

LOUISIANA PATIENT'S COMPENSATION FUND
 Surcharge Rates effective January 1, 2009

CLASS	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
Class 1A	2,539	4,236	4,970	5,361	5,642	6,137	6,137
Class 1	3,430	5,715	6,708	7,241	7,617	8,282	8,282
Class 2A	3,869	6,524	7,568	8,170	8,592	9,343	9,343
Class 2	5,193	8,654	10,149	10,954	11,536	12,536	12,536
Class 3	6,976	11,619	13,636	14,717	15,498	16,843	16,843
Class 4*	10,802	17,996	21,103	22,788	23,991	26,068	26,068
Class 5*	10,013	16,681	19,575	21,128	22,245	24,173	24,173
Class 6	13,404	22,331	26,206	28,300	29,789	32,383	32,383
Class 7	19,129	31,876	37,407	40,371	42,501	46,196	46,196
Class 8A	26,053	43,428	50,951	55,005	57,904	62,928	62,928
Class 8	29,153	48,587	57,006	61,543	64,798	70,413	70,413
Dentist	279	425	500	540	568	616	616
Oral Surgeon	1,836	2,797	3,284	3,545	3,730	4,054	4,054

*see notes for special "per patient visit" rates for ER physicians

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
CRNA	3,078	5,126	6,021	6,497	6,834	7,433	7,433

HOSPITALS**	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
	1,348	2,249	2,633	2,836	2,991	3,251	3,251

NURSING HOMES	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
SKILLED BED	269	449	526	568	599	651	651
INTERMEDIATE	188	314	369	398	419	454	454
OTHER	137	227	263	282	300	326	326

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
SURGICAL CENTER	133	222	259	279	295	321	321
DIALYSIS CENTER	28	47	56	59	63	68	68

(Both per 100 procedures)

BLOOD BANK (per draw)	0.18	0.29	0.35	0.37	0.39	0.42	0.42
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ALL OTHER PROVIDERS: 0.91 of basic limits coverage premiums (\$250 minimum)

** HOSPITAL EXPOSURE $\frac{\text{Outpatients Visits}}{4000.00} + \# \text{ occupied beds} = \text{EXPOSURE}$
 BASE

ADVANCED PRACTICE REGISTERED NURSES

SURCHARGE RATES EFF JANUARY 1, 2009

CLASS	CLAIMS MADE MATURITY YEAR					OCC	S.I.
	1	2	3	4	5		
PHY ASSISTANT	1,200	2,000	2,349	2,535	2,665	2,898	2,898
SUR ASSISTANT	1,200	2,000	2,349	2,535	2,665	2,898	2,898
CLINICAL NURSE SPEC	686	1,143	1,342	1,448	1,524	1,657	1,657
NURSE PRACTITIONER	686	1,143	1,342	1,448	1,524	1,657	1,657
NURSE MIDWIFE	2,573	4,287	5,031	5,431	5,712	6,212	6,212

LOUISIANA PATIENT'S COMPENSATION FUND
Tail Rates effective January 1, 2009

CLASS	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
Class 1A	4,519	6,438	7,157	7,450	7,450
Class 1	6,101	8,687	9,659	10,063	10,063
Class 2A	6,883	9,800	10,898	11,354	11,354
Class 2	9,246	13,153	14,615	15,227	15,227
Class 3	12,420	17,662	19,637	20,458	20,458
Class 4*	19,229	27,353	30,393	31,677	31,677
Class 5*	17,820	25,358	28,188	29,369	29,369
Class 6	23,859	33,957	36,444	39,335	39,335
Class 7	34,047	48,452	53,866	56,116	56,116
Class 8A	46,375	66,008	73,370	76,458	76,458
Class 8	51,894	73,851	82,090	85,545	85,545
Dentist	437	665	780	842	842
Oral Surgeon	2,822	4,292	5,039	5,436	5,436

*see notes for special "per patient visit" rates for ER physicians

	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
CRNA	5,477	7,793	8,668	9,032	9,032

	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
HOSPITALS**	2,398	3,418	3,788	3,946	3,946

	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
NURSING HOMES					
SNF	480	683	757	789	789
INTERMEDIATE	336	477	530	551	551
OTHER	239	341	379	394	394

	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
SURGICAL CENTER	237	336	375	390	390
DIALYSIS CENTER	50	72	80	83	83

(Both per 100 procedures)

BLOOD BANK (per draw)	0.32	0.44	0.49	0.51	0.51
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ALL OTHER PROVIDERS: 0.91 of basic limits coverage premiums (\$250 minimum)

** HOSPITAL EXPOSURE $\frac{\text{Outpatients Visits}}{4000.00}$ plus # occupied beds=EXPOSURE
BASE

ADVANCED PRACTICE REGISTERED NURSES

TAIL COVERAGE RATES EFF JANUARY 1, 2009

CLASS	CLAIMS MADE MATURITY YEAR				
	1	2	3	4	5
PHY ASSISTANT	2,135	3,041	3,381	3,523	3,523
SUR ASSISTANT	2,135	3,041	3,381	3,523	3,523
CLINICAL NURSE SPEC	1,220	1,738	1,932	2,013	2,013
NURSE PRACTITIONER	1,220	1,738	1,932	2,013	2,013
NURSE MIDWIFE	4,576	6,515	7,244	7,547	7,547