## Rules of

**Department of Insurance, Financial Institutions and Professional Registration**

**Division 500—Property and Casualty**

**Chapter 5—Professional Malpractice**

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 500—Property and Casualty
Chapter 5—Professional Malpractice

20 CSR 500-5.020 Medical Malpractice Insurance Rate Filings


20 CSR 500-5.025 Determination of Inadequate Rates


20 CSR 500-5.026 Determination of Excessive Rates


20 CSR 500-5.027 Determination of Unfairly Discriminatory Rates


20 CSR 500-5.100 Medical Malpractice Associations

PURPOSE: This regulation is designed to aid those persons forming and joining medical malpractice associations under Chapter 383, RSMo by setting forth specific requirements for the contents of the articles of association, the bylaws and membership contracts of those associations. This is done in order to implement the overall purpose of Chapter 383, RSMo to provide effective protection to members against financial loss and in accordance with the duties of the director of insurance under section 374.040.1., RSMo 1986. This regulation was adopted pursuant to section 374.045, RSMo 1986 as referenced by section 375.426, RSMo 1986 and to effectuate sections 383.010–383.040, RSMo 1986.

(1) Articles of Association.
(A) Any association formed to operate under sections 383.010–383.040, RSMo 1986, must be formed in accordance with the provisions of Chapter 355, RSMo except where the provisions of that chapter are inconsistent with the provisions of sections 383.010–383.040, RSMo 1986.
(B) Any articles of association filed under section 383.015, RSMo 1986 must specify the following:
1. That information described in section 355.045, RSMo 1986;
2. The criteria for membership in the association, by inclusion or exclusion, upon any objective standards adopted;
3. The exact amount of the initial assessment by each class of member or risk; and
4. The maximum amount which may be assessed by any one (1) assessment against any one (1) member; however, no limit may be placed on the number of assessments made during any calendar year unless there is a valid treaty of reinsurance or other risk transfer in effect covering all amounts for which the association may be held liable under its policies above the amount collectible and payable by the assessments.

(2) Bylaws. Any bylaws adopted by an association shall contain the following provisions:
(A) The governing body of the association shall be described to include the number of members, the term of office of each class of member of that body and the method of their election;
(B) The criteria for each class of membership offered by the association;
(C) The exact procedure and criteria for any assessment to be made which will vary with the different classes of membership offered and by which the amounts of assessment are to be determined and the time in which the assessments must be paid;
(D) The dollar level of risk which will be retained by the association and above which the association will reinsure or otherwise transfer the risk consistent with paragraph (1)(B)4. of this regulation;
(E) The period of time beyond the date of finality of any judgment rendered against the association or any member during which the association must satisfy the judgment; and
(F) A statement whether or not the bylaws are incorporated in whole or in part by reference into the policies issued members.

(3) Policy Forms Issued to Members. Any policy form or contract by which the association assumes liability to pay expenses or debts of its members must be filed with the director.

AUTHORITY: sections 374.045, 375.426 and 383.010–383.040, RSMo 1986.* This rule was previously filed as 4 CSR 190-16.150. Original rule filed Dec. 10, 1975, effective Dec. 20, 1975.


20 CSR 500-5.200 Definition of Medical Malpractice Insurance as Used in Section 383.500, RSMo

PURPOSE: This rule will define medical malpractice insurance.

The term medical malpractice insurance as set forth in section 383.500, RSMo 1986 does not include medical malpractice insurance issued by an offshore insurer that is not an insurer licensed to sell medical malpractice insurance in Missouri by the Missouri Department of Insurance unless the offshore insurer is an eligible surplus lines insurer pursuant to Chapter 384, RSMo.
