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 08/01/2011.

	(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 Workers Compensation	317,400	-2.6
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): We submit for your review and approval a -2.6 overall rate decrease. We are adopting NCCI's January 1, 2011 Advisory Rates, Loss Costs, and Rating Values. In addition, we are revising our Loss Costs Multiplier from 2.038 to 2.036.

*Adjusted to reflect all prior rate changes.

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

Harleysville Insurance Company
Name of Company

Eileen Fisher, Senior State Filings Analyst
Official – Title

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AUG 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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DEPARTMENT OF INSURANCE
SPRINGFIELD

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 08/01/2011.

	(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 Workers Compensation	4,003,070	+0.5
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): We submit for your review and approval a +0.5 overall rate increase. We are adopting NCCI's January 1, 2011 Advisory Rates, Loss Costs, and Rating Values. In addition, we are revising our Loss Costs Multiplier from 1.630 to 1.650.

*Adjusted to reflect all prior rate changes.

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

Harleysville Lake States Company
Name of Company

Eileen Fisher, Senior State Filings Analyst
Official – Title

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 08/01/2011.

	(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 Workers Compensation	55,156	+0.7
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): We submit for your review and approval a +0.7 overall rate increase. We are adopting NCCI's January 1, 2011 Advisory Rates, Loss Costs, and Rating Values. In addition, we are revising our Loss Costs Multiplier from 1.630 to 1.650.

*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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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Harleysville Mutual Insurance Company
Name of Company

Eileen Fisher, Senior State Filings Analyst
Official – Title

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 08/01/2011.

	(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 Workers Compensation	475,375	+4.7
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): We submit for your review and approval a +4.7 overall rate increase. We are adopting NCCI's January 1, 2011 Advisory Rates, Loss Costs, and Rating Values. In addition, we are revising our Loss Costs Multiplier from 1.304 to 1.403.

*Adjusted to reflect all prior rate changes.

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

Harleysville Preferred Insurance Company
Name of Company

Eileen Fisher, Senior State Filings Analyst
Official – Title

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 08/01/2011.

	(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 Workers Compensation	10,573	-1.2
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): We submit for your review and approval a -1.2 overall rate decrease. We are adopting NCCI's January 1, 2011 Advisory Rates, Loss Costs, and Rating Values. In addition, we are revising our Loss Costs Multiplier from 1.630 to 1.650.

*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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AUG 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Harleysville Worcester Insurance Company
Name of Company

Eileen Fisher, Senior State Filings Analyst
Official – Title

Revised - Change in Effective date and Impact

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SEP 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 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	$913,508	11.34%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are filing to adopt NCCI's January 1, 2011 loss costs adjusted by our revised multiplier of 1.48 for all classes. This will result in a 11.34% overall increase.

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

Iowa American Insurance Company
Name of Company

Beverly Barber - Compliance
Official - Title

H29219D

Revised - Change in Effective Date and in Impact

FILED

SEP 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 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)	$3,523,921	11.34%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are filing to adopt NCCI's January 1, 2011 loss costs adjusted by our revised multiplier of 1.851 for all classes. This will result in a 11.34% overall increase.

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

Iowa Mutual Insurance Company
Name of Company

Beverly Barber - Compliance
Official - Title

H29219D

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8-15-11

(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		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$737,524	-9.2

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 NCCI changes in circular IL-2010-05.

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

Nationwide Mutual Fire Insurance Company
Name of Company

Marie T. Safreed, State Filing Specialist
Official – Title

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AUG 15 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8-15-11

(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		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$1,927,292	10.8

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 filing to adopt the NCCI changes in circular IL-2010-05.

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

Nationwide Mutual Insurance Company
Name of Company

Marie T. Safreed, State Filing Specialist
Official – Title

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AUG 15 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8-15-11

(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		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$285,707	27.4

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): We are filing to adopt the NCCI changes in circular IL-2010-05.

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

Nationwide Property & Casualty Insurance Company
Name of Company

Marie T. Safreed, State Filing Specialist
Official – Title

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AUG 15 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS