Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6-1-2011

| | (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 | 10,715 | +0.1% |
| 10. | Extended Coverage | 27,464 | +0.1% |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other _____ 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):
Revising our Policywriting Minimum Premium

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

All America Insurance Co.
Name of Company

Mrs. Petrise Meyer
Sr Rates and Forms Analyst,
Official - Title

H29219D

Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6-1-11

| | (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 | 139,144 | +0.1% |
| 10. | Extended Coverage | 188,271 | +0.1% |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other _____ 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):
Revising our Policywriting Minimum Premium

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

Central Mutual Insurance Co
Name of Company

Mrs. Petrise Meyer
Sr Rates and Forms Analyst,
Official - Title

H29219D

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/15/11 .

| (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 | 1,029,868 | -3.5% |
| 10. Extended Coverage | 1,029,868 | -3.5% |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other _____ Line of Insurance | | |

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

Yes, see Summary Page 1 for breakdown of changes by Type of Business.

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

Revising Type of Business Factors.

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

Federated Mutual Ins. Co.
Name of Company

Vice President
Official - Title

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/15/11 .

| (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 | 195,378 | -0.5% |
| 10. Extended Coverage | 195,378 | -0.5% |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other _____ Line of Insurance | | |

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

Yes, see Summary Page 1 for breakdown of changes by Type of Business.

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

Revising Type of Business Factors.

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

Federated Service Ins. Co.
Name of Company

Vice President
Official - Title