

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice
Product Name: Medical Malpractice
Project Name/Number: /CPRO16365IL

Filing at a Glance

Companies: The Cincinnati Casualty Company
 The Cincinnati Indemnity Company
 The Cincinnati Insurance Company
Product Name: Medical Malpractice
State: Illinois
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence
Sub-TOI: 11.0006 Dentists - General Practice
Filing Type: Rate/Rule
Date Submitted: 03/05/2013
SERFF Tr Num: CNNA-128922001
SERFF Status: Closed-Filed
State Tr Num: CNNA-128922001
State Status:
Co Tr Num: CQD-PRO-13-7501MM-IL

Effective Date: 07/15/2013
Requested (New):
Effective Date: 07/15/2013
Requested (Renewal):
Author(s): Kelly Lindemuth
Reviewer(s): Gayle Neuman (primary), Neetha Mamoottile, Caryn Carmean
Disposition Date: 04/25/2013
Disposition Status: Filed
Effective Date (New): 07/15/2013
Effective Date (Renewal): 07/15/2013

State Filing Description:
 ROUTED 3/6/13

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice
Product Name: Medical Malpractice
Project Name/Number: /CPRO16365IL

General Information

Project Name:	Status of Filing in Domicile:
Project Number: CPRO16365IL	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/25/2013	
State Status Changed:	Deemer Date:
Created By: Kelly Lindemuth	Submitted By: Kelly Lindemuth
Corresponding Filing Tracking Number: CQD-PRO-12-7517MM-IL	

Filing Description:

At this time, we wish to file rule(s) per the attached memorandum.
 Final copies are attached for your review.
 Your approval is respectfully requested for use on policies effective on or after July 15, 2013.

Company and Contact

Filing Contact Information

Kelly Lindemuth, AINS, AIS, Senior Filings kelly_lindemuth@cinfin.com
 Analyst
 PO BOX 145496 513-603-5980 [Phone]
 Cincinnati, OH 45250-5496 513-603-5650 [FAX]

Filing Company Information

The Cincinnati Casualty Company	CoCode: 28665	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0826946	

The Cincinnati Indemnity Company	CoCode: 23280	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-1241230	

The Cincinnati Insurance Company	CoCode: 10677	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0542366	

Filing Fees

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice
Product Name: Medical Malpractice
Project Name/Number: /CPRO16365L

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm):

Reviewed

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Reviewed

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. : http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: Understood

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Understood

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": Medical Malpractice

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice
Product Name: Medical Malpractice
Project Name/Number: /CPRO16365IL

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	04/25/2013	04/25/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	03/05/2013	03/05/2013

Response Letters

Responded By	Created On	Date Submitted
Kelly Lindemuth	03/06/2013	03/06/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective date	Note To Reviewer	Kelly Lindemuth	04/17/2013	04/17/2013
effective date	Note To Filer	Gayle Neuman	04/15/2013	04/15/2013
File and Use	Note To Reviewer	Kelly Lindemuth	04/12/2013	04/12/2013
Actuarial Review Complete	Reviewer Note	Caryn Carmean	04/24/2013	

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice
Product Name: Medical Malpractice
Project Name/Number: /CPRO16365IL

Disposition

Disposition Date: 04/25/2013
 Effective Date (New): 07/15/2013
 Effective Date (Renewal): 07/15/2013
 Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Cincinnati Casualty Company	0.000%	0.000%	\$0	0	\$0	%	%
The Cincinnati Indemnity Company	0.000%	0.000%	\$0	0	\$0	%	%
The Cincinnati Insurance Company	69.700%	0.000%	\$0	628	\$1,524,441	%	%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 69.700%
Overall Percentage Rate Impact For This Filing 0.000%
Effect of Rate Filing-Written Premium Change For This Program \$0
Effect of Rate Filing - Number of Policyholders Affected 628

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Manual		Yes

SERFF Tracking #:

CNNA-128922001

State Tracking #:

CNNA-128922001

Company Tracking #:

CQD-PRO-13-7501MM-IL

State:

Illinois

First Filing Company:

The Cincinnati Casualty Company, ...

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice

Product Name:

Medical Malpractice

Project Name/Number:

/CPRO16365IL

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter		Yes
Supporting Document	Rate Levels		No
Rate	New/Revised Rules/Rates		Yes

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice
Product Name: Medical Malpractice
Project Name/Number: /CPRO16365L

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	03/05/2013
Submitted Date	03/05/2013
Respond By Date	03/12/2013

Dear Kelly Lindemuth, AINS, AIS,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

Please explain the amount of premium written for the program varying from the rate information to the RF-3 (\$879,671 to \$1,524,441).

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice
Product Name: Medical Malpractice
Project Name/Number: /CPRO16365IL

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/06/2013
Submitted Date 03/06/2013

Dear Gayle Neuman,

Introduction:

Thank you for reviewing this filing; see below for a reponse to your objection.

Response 1

Comments:

We are an ISO reporting company and we follow ISO's reporting conditions and requirements.

Regarding the difference in the written premiums that were listed on the rate tab and the RF-3, the figure on the RF-3 (\$1,524,441) is correct. The amount on hte rate tab was entered in error. I have created a Post Submission Update making the correction.

I apologize for any inconvenience that the error may have caused.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any other questions or concerns.

Thank you for your time and consideration.

Sincerely,

Kelly Lindemuth

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice
Product Name: Medical Malpractice
Project Name/Number: /CPRO16365L

Note To Reviewer

Created By:

Kelly Lindemuth on 04/17/2013 02:09 PM

Last Edited By:

Gayle Neuman

Submitted On:

04/25/2013 07:56 AM

Subject:

Effective date

Comments:

Per your question, no we do not want to amend the effective date; we still would like the effective date to be 7/15/2013. We decide to go ahead with File and Use to allow our programming department their requested lead time of 90 days.

I hope that clears up your question regarding the effective date.

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice
Product Name: Medical Malpractice
Project Name/Number: /CPRO16365L

Note To Filer

Created By:

Gayle Neuman on 04/15/2013 07:59 AM

Last Edited By:

Gayle Neuman

Submitted On:

04/25/2013 07:56 AM

Subject:

effective date

Comments:

When the filing was submitted, you had requested an effective date of 7/15/2013. Do you know wish to use 3/5/13 as the effective date?

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice
Product Name: Medical Malpractice
Project Name/Number: /CPRO16365L

Note To Reviewer

Created By:

Kelly Lindemuth on 04/12/2013 01:30 PM

Last Edited By:

Gayle Neuman

Submitted On:

04/25/2013 07:56 AM

Subject:

File and Use

Comments:

To allow enough time for our programming department, we have decide to use Illinois' File and Use law for this filing.

Thank you and please let me know if you have any questions.

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice
Product Name: Medical Malpractice
Project Name/Number: /CPRO16365L

Reviewer Note

Created By:

Caryn Carmean on 04/24/2013 02:47 PM

Last Edited By:

Gayle Neuman

Submitted On:

04/25/2013 07:56 AM

Subject:

Actuarial Review Complete

Comments:

Actuarial Review Complete

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice
Product Name: Medical Malpractice
Project Name/Number: /CPRO16365IL

Post Submission Update Request Processed On 03/06/2013

Status: Allowed
Created By: Kelly Lindemuth
Processed By: Gayle Neuman
Comments:

Company Rate Information:

Company Name:The Cincinnati Casualty Company

Field Name	Requested Change	Prior Value
------------	------------------	-------------

Company Name:The Cincinnati Indemnity Company

Field Name	Requested Change	Prior Value
------------	------------------	-------------

Company Name:The Cincinnati Insurance Company

Field Name	Requested Change	Prior Value
------------	------------------	-------------

Written Premium for this Program	\$1524441	\$879671
----------------------------------	-----------	----------

SERFF Tracking #:

CNNA-128922001

State Tracking #:

CNNA-128922001

Company Tracking #:

CQD-PRO-13-7501MM-IL

State:

Illinois

First Filing Company:

The Cincinnati Casualty Company, ...

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice

Product Name:

Medical Malpractice

Project Name/Number:

/CPRO16365IL

Rate Information

Rate data applies to filing.

Filing Method:**Rate Change Type:**

Neutral

Overall Percentage of Last Rate Revision:

12.240%

Effective Date of Last Rate Revision:

03/15/2010

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Cincinnati Casualty Company	0.000%	0.000%	\$0	0	\$0	%	%
The Cincinnati Indemnity Company	0.000%	0.000%	\$0	0	\$0	%	%
The Cincinnati Insurance Company	69.700%	0.000%	\$0	628	\$1,524,441	%	%

SERFF Tracking #:

CNNA-128922001

State Tracking #:

CNNA-128922001

Company Tracking #:

CQD-PRO-13-7501MM-IL

State:

Illinois

First Filing Company:

The Cincinnati Casualty Company, ...

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice

Product Name:

Medical Malpractice

Project Name/Number:

/CPRO16365IL

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		New/Revised Rules/Rates	MM-25 (7/13)	Replacement		IL MM 07-13 DD.pdf

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Multi-Jurisdiction Endorsement. This endorsement allows a dentist who practices in more than one state, where one of those states may have a Patients Compensation Fund (PCF) or similar limit on their liability which in turn limits the amount of professional liability insurance they are required to carry. This endorsement may be desired by such insureds, as claims arising from other jurisdictions would not be subject to the PCF, and thus they may want to purchase a higher limit of insurance for such claims than they purchase for their practice in the state with the PCF or similar limit on their liability. The premium for this endorsement would be based on our filed rates for Dentist's Professional Liability in the states in question. The premium for the non-PCF state with the higher limit of insurance would be offset by the premium paid in the PCF state. Attach Form **PA 4111**.
4. Locum Tenens (Temporary Substitute) Coverage. Coverage is extended to a named individual who is temporarily substituting for an insured. The Limits of Insurance do not apply separately to the Locum Tenens, but are shared with the insured. Attach Form **PA 204**. No premium charge. Application **PA-007** or **PA 017 (e-CLAS[®])** is required.
5. Botulinum Toxin or Dermal fillers Coverage. Attach Form **PA 216**. See **I. Rate Modification Plan, 6. Practice Rating Plan, f.** for rates.
 - Provide a copy of the insured's completion certificate for botulinum toxin or dermal fillers training course.
 - Provide a copy of the informed patient consent form the dentist uses prior to performing procedures.
 - Confirm that your client verified with their state dental board that these services are within the scope of a dentist's license.

I. Rate Modification Plan

1. General Rules

- a. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.
- b. All credits and debits apply to each dentist individually.
- c. The credits and debits provided by these plans shall be taken one after the other and not added together.
- d. The total credits for all Rating plans combined, not including the Leave of Absence Rating Plan, may not exceed 60%.

2. Recent Graduate Rating Plan:

	Credit
First year dentist	60% credit
Second year dentist	40% credit
Third year dentist	20% credit

The first year begins on the date the dentist receives the first state or regional board certification.

3. Part-time Rating Plan:

To qualify for a part-time credit of 50%, the dentist must work no more than 20 hours per week.

4. Leave of Absence Rating Plan:

Apply 75% credit to that portion of the premium that is charged for the period of the leave of absence. To qualify for this credit, the dentist must be disabled or on a leave of absence for a period of not less than 45 days but no more than 180 days.

5. Association Rating Plan:

Member of a local, state, or national dental association	5% credit
--	------------------

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice
Product Name: Medical Malpractice
Project Name/Number: /CPRO16365IL

Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	
Attachment(s):	FSMEMO1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	These figures are exact.
Attachment(s):	RF-3 (CIC CCC CID).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certification
Comments:	
Attachment(s):	ACTUARIAL CERTIFICATION-MED MAL 2.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Request to Maintain Data as Trade Secret Information
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Manual
Comments:	
Attachment(s):	Manual Certification Statement.pdf Non-Discriminatory Statement.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

CNNA-128922001

State Tracking #:

CNNA-128922001

Company Tracking #:

CQD-PRO-13-7501MM-IL

State:

Illinois

First Filing Company:

The Cincinnati Casualty Company, ...

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice

Product Name:

Medical Malpractice

Project Name/Number:

/CPRO16365IL

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	LETTER.pdf
Item Status:	
Status Date:	

**ILLINOIS
DIVISION SEVEN – MEDICAL MALPRACTICE
RULES AND RATES MEMORANDUM**

NEW PAGE	REPLACED PAGE	DESCRIPTION OF CHANGE
MM-25 (7/13)	MM-25 (7/12)	RULE 4. DENTIST'S PROFESSIONAL LIABILITY Item I.5. – Removing the Chicago Dental Society credit from the Association Rating Plan rule. This credit was added when The Cincinnati Insurance Company was the endorsed carrier for the Chicago Dental Society. We are now removing the credit because we are no longer the endorsed carrier.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/15/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 <u>Dentist</u> Line of Insurance	1,524,441	Not Measurable

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): No

*Adjusted to reflect all prior rate changes.

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

The Cincinnati Insurance Company - FEIN 31-0542366
Name of Company

Kelly A. Lindemuth - Senior Filings Analyst
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/15/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 <u>Dentist</u> Line of Insurance	0	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): No

*Adjusted to reflect all prior rate changes.

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

The Cincinnati Casualty Company - FEIN 31-0826946

Name of Company

Kelly A. Lindemuth - Senior Filings Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/15/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 <u>Dentist</u> Line of Insurance	0	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): No

*Adjusted to reflect all prior rate changes.

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

The Cincinnati Indemnity Company - FEIN 31-1241230
Name of Company

Kelly A. Lindemuth - Senior Filings Analyst
Official - Title

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, C. Kathleen Saurber, CPCU, AINS, a duly authorized officer of The Cincinnati Insurance Companies, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Richard A. Knudson Jr., FCAS, MAAA, a duly authorized actuary of The Cincinnati Insurance Companies, am authorized to certify on behalf of The Cincinnati Insurance Company, The Cincinnati Indemnity Company and The Cincinnati Casualty Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

C. Kathleen Saurber, CPCU, AINS, Assistant Secretary 03/04/2013
Signature and Title of Authorized Insurance Company Officer Date

Richard A. Knudson Jr., FCAS, MAAA, P & C Actuary 03/04/2013
Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN 31 - 0542366 - The Cincinnati Insurance Company
31 - 1241230 - The Cincinnati Indemnity Company
31 - 0826946 - The Cincinnati Casualty Company

Filing Number CQD-PRO-13-7501MM-IL

Insurer's Address P.O. Box 145496

City Cincinnati State OH Zip Code 45250-5496

Contact Person's:

Name and E-mail Kelly Lindemuth kelly_lindemuth@cinfin.com

Direct Telephone and Fax Number phone: (513) 603-5980 fax: (513) 881-8884

Manual Certification Statement

DATE: March 4, 2013

FILING NUMBER: CQD-PRO-13-7501MM-IL

DIVISION SEVEN – MEDICAL MALPRACTICE

The Cincinnati Insurance Company - FEIN 31-0542366

The Cincinnati Casualty Company - FEIN 31-0826946

The Cincinnati Indemnity Company - FEIN 31-1241230

This will certify that nothing in our Division Seven – Medical Malpractice manual has changed from the previously filed manual except for what is proposed in this filing.

Respectfully Submitted,



Kelly A. Lindemuth, AINS, AIS
Senior Filings Analyst
The Cincinnati Insurance Companies

Non-Discriminatory Statement

DATE: March 4, 2013
FILING NUMBER: CQD-PRO-13-7501MM-IL
DIVISION SEVEN – MEDICAL MALPRACTICE

The Cincinnati Insurance Company - FEIN 31-0542366
The Cincinnati Casualty Company - FEIN 31-0826946
The Cincinnati Indemnity Company - FEIN 31-1241230

We, in offering, administering or applying our filed rate/rule manual and/or any amended provisions, do not unfairly discriminate.

Respectfully Submitted,



Kelly A. Lindemuth, AINS, AIS
Senior Filings Analyst
The Cincinnati Insurance Companies



The Cincinnati Insurance Company ■ The Cincinnati Indemnity Company
The Cincinnati Casualty Company ■ The Cincinnati Specialty Underwriters Insurance Company
The Cincinnati Life Insurance Company

March 4, 2013

Honorable Andrew Boron
Director of Insurance
Illinois Department Of Insurance
Property and Casualty Compliance Unit
320 W. Washington St.
Springfield, IL 62767-0001

Attention: Gayle Neuman

Reference: The Cincinnati Insurance Company - FEIN 31-0542366
The Cincinnati Casualty Company - FEIN 31-0826946
The Cincinnati Indemnity Company - FEIN 31-1241230
Commercial Lines
Division Seven - Medical Malpractice Liability
Rule/Rate Filing
Filing #CQD-PRO-13-7501MM-IL

Dear Ms. Neuman:

At this time, we wish to file revised rules and rates per the attached memorandum. The rules and rates are applicable to all of the above companies.

Your approval is respectfully requested for use on policies effective on or after July 15, 2013.

Sincerely,

Kelly A. Lindemuth, AINS, AIS
Senior Filings Analyst
Staff Underwriting Department
(513) 603-5980
E-mail: kelly_lindemuth@cinfin.com