Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/17/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	0	
2. Automobile Physical Damage Private Passenger Commercial	0	
3. Liability Other Than Auto	590,968	-21.9%
4. Burglary and Theft	0	
5. Glass	0	
6. Fidelity	0	
7. Surety	0	
8. Boiler and Machinery	0	
9. Fire	0	
10. Extended Coverage	0	
11. Inland Marine	0	
12. Homeowners	0	
13. Commercial Multi-Peril	209,069	0.0%
14. Crop Hail	0	
15. Other _____ (Line of Insurance)	0	

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing, Continental Casualty Company ("CNA") proposes a number of rate/rule changes to its Dental Professional Program. The changes are itemized by coverage in the enclosed actuarial memorandum.

Medical malpractice

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

Continental Casualty Company
Name of Company

Robert Alonzo - State Filing Analsyt
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED
APR 14 2009
SPRINGFIELD, ILLINOIS

FILING # 08- R2220 REV