers (Section III-A)

The countrywide rate indication is +29.8% (refer to Exhibit II, sheet 2 in file "Support Actuarial Exhibits 2010"). For now, we are only proposing a 10% increase to the following base rates. For a list of class descriptions, please see below.

Class Num	Class Letter	CURRENT RATES		PROPOSED CHANGE	PROPOSED RATES	
		Employed	Self-Employed		Employed	Self-Employed
I	A	79	220	10.0%	87	242
I	B	93	312	10.0%	102	343
I	C	93	260	10.0%	102	286
II		93	312	10.0%	102	343
III	B	93	260	10.0%	102	286
III	C	93	182	10.0%	102	200
III	D	93	100	10.0%	102	110
V		156	312	10.0%	172	343
VI	A	156	182	10.0%	172	200
VI	B	182	312	10.0%	200	343
VII	A	208	988	10.0%	229	1,087
VII	B	156	182	10.0%	172	200
VIII	A	166	239	10.0%	183	263
VIII	B	151	217	10.0%	166	239
VIII	C	78	78	10.0%	86	86
XI	A	683	842	10.0%	751	926
XI	B	964	1,191	10.0%	1,060	1,310
XI	C	1,247	1,539	10.0%	1,372	1,693
XI	D	1,530	1,890	10.0%	1,683	2,079
XI	F	512	631	10.0%	563	694
XII		82	140	10.0%	90	154
XIII		62	260	10.0%	68	286
XIV		51	182	10.0%	56	200
XVI	A	3,998	3,998	10.0%	4,398	4,398
XVI	B	4,998	4,998	10.0%	5,498	5,498
XVI	C	5,997	5,997	10.0%	6,597	6,597
XVI	E	3,998	3,998	10.0%	4,398	4,398
XVII	A	731	731	10.0%	804	804

3. Students (Section III-B)

- We are proposing to increase the student rate from \$29 to \$35 (+20.7%) to keep up with inflation. The \$29 rate was approved in 2004. The \$6 increase was calculated using a generic inflation rate of 3% per year over 6 years. Please refer to the state rate page, section III-B.
- The word "minimum" was added for clarification purposes. The typical class limits will be provided for the stated minimum student rate of \$35. If lower limits are written, Decreased Limit Factors are not used to adjust the premium. However, if limits higher than \$1M/\$6M are required, Increased Limit Factors will be used to adjust the premium.

CLASS DESCRIPTIONS (continued)

Class	Description	ISO CODE
IV	A Pharmacist	59112
	B Pharmacy Technician	59112
	C Pedorthist	80943
V	Circulation Tech	80945
	Perfusionist	80945
VI	A Massage Therapist	80718
	B Enterostomal Therapist	80945
	Orthopedic Assistant	80943
VII	A Athletic Trainer	80945
	B Exercise Physiologist	80945
	Fitness Professional	80945
	Health Educator	80711
	Kinesiologist	80945
	Personal Trainer, Certified	80945
	Sports Medicine Instructor	80945
VIII	A Paramedic	80723
	B Basic / Intermediate Emergency Medical Technician	80723
	C Volunteer Emergency Medical Technician	80723
IX	A Physical Therapist	80995
	Rehabilitation Therapist	80995
	Kinesiotherapist	80945
	Sports Medicine Therapist	80945
	Corrective Therapist	80945
	B Physical Therapist Assistant	80995
	Rehabilitation Assistant	80995
	XI Nurse Practitioners/Clinical Nurse Specialists	
A Adult / Geriatric / Family Planning / Gynecology / Women's Health / Adult Oncology	80965	
B Psychiatric	80965	
C Pediatric / Neonatal / Family Practice / Acute Critical Care,	80965	
D Obstetrics / Gynecology / Perinatal / Acute Care Obstetrics,	80965	
E Nurse Practitioner Student	80965	
F Clinical Nurse Specialist - Educator, Consultant, Administrator and Researcher	80965	
XII	Audiologists	80716
	Speech Language Pathologist	80716
	Speech Hearing Therapist	80716
XIII	Dental Hygienists	80712
XIV	Dental Assistants	80712
	Laboratory Aide	80711
	Nurses Aide	80964
	Geriatric Nursing Assistant	80963
	Nursing Assistant	80963
	Physical Therapy Aide	80995
	Other Healthcare Aide (Excluding Home Health Aides)	80711

CLASS DESCRIPTIONS (continued)

Class	Description	ISO CODE
XV	A Social Worker Clinical	80723
	B Psychotherapist / Psychologist	80723
	C Alcohol/Drug Counselor Case Manager Clinical/Rehabilitation Counselor Pastoral Counselor School Counselor	80723
		72990
		80723
		80723
	D Marriage/Family Counselor	80723
XVI	A Physician Assistant Class 1	80116
	A PA who performs tasks ordinarily reserved for the Physician and who works under the direction and supervision of a licensed physician to assist the physician in the management of patients.	
	B Physician Assistant Class 2	80116
	A PA who is involved in any of the following: Assisting in surgery (other than observation) Trauma/Emergency room procedures/responsibilities (10 hours or less per week) Prenatal or Postnatal care Assisting in anesthesiology	
	C Physician Assistant Class 3	80116
A PA who is involved in any of the following: Orthopedic surgery OB/GYN Surgery Cardiovascular Surgery Thoracic Surgery Trauma/Emergency Room – Greater than 10 hours/week OB including delivery room responsibilities Exposure to Cardiac Catherization lab		
D Physician Assistant Student	80116	
E. Registered Radiologist Assistant	80116	
XVII	A Acupuncturist	80966
	B Acupuncturist Student	80966

SERFF Tracking Number: CNAC-126649464 State: District of Columbia
 Filing Company: American Casualty Company of Reading - PA State Tracking Number:
 Company Tracking Number: 10-00089-R
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations
 Made/Occurrence
 Product Name: Healthcare Providers Services Organization Program
 Project Name/Number: HPSO RPG /10-00089-R

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/27/2010		Supporting Actuarial Certification (P&C) Document	06/04/2010	DC Certification Form 2010.pdf (Superseded)

DISTRICT OF COLUMBIA

DEPARTMENT OF INSURANCE SECURITIES & BANKING

INSURANCE RATE AND RULE FILING CERTIFICATION

A. Name of company or rating organization and mailing address
American Casualty Company of Reading, PA
CNA Insurance Companies, 333 S. Wabash Ave.
Chicago, IL 60604

B. Date of Filing 6/4/2010

C. Line of Business 11.0 Proposed Effective Date 7/15/2010

Notes: N/A A Premium Survey Form must be attached to every private passenger auto filing
X All information shall be for the District of Columbia only, unless otherwise specified
X Provide a filing memorandum which fully states the purpose of the filing

D. Is this an independent filing Yes or a "me too" filing _____ or a filing related to the approved filing of a rating organization _____?

If not an independent filing, specify approval date and reference number (if applicable) of the related filing

E. List all rate level changes for the District of Columbia policies for the last five years:

<u>Effective Date</u>	<u>Overall Rate Level Change</u>
<u>2/8/2010</u>	<u>3.4% (Registered Nurses only. Different class from this filing)</u>
<u>12/21/2005</u>	<u>6.2%</u>
<u>5/2/2005</u>	<u>16.5%</u>
_____	_____
_____	_____

F. Show the change in the number of policies in force in the District of Columbia over the last five years:

Mandatory

Number of Policies in Force (as December 31st)

	<u>Voluntary</u>		<u>Assigned Risk</u>	<u>Grand Total</u>	<u>Percent Growth</u>
	<u>New</u>	<u>Renewal</u>			
5th Prior Year	<u>222</u>	<u>658</u>	<u>0</u>	<u>880</u>	<u>xxxx</u>
4th Prior Year	<u>184</u>	<u>660</u>	<u>0</u>	<u>844</u>	<u>-4.1%</u>
3rd Prior Year	<u>184</u>	<u>649</u>	<u>0</u>	<u>833</u>	<u>-1.3%</u>
2nd Prior Year	<u>259</u>	<u>649</u>	<u>0</u>	<u>908</u>	<u>9.0%</u>
1st Prior Year	<u>228</u>	<u>665</u>	<u>0</u>	<u>893</u>	<u>-1.7%</u>

G. Show the maximum and minimum rate level effect of this filing by coverage. These effects shall illustrate the maximum increase (or smallest decrease) and minimum increase (or largest decrease), which will result to any one insured from the proposed changes to rates and/or rating factors.

The calculation of these effects shall be: the proposed change in the base rate, times the maximum (or minimum) change to each rating factor affecting coverage.

Percentage Minimum	Rate Level Maximum	Changes	
N/A	10.00%	10.00%	FIRMS & Individual Ancillary Healthcare Providers
N/A	20.70%	20.70%	Students
N/A	21.00%	21.00%	Ancillary Firms
0%	0%	0%	Rest of Program

H. Please provide information on the actuarial supporting data:

(1)	Calendar Year	_____	Basic Limits	_____
	Accident Year	X _____	Total Limits	X _____
	Policy year	_____		
	Other (Specify)	_____		

If total limits data has been provided, specify the part of the filing that illustrates how large losses have been considered.

All losses are analyzed together since policy limits are only \$1M.

(2) All rate filings shall mathematically consider investment income, pursuant to D.C. Code Section 31-2703(6), 2001 Edition (as amended).
Specify the part of the filing which mathematically determines investment income:
Exhibit I, Sheet 1

(3) Please provide a chart showing the number of earned exposures for each coverage and each year of experience.

Coverage is not applicable for this product. Please see the earned exposures (policy counts) below:

2005	869
2006	862
2007	839
2008	871
2009	901

(4) Please provide a chart showing the actual written premium by coverage, which was used to calculate the overall percentage rate change.

Please see Exhibit III, Sheet 1.

I. The following data for the District of Columbia should be submitted from page 15 of the Annual Statement for the most recent two years.

<u>Coverage</u>	<u>Most Recent Year (2009)</u>			
	<u>Direct Premium</u>		<u>Direct Losses</u>	
	<u>Written</u>	<u>Earned</u>	<u>Paid</u>	<u>Incurred</u>
Medical Malpractice	<u>275,766</u>	<u>246,518</u>	<u>39,333</u>	<u>-133,387</u>

<u>Coverage</u>	<u>Prior Year (2008)</u>			
	<u>Direct Premium</u>		<u>Direct Losses</u>	
	<u>Written</u>	<u>Earned</u>	<u>Paid</u>	<u>Incurred</u>
Medical Malpractice	<u>224,724</u>	<u>23,953</u>	<u>0</u>	<u>-1,983,129</u>

Most Recent Year (2009)

Underwriting Income/Earned Premium 91.36%

As an authorized representative of the Company or rating organization, I hereby certify that to the best of my knowledge and belief the attached filing complies with all applicable laws, regulations and bulletins of the District of Columbia.

Jennifer Kowall, FCAS
 NAME OF AUTHORIZED REPRESENTATIVE


 SIGNATURE (REQUIRED)

Actuarial Manager, Healthpro Pricing
 TITLE

312/822-2188
 TELEPHONE NUMBER

Jennifer.Kowall@cna.com
 E-MAIL ADDRESS