Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/01/2010.

(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)	$809,123	-1.6%

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

na

Brief description of filing.

1. The following revisions to the claims- made factors:

   Structural changes to support the new PL Claims-made/GL occurrence policy form option

   Structural changes to support different retro dates for GL vs. PL

   Changes to the claims- made factors based on a review of competitor factors

   Introduction of factors to support the occurrence policy form option

2. Increase the minimum premium from $500 to $1,000

3. Elimination of the Special Events Low Hazard premium charge

4. Introduction of class rates for Staffing Agencies

5. Revisions to entity class (H001-H008) base rates

6. Revisions to Physician and Nurse Practitioner base rates

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

American Alternative Insurance Corporation
Name of Company

INS00106

Stephen J. Corbett - Vice President
Official - Title