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

WITHDRAWN
NOV 25 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

F 540 UNIFORM

Section 754

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NOV - 4 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2010.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|---|---|---|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag 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 | 2,794,766 | 6.0% |
| | Life of Insurance | | |

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Independent rate filing physician/surgeon rate increase

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

Professional Solutions Insurance Company
Name of Company

Jacquie Anderson, Asst. Vice President Compliance
Official – Title

filing# PSIC MD 2009 Rate 2