

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 7/15/09 New - 10/15/09 Renewal

(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>Medical Malpractice</u>	\$5,507,196	5.6%
Line of Insurance		

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 to change rates for Employed and Self-Employed Nurses, and add three new classes of business to our
 Professional Liability product. Please see Actuarial Memorandum for details.

*Adjusted to reflect all prior rate changes.

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

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JUN 03 2009

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

American Casualty Company of Reading, PA

Digitally signed by John C. Lockhart
 DN: cn=John C. Lockhart, c=US, o=CNA Insurance
 Reason: Robert Anderson, ACAS
 Location: CNA, 40Wall Street, 9th Floor, New York NY 10005-1401
 Date: 2009.06.03 15:42:31 -0400
 Robert Anderson, ACAS

Actuarial Consulting Director, Proprietary Rating

Official - Title

FILING # 09-00025-FRL

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7-1-2009

(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 <u>Med Mal</u> Line of Insurance	39,000	-5.0%

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):
Revision of policy form language and rating to make this program consistent with pharmacy professional liability coverage consistent in all programs. Also adding claims-made option to program.

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

Pharmacists Mutual Insurance Company
 Name of Company
Ken Andrews - Regional Vice President
 Official - Title



FILING# IL-PSPL-07-09

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/2009

(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>Medical Malpractice</u> Line of Insurance	907,244	-17.9%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, please see Filing Memo for additional details.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see Filing Memo for additional details.

Physicians / Surgeons

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

Valiant Insurance Company
Name of Company
Ursula Kerrigan - SVP - General Counsel
Official - Title

Base Rate Change:
Base rate \$23,040 in lieu of \$28,800

Territory Factor Changes:
Territory 1 (Cook, Madison, St. Clair) - No change
Territory 2 (Will, Jackson, Vermilion) - 0.78 in lieu of 0.87
Territory 3 (Lake, Kane, McHenry, Winnebago) - 0.70 in lieu of 0.78
Territory 4 (Bureau, Coles, Dupage, Kankakee, etc.) - 0.65 in lieu of 0.72
Territory 5 (Champaign, Macon, Sangamon) - No change
Territory 6 (Peoria) - No change
Territory 7 (Remainder of State) - 0.48 in lieu of 0.53

Step Factor Changes:
Year 1 - 0.300 in lieu of 0.250
Year 2 - 0.555 in lieu of 0.450
Year 3 - 0.850 in lieu of 0.765
Year 4 - 0.980 in lieu of 0.920
Year 5 - 1.000 in lieu of 0.950
Year 6 - 1.000 in lieu of 0.980

Class Change:
Psychiatry - Class 2 in lieu of Class 1 (i.e. factor moving from 0.50 to 0.65).

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JUN 05 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

FILING # VIC-MM-PPL-IL0901R