

SERFF Tracking Number: FORT-125841279 State: District of Columbia
Filing Company: Fortress Insurance Company State Tracking Number:
Company Tracking Number: FD-DC-R1-0309
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0006 Dentists - General Practice
Made/Occurrence
Product Name: Fortress Dental Professional Liability
Project Name/Number: 2009 Rate Increase/FD-DC-R1-0309

Filing at a Glance

Company: Fortress Insurance Company

Product Name: Fortress Dental Professional Liability SERFF Tr Num: FORT-125841279 State: District of Columbia

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

Sub-TOI: 11.0006 Dentists - General Practice Co Tr Num: FD-DC-R1-0309

Filing Type: Rate/Rule

Author:

Date Submitted: 10/02/2008

State Status:

Reviewer(s): Robert Nkojo

Disposition Date: 12/05/2008

Disposition Status: APPROVED

Effective Date Requested (New): 03/01/2009

Effective Date (New):

Effective Date Requested (Renewal): 03/01/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 2009 Rate Increase

Project Number: FD-DC-R1-0309

Reference Organization: n/a

Reference Title: n/a

Filing Status Changed: 12/05/2008

State Status Changed:

Created By: Mary Frisone

Corresponding Filing Tracking Number: FD-DC-F1-0309

Filing Description:

Sub-TOI 11.0030 also applies to this filing. There isn't a way to select both.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: n/a

Advisory Org. Circular: n/a

Deemer Date:

Submitted By: Mary Frisone

With this filing we request a 3% increase. The factor for the 500K/1M limit is amended from .852 to .85 and the new base rate is \$2846. The companion form filing submitted is FD-DC-F1-0309.

This is our first rate amendment. Our initial rate/rule filing was approved effective December 11, 2003.

Company and Contact

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Filing Contact Information

Mary Frisone, Sr. Compliance Analyst mary.frisone@fortressins.com
 6133 N. River Road 847-653-8823 [Phone]
 Suite 650 847-653-8843 [FAX]
 Rosemont, IL 60018

Filing Company Information

Fortress Insurance Company CoCode: 10801 State of Domicile: Illinois
 6133 N. River Road Group Code: 508 Company Type: Property & Casualty
 Suite 650 Group Name: The National Group State ID Number:
 Rosemont, IL 60018 FEIN Number: 36-4159841
 (847) 384-0062 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fortress Insurance Company	\$0.00		

SERFF Tracking Number: FORT-125841279

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Made/Occurrence

Sub-TOI: 11.0006 Dentists - General Practice

Product Name: Fortress Dental Professional Liability

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	12/05/2008	12/05/2008

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Disposition

Disposition Date: 12/05/2008

Effective Date (New):

Effective Date (Renewal):

Status: APPROVED

Comment:

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):
Fortress Insurance Company	3.000%	3.000%	\$201	9	\$	3.000%	3.000%
	Percent Change Approved:						
	Minimum:	%	Maximum:	%	Weighted Average:		%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter All Filings	No	
Supporting Document	Consulting Authorization	No	
Supporting Document	Actuarial Certification (P&C)	No	
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)	No	
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)	No	
Supporting Document	Redlined revised manual pgs DC 0309	No	
Rate	Revised manual pgs DC 0309	No	

SERFF Tracking Number: FORT-125841279 State: District of Columbia
 Filing Company: Fortress Insurance Company State Tracking Number:
 Company Tracking Number: FD-DC-RI-0309
 TOI: 11.0 Medical Malpractice - Claims Made/Occurrence Sub-TOI: 11.0006 Dentists - General Practice
 Product Name: Fortress Dental Professional Liability
 Project Name/Number: 2009 Rate Increase/FD-DC-RI-0309

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing: Prior approval

Company Rate Information

Company Name:	Company Rate Change:	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):
Fortress Insurance Company	N/A	3.000%	3.000%	\$201	9		3.000%	3.000%

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Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	Revised manual pgs DC 0309	Cover & pages 1, 6, 17, 18, 19 and 23	Replacement	Revised manual pgs DC 0309.pdf



FORTRESS INSURANCE COMPANY
DENTAL PROFESSIONAL LIABILITY INSURANCE

DISTRICT OF COLUMBIA

RATE/RULE MANUAL

FORTRESS INSURANCE COMPANY

DISTRICT OF COLUMBIA

DENTIST PROFESSIONAL LIABILITY RATES

Class I

Limits of Coverage

Claims Made Maturity

	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd year</u>	<u>4th Year</u>	<u>Mature</u>
\$250,000/\$750,000	800	1449	1839	2033	2163
\$500,000/\$1,000,000	895	1621	2056	2274	2419
\$1,000,000/\$3,000,000	1053	1907	2419	2675	2846
\$2,000,000/\$6,000,000	1316	2384	3024	3344	3558

Limits of Coverage

Occurrence

\$250,000/\$750,000	2401
\$500,000/\$1,000,000	2685
\$1,000,000/\$3,000,000	3159
\$2,000,000/\$6,000,000	3949

Class II

Limits of Coverage

Claims Made Maturity

	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd year</u>	<u>4th Year</u>	<u>Mature</u>
\$1,000,000/\$3,000,000	1978	3581	4543	5024	5345

Limits of Coverage

Occurrence

\$1,000,000/\$3,000,000	5933
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Basis of Coverage

Coverage will be issued by the Company on a claims-made or occurrence basis at the approved rates and conditions applicable to this type of insurance.



FORTRESS

Suspension of Insurance

In the event a dentist is removed from practice by reason of disability, sabbatical or other reason for a period of at least three- (3) months but not more than two- (2) years, the dentist will be issued a Suspension of Insurance Endorsement. This Endorsement will allow for the reporting of claims during the suspension period arising from acts performed by the dentist prior to the commencement of the suspension period. The Endorsement will further contain exclusion related to professional services rendered during the suspension period. The premium charged during the suspension period will be 15% of the otherwise applicable policy premium.



FORTRESS

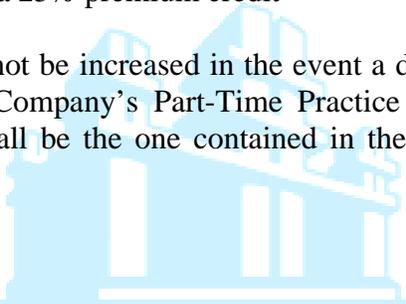
New Dentist Discount

The Company will provide premium discounts for a three- (3) year period to dentists who enter either a solo or a group private practice immediately following completion of their formal training. (Such formal training shall include the time spent on active military duty.)

The premium discounts will be applied as follows:

- For the first year- a 60% premium credit
- For the second year – a 40% premium credit
- For the third year – a 25% premium credit

The rates of discount will not be increased in the event a dentist concurrently qualifies for a rate credit related to the Company's Part-Time Practice Program. In such instances, the premium credit granted shall be the one contained in the program that would provide the greater rate of discount.



FORTRESS

Part-Time Practice Discounts

A 50% premium credit will be applied to the rates of insureds who are 55 years of age or older and who request and qualify for coverage for 20 hours per week or less or 1,000 hours per year or less of dental practice.



FORTRESS

Coverage for Dental Candidates

Professional liability coverage will be available to Dental Candidates while they are taking the State or Regional Board Examination for a license to practice dentistry in the state and only for that period of time.

All Dental Candidates will be insured by a policy providing limits of liability of \$1,000,000 per patient/\$3,000,000 total limit. The Company will charge a premium of \$25 for the policy. The policy will be issued upon payment of the policy premium.

After successfully completing the State or Regional Board Examination the \$25 premium will be applied to the applicant's first year premium in the event they secure a Fortress policy for their practice activities.



FORTRESS

SERFF Tracking Number: FORT-125841279

State: District of Columbia

Filing Company: Fortress Insurance Company

State Tracking Number:

Company Tracking Number: FD-DC-R1-0309

TOI: 11.0 Medical Malpractice - Claims
Made/Occurrence

Sub-TOI: 11.0006 Dentists - General Practice

Product Name: Fortress Dental Professional Liability

Project Name/Number: 2009 Rate Increase/FD-DC-R1-0309

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Cover Letter All Filings

Comments:

Attachment:

Cover letter.pdf

Item Status: **Status Date:**

Bypassed - Item: Consulting Authorization

Bypass Reason: N/A - Company filing

Comments:

Item Status: **Status Date:**

Satisfied - Item: Actuarial Certification (P&C)

Comments:

Attachment:

DC Actuarial Memo.pdf

Item Status: **Status Date:**

Bypassed - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C)

Bypass Reason: We have very limited experience - just 9 policyholders and \$6699 in premium. Please see our Actuarial Memorandum.

Comments:

Item Status: **Status Date:**

SERFF Tracking Number: FORT-125841279 State: District of Columbia
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Made/Occurrence
Product Name: Fortress Dental Professional Liability
Project Name/Number: 2009 Rate Increase/FD-DC-R1-0309

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

Bypass Reason: We have very limited experience - just 9 policyholders and \$6699 in premium. Please see our
Actuarial Memorandum.

Comments:

Item Status: **Status**
Date:

Satisfied - Item: Redlined revised manual pgs DC
0309

Comments:

Attachment:

Redlined revised manual pgs DC 0309.pdf



October 2, 2008

FILED VIA SERFF

Re: Fortress Insurance Company
Company NAIC No.: 10801
Dental Professional Liability
Proposed Effective date: March 1, 2009
Company File Number: FD-DC-R1-0309

Dear Regulator:

Please note that our experience is very limited. We have just nine policyholders and \$6699 in premium as of March 31, 2008. In this filing we request a three percent (3%) increase and we've amended the following rules:

- 1) Basis of Coverage, Page 6: we've changed the word "and" to "or" in the first sentence.
- 2) Suspension of Insurance, Page 17: will now provide coverage when insured are removed from practice from "at least three (3) months but not more than two (2) years;" previously, it was "...not more than four (4) years."
- 3) New Dentist Discount, Page 18: the first and second year premium discounts are increased from 50% and 25% to 60% and 40%, respectively.
- 4) Part-Time Practice Discounts, Page 19: (for which we have also amended two forms in our companion form filing, FD-DC-F1-0309) increased the number of hours permitted for the endorsement to be in effect - from "16 hours per week or 800 hours per year" to "20 hours per week or 1,000 hours per year."
- 5) Coverage for Dental Candidates, Page 23: provides that the \$25 premium paid by a Dental Candidate for coverage while taking the State or Regional Board Examination will, upon completion of the Exam, be credited to the applicant's first year premium, in the event they secure a Fortress policy for their practice activities.

Naturally, we've revised the edition date on each of the pages – to reflect our proposed effective month and year of 0309.

We look forward to hearing from you and appreciate your assistance with this filing; thank you.

Sincerely,

Mary P. Frisone, *Paralegal*
Senior Compliance Analyst

Direct Phone: (847) 653-8823

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E-mail: mary.frisone@fortressins.com

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6133 North River Road
Suite 650
Rosemont, IL 60018-5173

Telephone 847-384-0062
Toll free 800-522-6675
Fax 847-384-0048
www.dds4dds.com

**FORTRESS INSURANCE COMPANY
DISTRICT OF COLUMBIA DENTAL PROFESSIONAL LIABILITY
ACTUARIAL ANALYSIS OF INDICATED JANUARY 1, 2009 RATE LEVELS**

This actuarial filing memorandum has been prepared in conjunction with Fortress Insurance Company's (Fortress) proposed rate levels to be effective January 1, 2009 for District of Columbia dental professional liability (DPL) coverage.

Given the limited volume of Fortress-specific DPL historical premium and claims experience in District of Columbia, we were unable to rely exclusively upon the historical performance of Fortress's District of Columbia book of business in estimating the indicated rate change. As such, we have supplemented the "raw" indicated rate change in District of Columbia with a trend-based indicated rate change in determining a credibility-weighted indicated rate change in an effort to enhance the stability of the ratemaking process. Exhibit 1 summarizes the results of this process and the remaining exhibits provide the supporting details.

The key assumptions underlying our rate level review are summarized below:

- 1) We have assumed a load for unallocated loss adjustment expenses (ULAE) of 7.5% of net ultimate loss and allocated loss adjustment expense (ALAE) based upon Fortress's historical companywide experience (see Exhibit 2 for details);
- 2) We have assumed that Fortress's underwriting expense requirements in District of Columbia will average 47.5% of premium, broken down as follows (see Exhibit 3 for details):

Expense Component	Provision
General Expenses	18.0%
Other Acquisition	13.0
Taxes, Licenses and Fees	4.0
Commissions	12.5
Total	47.5%

- 3) Our analysis contemplates a target combined ratio of 98.0%. The target combined ratio for Fortress of 98.0% is broken down as follows (see Exhibits 4 through 6 for details):

Provision	Ratio
Loss & LAE	50.5%
Underwriting Expenses	47.5
Target Combined	98.0%

- 4) With this filing Fortress proposes to maintain its currently filed and approved class plan:

Fortress Classification Plan	
Fortress Class	Class Relativity
I	1.000
II ¹	1.878

¹ Dental anesthesiologist

- 5) Fortress proposes to maintain its currently filed and approved claims-made step factors:

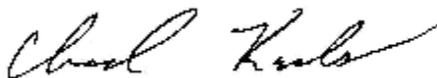
Year	Claims-Made Step Factors
1 st	0.370
2 nd	0.670
3 rd	0.850
4 th	0.940
Mature	1.000
Occurrence	1.110

6) Fortress proposes to slightly modify its increased limits factor (ILF) at \$500,000/\$1,000,000 limits from 0.852 to 0.850. Its other filed ILFs will remain the same, so that the filed ILFs will be:

Policy Limit	Increased Limits Factor
\$250,000 / \$750,000	0.760
\$500,000 / \$1,000,000	0.850
\$1,000,000 / \$3,000,000	1.000
\$2,000,000 / \$6,000,000	1.250

Several final points should be noted. First, we relied on data and information provided by Fortress and did not audit or independently verify other than for general reasonableness. Additionally, this report was prepared for Fortress's internal business use only and is not to be provided to any third party. We understand that Fortress intends to provide a copy of this letter to the District of Columbia Department of Insurance, Securities and Banking in support of its proposed rates and we permit such distribution. Finally, actuarial estimates of medical malpractice rates are subject to uncertainty from various sources including, but not limited to, changes in claim reporting and settlement patterns, judicial decisions, legislation, etc. While the estimates contained herein represent our best professional judgment, it is not only possible, but in fact probable, that the ultimate cost of providing coverage may deviate, perhaps significantly, from our estimates.

Respectfully submitted,



Chad C. Karls, F.C.A.S., M.A.A.A.
Principal and Consulting Actuary

August 8, 2008

H:\AAO\2008\Fortress\Pricing\Rate Filings (Fortress)\Memos\DC Rate Filing Memo.doc

FORTRESS INSURANCE COMPANY
Indicated Rate Change by State

State: District of Columbia

Report Year	Case O/S Loss & ALAE at Net Retention @ 3/31/2008	IBNR to Case O/S Ratio ¹	Indicated IBNR Loss & ALAE @ 3/31/2008	Incurred Loss & ALAE at Net Retention @ 3/31/2008	Ultimate Loss & ALAE at Net Retention @ 3/31/2008	Ultimate Loss & LAE ² at Net Retention @ 3/31/2008	Ultimate Loss & ALAE at Net Retention Trended ³ to 1/1/2009 Effective Date	On-Level Net Earned Premium	Trended On-Level Loss & LAE Ratio at Net Retention
1999	0	NA	NA	0	0	0	0	0	0.0%
2000	0	0.058	0	0	0	0	0	0	0.0%
2001	0	NA	NA	0	0	0	0	0	0.0%
2002	0	0.083	0	0	0	0	0	0	0.0%
2003	0	0.159	0	0	0	0	0	0	0.0%
2004	0	0.518	0	0	0	0	0	0	0.0%
2005	0	1.267	0	0	0	0	0	0	0.0%
2006	0	1.206	0	0	0	0	0	0	0.0%
2007	0	1.604	0	0	0	0	0	2,882	0.0%
Total	0		0	0	0	0	0	2,882	0.0%

- (1) Projected District of Columbia Loss & LAE Ratio Limited to Retention 0.0%
- (2) Assumed Target Loss & LAE Ratio 50.5%
- (3) Raw Indicated District of Columbia Rate Change (1) / (2) - 1 -100.0%
- (4) Assigned Credibility ⁴ 0.8%
- (5) Trend-Based Indicated Rate Change ³ 14.1%
- (6) Credibility-Weighted Indicated Rate Change [(3) x (4)] + [{ 1 - (4) } x (5)] 13.2%

¹ Based upon companywide excluding Texas analysis as of March 31, 2008

² Includes ULAE load assumption of 7.5%

³ Based upon trend assumption of 4.5% per annum

⁴ Uses Fortress companywide (excluding Texas) on-level net earned premium as full credibility standard and square root rule

FORTRESS INSURANCE COMPANY
Dental Professional Liability
Countrywide

Calculation of ULAE Load

Report Year	(\$000's) Countrywide Indicated Net Ultimate Loss & ALAE	(\$000's) Booked Gross Ultimate ULAE ¹	Ultimate ULAE to Ultimate Loss & ALAE Ratio
1999	352	1	0.3%
2000	1,288	28	2.2%
2001	1,684	81	4.8%
2002	1,993	114	5.7%
2003	6,280	159	2.5%
2004	9,245	379	4.1%
2005	4,708	600	12.7%
2006	9,189	848	9.2%
2007	12,025	992	8.2%
Total	46,765	3,202	6.8%
2003 - 2007	41,448	2,978	7.2%
2005 - 2007	25,923	2,440	9.4%

Selected ULAE Load on a Net Basis	7.5%
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¹ From Fortress Insurance Company's 2007 Annual Statement
Schedule P - Part 1F (Claims Made)

FORTRESS INSURANCE COMPANY
Companywide Excluding Florida, Texas, New York, Connecticut and Oklahoma Dental Professional Liability
Selected Expense Ratios
(Amounts in \$000's)

	2002		2003		2004		2005		2006		2007		Avg L3	Selected
	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%		
Direct Premiums Written	48	xxx	4,856	xxx	2,989	xxx	4,601	xxx	5,984	xxx	7,261	xxx		xxx
Direct Premiums Earned	11	xxx	2,656	xxx	3,336	xxx	3,946	xxx	5,212	xxx	6,553	xxx		xxx
Direct Commission and Brokerage Incurred	4	8.3%	218	4.5%	357	11.9%	546	11.9%	741	12.4%	930	12.8%	12.4%	12.5%
Other Acquisition Expenses Incurred ¹	2	5.0%	672	13.8%	289	9.7%	540	11.7%	782	13.1%	980	13.5%	12.8%	13.0%
Taxes, Licenses and Fees Incurred	102	212.3%	174	3.6%	153	5.1%	172	3.7%	207	3.5%	292	4.0%	3.7%	4.0%
General Expenses Incurred ¹	14	<u>123.9%</u>	334	<u>12.6%</u>	427	<u>12.8%</u>	727	<u>18.4%</u>	847	<u>16.2%</u>	1,243	<u>19.0%</u>	<u>17.9%</u>	<u>18.0%</u>
Total		349.5%		34.5%		39.5%		45.8%		45.2%		49.3%	46.7%	47.5%

¹ Allocated in proportion to number of policyholders

Source: Exhibit of Premiums and Losses by State and Insurance Expense Exhibit (Medical Malpractice)

FORTRESS INSURANCE COMPANY
Dental Professional Liability
Derivation of Target Loss & LAE Ratio
Companywide Excluding Florida, Texas, New York, Connecticut and Oklahoma

Component	Provision
(1) Assumed Underwriting Expenses	47.5%
(2) Assumed Profit Load	5.0%
(3) Death, Disability and Retirement Prepaid Premium Provisions	3.8%
(4) Discount Factor for Investment Income Offset	86.6%
(5) Target Loss & LAE Ratio; [1.0 - (1) - (2) - (3)] / (4)	50.5%
(6) Target Combined Ratio; (1) + (5)	98.0%

**FORTRESS INSURANCE COMPANY
Dental Professional Liability
Countrywide
Derivation of Discount Factor**

(1)	(2)	(3)	(4)
Year	Selected Cumulative Payment Pattern ¹	Selected Incremental Payment Pattern ¹	Discounted Incremental Payment Pattern ²
1	6.7%	6.7%	6.6%
2	32.7%	25.9%	24.3%
3	52.2%	19.6%	17.5%
4	66.6%	14.3%	12.3%
5	76.6%	10.0%	8.2%
6	86.6%	10.0%	7.9%
7	95.4%	8.8%	6.6%
8	97.9%	2.5%	1.8%
9	100.0%	2.1%	1.4%
Discount Factor			86.6%

¹ Based on Fortress-specific claims-made payment pattern

² Based on a 4.5% assumed yield

**FORTRESS INSURANCE COMPANY
Dental Professional Liability
Derivation of Countrywide Payment Pattern
Claims-Made Coverage as of March 31, 2008**

Report Year	Countrywide Paid Loss Limited to \$500,000 & ALAE Unlimited									
	10	22	34	46	58	70	82	94	106	118
1999	4,897	171,984	336,061	351,490	351,490	351,490	351,490	351,490	351,490	351,490
2000	14,494	192,326	483,250	572,385	628,735	1,173,765	1,190,809	1,203,780	1,205,179	
2001	35,981	346,181	721,358	1,124,380	1,433,013	1,536,517	1,657,228	1,678,244		
2002	57,973	615,901	1,113,034	1,418,203	1,667,588	1,827,274	1,843,780			
2003	60,866	1,809,720	2,552,776	4,017,486	4,380,643	4,484,195				
2004	348,610	2,165,334	4,058,370	5,748,933	5,889,222					
2005	366,143	1,554,332	2,725,555	2,977,546						
2006	449,052	2,400,251	3,198,680							
2007	548,738	1,144,088								
2008	338									

Note: Last diagonal is as of March 31, 2008.

Report Year	Paid Loss & ALAE as a Percentage of Ultimate Loss & ALAE									
	10	22	34	46	58	70	82	94	106	118
1999	1.4%	48.9%	95.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
2000	1.1%	14.9%	37.5%	44.4%	48.8%	91.1%	92.5%	93.5%	93.6%	
2001	2.1%	20.6%	42.8%	66.8%	85.1%	91.2%	98.4%	99.6%		
2002	2.9%	30.9%	55.9%	71.2%	83.7%	91.7%	92.5%			
2003	1.0%	28.8%	40.6%	64.0%	69.8%	71.4%				
2004	3.8%	23.4%	43.9%	62.2%	63.7%					
2005	7.8%	33.0%	57.9%	63.2%						
2006	4.9%	26.1%	34.8%							
2007	4.6%	9.5%								
2008	0.0%									
Average x last diag	3.3%	28.3%	53.5%	68.1%	77.5%	93.5%	96.9%	96.7%	100.0%	
Average L5 x last diag	4.4%	28.5%	48.2%	61.7%	77.5%					
Wght Avg x last diag	4.0%	26.6%	46.9%	63.5%	73.0%	92.0%	96.3%	94.9%	100.0%	
Prelim Selected Payment Pattern	10 - Ult 5.0%	22 - Ult 30.0%	34 - Ult 50.0%	46 - Ult 65.0%	58 - Ult 75.0%	70 - Ult 85.0%	82 - Ult 95.0%	94 - Ult 97.5%	106 - Ult 100.0%	
Interpolated Payment Pattern	12 - Ult 6.7%	24 - Ult 32.7%	36 - Ult 52.2%	48 - Ult 66.6%	60 - Ult 76.6%	72 - Ult 86.6%	84 - Ult 95.4%	96 - Ult 97.9%	108 - Ult 100.0%	



FORTRESS INSURANCE COMPANY

DENTAL PROFESSIONAL LIABILITY INSURANCE

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DISTRICT OF COLUMBIA

RATE/RULE MANUAL

FORTRESS INSURANCE COMPANY

DISTRICT OF COLUMBIA

DENTIST PROFESSIONAL LIABILITY RATES

Class I

Limits of Coverage

Claims Made Maturity

	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd year</u>	<u>4th Year</u>	<u>Mature</u>
\$250,000/\$750,000	<u>800</u>	<u>1449</u>	<u>1839</u>	<u>2033</u>	<u>2163</u>
\$500,000/\$1,000,000	<u>895</u>	<u>1621</u>	<u>2056</u>	<u>2274</u>	<u>2419</u>
\$1,000,000/\$3,000,000	<u>1053</u>	<u>1907</u>	<u>2419</u>	<u>2675</u>	<u>2846</u>
\$2,000,000/\$6,000,000	<u>1316</u>	<u>2384</u>	<u>3024</u>	<u>3344</u>	<u>3558</u>

Limits of Coverage

Occurrence

\$250,000/\$750,000	<u>2401</u>
\$500,000/\$1,000,000	<u>2685</u>
\$1,000,000/\$3,000,000	<u>3159</u>
\$2,000,000/\$6,000,000	<u>3949</u>

Class II

Limits of Coverage

Claims Made Maturity

	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd year</u>	<u>4th Year</u>	<u>Mature</u>
\$1,000,000/\$3,000,000	<u>1978</u>	<u>3581</u>	<u>4543</u>	<u>5024</u>	<u>5345</u>

Limits of Coverage

Occurrence

\$1,000,000/\$3,000,000	<u>5933</u>
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- Deleted: 2001
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- Deleted: The claims-made rate factors for the above rates are as follows:¶
- ¶ Claims-Made Year . . . Factor¶
- 1st Year 0.37¶
- 2nd Year 0.67¶
- 3rd Year 0.85¶
- 4th Year 0.94¶
- 5th Year 1.00¶
- ¶ Occurrence 1.11
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Basis of Coverage

Coverage will be issued by the Company on a claims-made or occurrence basis at the approved rates and conditions applicable to this type of insurance.

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Suspension of Insurance

In the event a dentist is removed from practice by reason of disability, sabbatical or other reason for a period of at least three- (3) months ~~but~~ not more than ~~two-~~ (2) years, the dentist will be issued a Suspension of Insurance Endorsement. This Endorsement will allow for the reporting of claims during the suspension period arising from acts performed by the dentist prior to the commencement of the suspension period. The Endorsement will further contain exclusion related to professional services rendered during the suspension period. The premium charged during the suspension period will be 15% of the otherwise applicable policy premium.

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New Dentist Discount

The Company will provide premium discounts for a three- (3) year period to dentists who enter either a solo or a group private practice immediately following completion of their formal training. (Such formal training shall include the time spent on active military duty.)

The premium discounts will be applied as follows:

- For the first year- a 60% premium credit
- For the second year – a 40% premium credit
- For the third year – a 25% premium credit

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The rates of discount will not be increased in the event a dentist concurrently qualifies for a rate credit related to the Company's Part-Time Practice Program. In such instances, the premium credit granted shall be the one contained in the program that would provide the greater rate of discount.



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Part-Time Practice Discounts

A 50% premium credit will be applied to the rates of insureds who are 55 years of age or older and who request and qualify for coverage for 20 hours per week or less or 1,000 hours per year or less of dental practice.

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Coverage for Dental Candidates

Professional liability coverage will be available to Dental Candidates while they are taking the State or Regional Board Examination for a license to practice dentistry in the state and only for that period of time.

All Dental Candidates will be insured by a policy providing limits of liability of \$1,000,000 per patient/\$3,000,000 total limit. The Company will charge a premium of \$25 for the policy. The policy will be issued upon payment of the policy premium.

After successfully completing the State or Regional Board Examination the \$25 premium will be applied to the applicant's first year premium in the event they secure a Fortress policy for their practice activities.



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