Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/01/09

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	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	303,238	+50.0

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):

We are filing a rate reduction for our independently filed Chiropractors Professional Liability program. Our intention is to increase base rates by fifty percent. To support this filing we have provided a rate indication package.

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

ACE American Insurance Company
Name of Company

Robert Reilly, Vice President
Official - Title

H29219D

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED
FEB 26 2009
SPRINGFIELD, ILLINOIS

FILING# 09-MR-2008219

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective: 3-1-09

(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. Workers Compensation		
16. Other: Medical Malpractice Line of Insurance	$32,479,411estimated	(-)1.5%

Does filing only apply to certain territory (territories or certain classes? If so, specify: N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization): Physicians / Surgeons

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Physicians Assurance Corporation
Name of Company

Patty Edgington
Patty Edgington, Compliance Manager

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED
MAR 02 2009
SPRINGFIELD, ILLINOIS

FILING # IL-2009-01