

Rates as of 9/2/10

per patient visit are as follows:

| CLASS | CLAIMS MADE MATURITY YEAR | | | | | |
|--------------------------|---------------------------|----------|----------|----------|----------|------------|
| Regular Coverage: | | | | | | |
| | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | OCC |
| 4 | 1.39 | 2.30 | 2.73 | 2.89 | 3.09 | 3.35 |
| 5 | 1.28 | 2.10 | 2.50 | 2.67 | 2.83 | 3.06 |
| “Tail” Coverage: | | | | | | |
| 4 | 2.45 | 3.51 | 3.91 | 4.04 | 4.06 | |
| 5 | 2.29 | 3.25 | 3.59 | 3.75 | 3.75 | |