Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Medical Malpractice (Line of Insurance)	$230,318	-0.9%

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):
Base rate increase of +21.3%, Step decrease of -2.0%, and increased limits factor decrease of -16.6%
result in premium decrease of -0.9%

chiropractic

*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 Anderson, ACAS
Actuarial Consulting Director, Proprietary Rating
Official – Title

RECEIVED
JUL 22 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

filing# 09-00023-R

F 540 UNIFORM

RECEIVED
JUL 24 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/21/2009 -$25,700

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	$514,000	-5%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Medical malpractice		

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
Applies to all territories and classes

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Base Rate Change
Healthcare Agency

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

National Union Fire Insurance Co.
Name of Company of Pittsburgh, PA

Adam Reed, Assitant Vice Presi
Official-Title

H29219D

FILE # AIC-09-EO-08