Form (RF-3)

SUMMARY SHEET
PSYCHOANALYSTS PROFESSIONAL LIABILITY

Change in Company's premium or rate level produced by rate revision effective 2/1/2010

| (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 | $476,671*** | 3% |
| 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 medmal | | |

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No, the base rate increase applies to all classes and does not apply to a certain territory.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Base rate increase

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

American Home Assurance Company
~~Commerce and Industry Insurance Company~~
Name of Company

Adam C. Reed - Assistant Vice President
Official-Title

RECEIVED
JAN 27 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

H29219D

FILING # AIC-09-EC-14

EFF DATE REVISION ONLY

**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 ~~4/1/2010~~ 3-1-2010

| | (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 - Podiary | 5,756,888 | +6% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: This filing applies to all territories in Illinois for our Podiatry line.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): This is a revised rate filing requesting a 6% rate increase.

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

Podiatry Ins. Company of America
Name of Company

Latasha Knox-Campbell, Product Compliance Analyst
Official – Title

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FILING# IL-1440-P