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JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

(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. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation (Line of Insurance)	58,351	0.4%

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):
Adopting NCCI January 1,2011 advisory rates and rating values.

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

Alaska National Insurance Company
Name of Company

Edith Goodgame,
V-P Underwriting Services
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

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JUL 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 7/1/11.

(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		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	13,040,523	4.3%

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): Companion Property and Casualty Insurance Company wishes to adopt NCCI's 1/1/11 loss cost and change our loss cost multiplier from 1.725 to 1.811. We are requesting an effective date of July 1, 2011.

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

Companion Property & Casualty Insurance Company
Name of Company

Official - Title

H29219D

INS00106

Form (RF-3)

SUMMARY SHEET

FILED

JUL 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective July 1, 2011.

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change**
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 Workers' Compensation Line of Insurance	11,351,190	- 0.8%

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 revising some and adding new deviations on some class codes. The impact is -0.8% change in our premium level.

* 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

Greg Bangs ACAS, MAAA – Assoc. Actuary
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective July 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. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	864,895	- 0.1%

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 revising some and adding new deviations on some class codes. The impact is -0.1% change in our premium level.

* 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

Greg Bangs,ACAS, MAAA – Assoc. Actuary
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7-1-2011.

(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. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation (Line of Insurance)	3,966,676	-3.5%

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: 9740 - Terrorism

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revising terrorism rate to .025.

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

Sentry Casualty Company
Name of Company

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

William O'Reilly - Vice President General Counsel & Corporate Secretary
Official - Title

INS00106

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

ILLINOIS

ILLINOIS SUMMARY SHEET
FORM RF-3

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. Workers' Compensation	13,000,229	4.0%
16. Other _____ (Line of Insurance)		

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JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 adopt the approved NCCI January 1, 2011 rates, revise our selected deviations by class and adopt Item Filings B-1409, B-1410, B-1411, & B-1412

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

Zenith Insurance Company
Name of Company

Jason Clarke, Senior Vice President & Actuary
Official - Title