

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09/01/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 <u>Workers Compensation</u> Line of Insurance	713,895	-8.8%

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): _____
Adopting Law Only Loss Costs Change effective 9/1/11

*Adjusted to reflect all prior rate changes.

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

ACIG Insurance Company
Name of Company

Courtney Howerton - Underwriting Operations Manager
Official - Title

FILED

SEP 01 2011

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective November 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	177,518	-8.8
<u>Compensation</u>		
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):

Filing to Adopt NCCI's Approved Loss Cost Change to reflect the impact of the system changes established by House Bill 1698 (Public Act 97-0018) in the amount of -8.8%.

* Adjusted to reflect all prior rate changes.

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

FILED

SEP 01 2011

American Automobile
Insurance Company
Name of Company

DEPT. OF REVENUE
INSURANCE
STATE OF ILLINOIS

William S. Paukovitz, Sr VP -
Chief Compliance Officer
Official - Title

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Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 01-01-2012

(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 <u>Workers Compensation</u>	<u>\$1,106,347</u>	<u>-8.9%</u>
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):

Adopting NCCI-approved 9/1/2011 Law Only filing effective 1/1/2012.

* Adjusted to reflect all prior rate changes.

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

FILED
JAN 01 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

American Fire & Casualty
Company

Name of Company

Eric Neely

Eric Neely
Senior Vice President,
Product Management and
Underwriting

Official - Title

Change in Company's premium or rate level produced by rate revision effective November 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	2,560,844	-8.8
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):
Filing to Adopt NCCI's Approved Loss Cost Change to reflect the impact of the system changes established by House Bill 1698 (Public Act 97-008) in the amount of -8.8%.

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SEP 01 2011

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

STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

The American Ins. Company
 Name of Company

William S. Paukovitz, Sr VP -
Chief Compliance Officer
 Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09/01/11 ~~09/01/11~~

(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 <u>Workers Compensation</u> Line of Insurance	7,565,196	-8.8%

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): For new and renewal business effective September 1, 2011, adopt NCCI rates announced in Circular IL-2011-07 and approved in IL-2011-02.

*Adjusted to reflect all prior rate changes.

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

Amerisure Insurance Company
Name of Company

Tracy Upcott - Compliance Analyst II
Official - Title

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SEP 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09/01/11 ~~_____~~

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 <u>Workers Compensation</u> Line of Insurance	6,414,432	-8.8%

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): For new and renewal business effective September 1, 2011, adopt NCCI rates announced in Circular IL-2011-02 and approved in IL-2011-07.

*Adjusted to reflect all prior rate changes.

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

Amerisure Mutual Insurance Company
Name of Company

Tracy Upcott - Compliance Analyst II
Official - Title

FILED

SEP 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

FORM (RF-3)

SUMMARY SHEET

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SEP 01 2011

Change in Company's premium or rate level produced by rate revision effective September 1, 2011
 STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

(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	\$742,542	-8.9
Life 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):

AmGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance effective 9/1/2011 per IL-2011-07, which reflect an overall decrease of 8.8% for all new, renewal, and outstanding policies.

*Adjusted to reflect all prior rate changes.

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

AmGUARD Insurance Companies

Name of Company

Meghan Limongelli, State Filings Representative

Official - Title

FILED

NOV 01 2011

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

FORM (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision
effective 11/01/2011

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	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 <u>Workers' Compensation</u>	1003128	-8.8%
<u>Life of Insurance</u>		

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

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adoption of NCCI rate referenced in IL-2011-07 on 11/1/2011

*Adjusted to reflect all prior rate changes.

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

Amtrust Insurance Company of Kansas

Name of Company

Submitted by: James Shoenfelt, ACAS

Official - Title

FILED SUMMARY SHEET

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

(1) Coverage	(2) STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS 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	206,760	-8.8
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):
Filing to Adopt NCCI's Approved Loss Cost Change to reflect the impact of the system changes established by House Bill 1698 (Public Act 97-0018) in the amount of -8.8%.

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

FILED

SEP 1 2011

DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Associated Indemnity Corporation
Name of Company

William S. Paukovitz, Sr VP -
Chief Compliance Officer
Official - Title

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

FORM (RF-3)

SUMMARY SHEET

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DEC 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 12/01/2011

(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	3,654,483	-8.8%
Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI filing circular IL-2011-02 approved in NCCI circular IL-2011-07

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

Carolina Casualty Insurance Company
Name of Company
Alana Salinas - Team Leader Underwriting Operations
Official - Title

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 9/1/11

(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 <u>Workers Compensation</u> <u>Line of Insurance</u>	\$1,454,226	-8.8%

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):
Adopting NCCI approval circular IL-2011-07 effective September 1, 2011 which is a law-only filing reflecting enactment of House Bill 1698.

* Adjust to reflect all prior rate changes.

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

COLUMBIA NATIONAL INS. CO.
Name of Company

Dennis McVay, CPCU
Director, Research & Development
Official - Title

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SEP 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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Form (RF-3)

SUMMARY SHEET STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 01-01-2012

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**

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-approved 9/1/2011 Law Only filing effective 1/1/2012.

* Adjusted to reflect all prior rate changes.

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

FILED

Consolidated Insurance Company Name of Company

JAN 0 1 2012

Signature

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Eric Neely Senior Vice President, Product Management and Underwriting

Official - Title

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

FORM (RF-3)

SUMMARY SHEET

FILED

JAN 01 2012

Change in Company's premium or rate level produced by
effective 1/01/2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(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 <u>Workers Compensation</u> Life of Insurance	\$3,048,257	+ 5.55%

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): Change Lost Cost Multipliers effective January 1, 2012

*Adjusted to reflect all prior rate changes.

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

Continental Western Insurance Company

Name of Company

Victor Owusu-Akyaw, Actuarial Analyst

Official - Title

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OCT - 7 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

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

October 1, 2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 <u>Workers Compensation</u> Line of Insurance	49,383 (CY2010)	-8.8%

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):

To adopt NCCI's 9/1/2011 loss costs

*Adjusted to reflect all prior rate changes.

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

Crum & Forster Indemnity Company

Name of Company

Sharon D. Amet

Official - Title

FILED

OCT 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

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FORM (RF-3)

SEP 01 2011

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 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	\$888,045	-8.8
Life 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):

EastGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance effective 9/1/2011 per IL-2011-07, which reflects an overall decrease of 8.8% for all new, renewal, and outstanding policies.

*Adjusted to reflect all prior rate changes.

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

EastGUARD Insurance Companies

Name of Company

Meghan Limongelli, State Filings Representative

Official - Title

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SEP 28 2011

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD
01/01/12

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

(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 <u>Workers Compensation</u>	\$1,739,494	-8.8 %
Line of Insurance		

FILED

JAN 01 2012

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):
This filing is to adopt the approved NCCI Circular IL-2011-07 with a delayed effective date of 1/1/2012.

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

Erie Insurance Company
Name of Company
Ross C. Fonticella
Ross C. Fonticella, ACAS, MAAA
Vice President and Manager
Official - Title

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SEP 28 2011

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD
01/01/12

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 <u>Workers Compensation</u>	\$8,842,821	-8.8 %
Line of Insurance		

FILED

JAN 01 2012

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):
This filing is to adopt the approved NCCI Circular IL-2011-07 with a delayed effective date of 1/1/2012.

*Adjusted to reflect all prior rate changes.

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

Erie Insurance Exchange
Name of Company
Ross Fonticella
Ross C. Fonticella, ACAS, MAAA
Vice President and Manager
Official - Title

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SEP 28 2011

Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD**

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

01/01/12

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 <u>Workers Compensation</u> Line of Insurance	\$53,598	-8.8 %

FILED

JAN 01 2012

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):
This filing is to adopt the approved NCCI Circular IL-2011-07 with a delayed effective date of 1/1/2012.

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

Erie Insurance Property & Casualty
Name of Company
Ross Fonticella

Ross C. Fonticella, ACAS, MAAA
Vice President and Manager
Official - Title

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SEP 28 2011

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

01/01/12

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 <u>Workers Compensation</u>	\$2,640,532	-8.8 %
Line of Insurance		

FILED

JAN 01 2012

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):
This filing is to adopt the approved NCCI Circular IL-2011-07 with a delayed effective date of 1/1/2012.

*Adjusted to reflect all prior rate changes.

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

Erie Insurance Company of New York

Name of Company

Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

FILED

SEP 01 2011

Form (RF-3)

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective November 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	1,581,990	-8.8
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):

Filing to Adopt NCCI's Approved Loss Cost Change to reflect the impact of the system changes established by House Bill 1698 (Public Act 97-0018) in the amount of -8.8%.

* Adjusted to reflect all prior rate changes.

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

FILED
SEP 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Fireman's Fund Insurance Co.

Name of Company

William S. Paukovitz, Sr VP -
Chief Compliance Officer

Official - Title

RECEIVED

SEP 28 2011

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

01/01/12

(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-P		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$4,703,213	-8.8 %
Line of Insurance		

FILED

JAN 01 2012

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):
This filing is to adopt the approved NCCI Circular IL-2011-07 with a delayed effective date of 1/1/2012.

*Adjusted to reflect all prior rate changes.

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

Erie Insurance Flagship City INS. Co

Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

Filing Date: 9/16/2011

RECEIVED

SEP 30 2011

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

September 01, 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

(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 <u>Workers' Compensation</u> <u>Line of Insurance</u>	<u>18,784,382</u>	<u>-8.8%</u>

FILED
SEP 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does this 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):

Hartford Accident and Indemnity Company will deviate -30% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.061.

* Adjusted to reflect all prior rate changes.

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

Hartford Accident and Indemnity Company

Name of Company

Thomas J. McDermott, Jr.

Assistant Director

Official-Title

Filing Date: 9/16/2011

RECEIVED

SEP 30 2011

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

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

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**

FILED SEP 01 2011 STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Does this 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):

Hartford Casualty Insurance Company will deviate -05% from the group rates. including a loading for our own expenses with an expense multiplier of 1.439.

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

Hartford Casualty Insurance Company Name of Company Thomas J. McDermott, Jr. Assistant Director Official-Title

Filing Date: 9/16/2011

RECEIVED

SEP 30 2011

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

September 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 <u>Workers' Compensation</u> Line of Insurance	<u>9,855,455</u>	<u>-8.8%</u>

FILED

SEP 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does this 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):

Hartford Fire Insurance Company will deviate -10% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.364.

* Adjusted to reflect all prior rate changes.

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

Hartford Fire Insurance Company

Name of Company

Thomas J. McDermott, Jr.

Assistant Director

Official-Title

Filing Date: 9/16/2011

RECEIVED

SEP 30 2011

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

September 01, 2011 **STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD**

(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 <u>Workers' Compensation</u> Line of Insurance	<u>16,411,210</u>	<u>-8.8%</u>

FILED
SEP 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does this 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):

Hartford Insurance Company Of Illinois will deviate -20% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.212.

* Adjusted to reflect all prior rate changes.

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

Hartford Insurance Company Of Illinois

Name of Company

Thomas J. McDermott, Jr.

Assistant Director

Official-Title

Filing Date: 9/16/2011

RECEIVED

SEP 30 2011

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

September 01, 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

(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 <u>Workers' Compensation</u> Line of Insurance	<u>29,906,447</u>	<u>-8.8%</u>

FILED
SEP 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does this 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):

Hartford Insurance Company of the Midwest will deviate -15% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.288.

* Adjusted to reflect all prior rate changes.

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

Hartford Insurance Company of the Midwest

Name of Company

Thomas J. McDermott, Jr.

Assistant Director

Official-Title

Filing Date: 9/16/2011

RECEIVED

SEP 30 2011

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

September 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 <u>Workers' Compensation</u> Line of Insurance	<u>15,090,668</u>	<u>-8.8%</u>

FILED
SEP 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does this 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):

Hartford Underwriters Insurance Company will deviate 10% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.667.

* Adjusted to reflect all prior rate changes.

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

Hartford Underwriters Insurance Company

Name of Company

Thomas J. McDermott, Jr.

Assistant Director

Official-Title

RECEIVED

SEP 29 2011

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 01-01-2012

(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 <u>Workers Compensation</u>	<u>\$4,612,690</u>	<u>-8.5%</u>
<u>Line of Insurance</u>		

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-approved 9/1/2011 Law Only filing effective 1/1/2012.

* Adjusted to reflect all prior rate changes.

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

Indiana Insurance Company
Name of Company

FILED

JAN 01 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Eric Neely
Senior Vice President,
Product Management and
Underwriting

Official - Title

Change in Company's premium or rate level produced by rate revision effective January 1, 2012

(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 <u>Workers Compensation</u>	<u>\$913,508</u>	<u>-8.7%</u>
<u>Line of Insurance</u>		

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 September 1, 2011 loss costs adjusted by our current loss cost multiplier of 1.480 for all classes. This will result in an 8.7% decrease.

* Adjusted to reflect all prior rate changes.

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

FILED

JAN 01 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Iowa American Insurance Company
Name of Company

Beverly Barber - Compliance
Official Title

Change in Company's premium or rate level produced by rate revision effective January 1, 2012

(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 <u>Workers Compensation</u>	<u>\$3,523,921</u>	<u>-8.7%</u>
Line 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 are filing to adopt the September 1, 2011 loss costs adjusted by our current loss cost multiplier of 1.851 resulting in an 8.7% decrease.

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

FILED

JAN 01 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Iowa Mutual Insurance Company
Name of Company

Beverly Barber - Compliance
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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. Workers Compensation	_____	_____
16. Other _____	_____	_____
Line of Insurance	2,073,795	-8.8%

FILED

SEP 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FILED

SEP 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)

At this time, the Manufacturers Alliance Insurance Company (FEIN #23-2086596) files to adopt the loss costs approved in NCCI's filing #IL-2011-07(Illinois-Approval of Law-Only Filing Reflecting Enactment of House Bill 1698-Voluntary Advisory Rates and Advisory Loss Costs Effective September 1, 2011) for use against our approved 1.920 LCM.

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

Manufacturers Alliance Insurance Company

Name of Company

Linda R. Greer- Associate Product Specialist

Official — Title

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

FORM (RF-3)

SUMMARY SHEET

FILED

SEP 01 2011

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

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(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 <u>Workers Compensation</u> Life of Insurance	1,027,733	-8.8

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): Adoption of loss costs announced in HB1698

*Adjusted to reflect all prior rate changes.

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

Meridian Security Insurance Company

Name of Company

Kathy Hartwell - Supervisor, State Filings

Official - Title

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

FORM (RF-3)

SUMMARY SHEET

FILED

DEC 01 2011

Change in Company's premium or rate level produced by rate revision effective 12/01/2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(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	11,143,602	-8.8%
Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI filing circular IL-2011-02 approved in NCCI circular IL-2011-07

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

Midwest Employers Casualty Company
Name of Company
Alana Salinas - Team Leader Underwriting Operations
Official - Title

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

FILED

FORM (RF-3)

NOV 01 2011

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/01/2011 **STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS**

(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 <u>Workers' Compensation</u>	266351	-8.8%
Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI rate referenced in IL-2011-07 on 11/1/2011

*Adjusted to reflect all prior rate changes.

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

Milwaukee Casualty Insurance Company

Name of Company

Submitted by: James Shoefelt, ACAS

Official - Title

FILED

Form (RF-3)

SEP 01 2011 SUMMARY SHEET

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

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**. Rows include Automobile Liability, Automobile Physical Damage, Liability Other Than Auto, Burglary and Theft, Glass, Fidelity, Surety, Boiler and Machinery, Fire, Extended Coverage, Inland Marine, Homeowners, Commercial Multi-Peril, Crop Hail, and Other Workers Compensation.

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):

Filing to Adopt NCCI's Approved Loss Cost Change to reflect the impact of the system changes established by House Bill 1698 (Public Act 97-0018) in the amount of -8.8%.

* Adjusted to reflect all prior rate changes.

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

National Surety Corporation
Name of Company

William S. Paukovitz, Sr VP -
Chief Compliance Officer
Official - Title

RECEIVED

SEP 29 2011

Form (RF-3)

SUMMARY SHEET STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 01-01-2012

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**

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-approved 9/1/2011 Law Only filing effective 1/1/2012.

* Adjusted to reflect all prior rate changes.

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

FILED

JAN 0 1 2012

Netherlands Insurance Company Name of Company

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Handwritten signature of Eric Neely

Eric Neely Senior Vice President, Product Management and Underwriting

Official - Title

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

FORM (RF-3)

SUMMARY SHEET

FILED

SEP 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by effective September 1, 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	\$973,472	-8.8
Life 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):

NorGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance effective 9/1/2011 per IL-2011-07, which reflect an overall decrease of 8.8% for all new, renewal, and outstanding policies.

*Adjusted to reflect all prior rate changes.

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

NorGUARD Insurance Companies

Name of Company

Meghan Limongelli, State Filings Representative

Official - Title

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OCT - 7 2011

Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD**

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

October 1, 2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 <u>Workers Compensation</u> <u>Line of Insurance</u>	6,429,214 (CY2010)	-8.8%

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):
To adopt NCCI's 9/1/2011 loss costs _____

*Adjusted to reflect all prior rate changes.

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

The North River Insurance Company

Name of Company

Sharon A. Smus

Official - Title

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OCT 01 2011

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

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Form (RF-3)

SUMMARY SHEET STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 01-01-2012

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**

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-approved 9/1/2011 Law Only filing effective 1/1/2012.

* Adjusted to reflect all prior rate changes.

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

FILED

Ohio Casualty Insurance Company Name of Company

JAN 01 2012

Handwritten signature

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Eric Neely Senior Vice President, Product Management and Underwriting

Official - Title

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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 01-01-2012

(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 <u>Workers Compensation</u>	<u>\$253,776</u>	<u>-8.7%</u>
<u>Line of Insurance</u>		

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-approved 9/1/2011 Law Only filing effective 1/1/2012.

* Adjusted to reflect all prior rate changes.

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

FILED

JAN 01 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Ohio Security Insurance Company

Name of Company

Eric Neely
Senior Vice President,
Product Management and
Underwriting

Official - Title

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

FILED

JAN 01 2012

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 01-01-2012

(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 <u>Workers Compensation</u>	<u>\$480,605</u>	<u>-8.9%</u>
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):

Adopting NCCI-approved 9/1/2011 Law Only filing effective 1/1/2012.

* Adjusted to reflect all prior rate changes.

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

FILED

JAN 01 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Peerless Indemnity Insurance
Company

Name of Company

Eric Neely
Senior Vice President,
Product Management and
Underwriting

Official - Title

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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 01-01-2012

(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 <u>Workers Compensation</u>	<u>\$4,240,974</u>	<u>-8.5%</u>
<u>Line of Insurance</u>		

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-approved 9/1/2011 Law Only filing effective 1/1/2012.

* Adjusted to reflect all prior rate changes.

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

FILED

Peerless Insurance Company
Name of Company

JAN 01 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Eric Neely
Eric Neely
Senior Vice President,
Product Management and
Underwriting

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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. Workers Compensation	13,024,695	-8.8%
16. Other _____	_____	_____
Line of Insurance		

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

FILED
~~APR 01 2012~~
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)

At this time, the Pennsylvania Manufacturers' Association Insurance Company (FEIN #23-1642962) files to adopt the loss costs approved in NCCI's filing #IL-2011-07 (Illinois—Approval of Law-Only Filing Reflecting Enactment of House Bill 1698—Voluntary Advisory Rates and Advisory Loss Costs Effective September 1, 2011) for use against our approved 1.540 LCM.

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

Pennsylvania Manufacturers' Association Insurance Company

Name of Company

Linda R. Greer- Associate Product Specialist

Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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. Workers Compensation	1,010,043	-8.8%
16. Other _____		
Line of Insurance		

FILED

SEP 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)

At this time, the Pennsylvania Manufacturers Indemnity Company (FEIN #23-2217934) files to adopt the loss costs approved in NCCI's filing #IL-2011-07 (Illinois-Approval of Law-Only Filing Reflecting Enactment of House Bill 1698-Voluntary Advisory Rates and Advisory Loss Costs Effective September 1, 2011) for use against our approved 1.250 LCM.

* Adjusted to reflect all prior rate changes.

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

FILED
~~SEP 01 2011~~
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Pennsylvania Manufacturers Indemnity Company

Name of Company

Linda R. Greer- Associate Product Specialist

Official — Title

SUMMARY SHEET

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 <u>Workers Comp</u>	<u>30,000</u>	<u>-8.8</u>
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):

Adopt NCCI Law-Only Loss Costs (approval circular IL-2011-07) with October 1, 2011 effective date.

* Adjusted to reflect all prior rate changes.

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

FILED

OCT 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Pioneer Specialty Insurance Company

Name of Company

Patrick Hyland, ACAS - Actuary

Official - Title

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

FORM (RF-3)

SUMMARY SHEET

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NOV 01 2011

Change in Company's premium or rate level produced by rate review effective 11/01/2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(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	1292660	-8.8%
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI rate referenced in IL-2011-07 on 11/1/2011

*Adjusted to reflect all prior rate changes.

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

Security National Insurance Company

Name of Company

Submitted by: James Shoefeld, ACAS

Official - Title

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OCT - 3 2011

FILED

Form (RF-3)

SEP 01 2011

SUMMARY SHEET

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Change in Company's premium rate revision effective 9/1/2011 STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**. Rows include Automobile Liability, Automobile Physical Damage, Liability Other Than Auto, Burglary and Theft, Glass, Fidelity, Surety, Boiler and Machinery, Fire, Extended Coverage, Inland Marine, Homeowners, Commercial Multi-Peril, Crop Hail, and Other Workers Compensation.

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 adopting NCCI's Law-Only filing

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

Selective Insurance Company of America

Name of Company

Jun Fang - Senior Actuarial Analyst

Official - Title

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OCT - 3 2011

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 9/1/2011

(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 <u>Workers Compensation</u>	<u>13,337,834</u>	<u>-8.5%</u>
<u>Line of Insurance</u>		

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 adopting NCCI's Law-Only filing

* 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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Selective Insurance Company of
South Carolina

Name of Company

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Jun Fang - Senior Actuarial
Analyst

Official - Title

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OCT - 3 2011

Form (RF-3)

SUMMARY SHEET STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 9/1/2011

(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 <u>Workers Compensation</u>	<u>4,937,161</u>	<u>-8.3%</u>
<u>Line of Insurance</u>		

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 adopting NCCI's Law-Only filing

* Adjusted to reflect all prior rate changes.

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

FILED

SEP 01 2011

Selective Insurance Company of
the Southeast

Name of Company

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Jun Fang - Senior Actuarial
Analyst

Official - Title

Filing Date: 9/16/2011

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SEP 30 2011

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

September 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 <u>Workers' Compensation</u> Line of Insurance	<u>15,172,881</u>	<u>-8.8%</u>

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

Does this 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):

Sentinel Insurance Company, Ltd. will deviate -25% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.136.

* Adjusted to reflect all prior rate changes.

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

Sentinel Insurance Company, Ltd.

Name of Company

Thomas J. McDermott, Jr.

Assistant Director

Official-Title

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 16.0 - Workers Compensation Line of Insurance	\$2,750,434	-8.80%

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): Workers Compensation Loss Costs Adoption Filing

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

FILED

SEP 01 2011

STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

SPARTA Insurance Company
 Name of Company

Kevin Purcell, Vice President - IRC
 Official - Title

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

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FORM (RF-3)

DEC 01 2011

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision
effective 12/01/2011

	(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	6,646,288	-8.8%
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): NCCI filing circular IL-2011-02 approved in NCCI circular IL-2011-07

*Adjusted to reflect all prior rate changes.

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

StarNet Insurance Company

Name of Company

Alana Salinas - Team Leader Underwriting Operations

Official - Title

FILED

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

SEP 01 2011

FORM (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 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 <u>Workers Compensation</u>	3,350,704	-8.8
	<u>Life of Insurance</u>		

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): Adoption of loss costs announced in HB1698

*Adjusted to reflect all prior rate changes.

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

State Automobile Mutual Insurance Company

Name of Company

Kathy Hartwell, Supervisor - State Filings

Official - Title

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

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FORM (RF-3)

SEP 01 2011

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 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 <u>Workers Compensation</u> Life of Insurance	1,438,243	-8.8

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): Adoption of loss costs announced in HB1698

*Adjusted to reflect all prior rate changes.

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

State Auto Property & Casualty Insurance Company
Name of Company
Kathy Hartwell, Supervisor - State Filings
Official - Title

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

FILED

FORM (RF-3)

NOV 01 2011

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 11/01/2011.

(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	32194325	-8.8%
Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI rate referenced in IL-2011-07 on 11/1/2011

*Adjusted to reflect all prior rate changes.

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

Technology Insurance Company

Name of Company

Submitted by: James Shoenfelt, ACAS

Official - Title

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ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

OCT - 4 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective _____

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 <u>Workers Comp.</u> Line of Insurance	\$2,074,840	-8.8%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No, it applies to all Loss Costs

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting New NCCI Loss Costs contained in circular IL-2011-07

*Adjusted to reflect all prior rate changes.

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

Tokio Marine & Nichido Fire Insurance Company, Ltd
Name of Company

Official - Title

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SEP 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09/01/2011

(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 <u>Workers Comp.</u> Line of Insurance	\$374,632	-8.7

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No, it applies to all Loss Costs

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting New NCCI Loss Costs contained in circular IL-2011-07

*Adjusted to reflect all prior rate changes.

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

TNUS INSURANCE COMPANY
Name of Company

Pamela Olson - Vice President
Official - Title

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SEP 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09/01/2011

(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 <u>Workers' Compensation</u>	383,164	-8.8%
Line of Insurance		

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

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

Adoption of NCCI IL WC Law-Only Filing Reflecting Enactment of House Bill 1698-- Voluntary Advisory Rates and Advisory Loss Costs Effective September 1, 2011

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

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Name of Company

FILED

SEP 01 2011

Gloria A. Goldbranson, FLMI - Senior Compliance Business Analyst
Official - Title

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

OCT - 4 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
09/04/2011
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective _____

(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 <u>Workers Comp.</u> Line of Insurance	\$1,316,271	-8.2

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No, it applies to all Loss Costs

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting New NCCI Loss Costs contained in circular IL-2011-07

*Adjusted to reflect all prior rate changes.

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

TRANS PACIFIC INSURANCE COMPANY

Name of Company

Pamela Olson - Vice President

Official - Title

FILED

SEP 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Filing Date: 9/16/2011

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SEP 30 2011

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

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

September 01, 2011 STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**

FILED SEP 01 2011 STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Does this 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):

Trumbull Insurance Company will deviate -40% from the group rates. including a loading for our own expenses with an expense multiplier of 0.909.

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

Trumbull Insurance Company Name of Company Thomas J. McDermott, Jr. Assistant Director Official-Title

Filing Date: 9/16/2011

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SEP 30 2011

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

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

September 01, 2011

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**

FILED SEP 01 2011 STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Does this 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):

Twin City Fire Insurance Company will deviate 00% from the group rates including a loading for our own expenses with an expense multiplier of 1.515.

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

Twin City Fire Insurance Company Name of Company Thomas J. McDermott, Jr. Assistant Director Official-Title

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OCT - 7 2011

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

October 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 <u>Workers Compensation</u> <u>Line of Insurance</u>	3,996,773 (CY2010)	-8.8%

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):

To adopt NCCI's 9/1/2011 loss costs

*Adjusted to reflect all prior rate changes.

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

United States Fire Insurance Company

Name of Company

Sharon Adams

Official - Title

FILED

OCT 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

FORM (RF-3)
SUMMARY SHEET

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NOV 01 2011

Change in Company's premium or rate level produced by rate revision effective 11/01/2011.

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(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 <u>Workers' Compensation</u>	5613423	-8.8%
Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI rate referenced in IL-2011-07 on 11/1/2011

*Adjusted to reflect all prior rate changes.

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

Wesco Insurance Company

Name of Company

Submitted by: James Shoenfelt, ACAS

Official - Title

RECEIVED

SEP 29 2011

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 01-01-2012

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 <u>Workers Compensation</u>	<u>\$556,357</u>	<u>-8.9%</u>
<u>Line of Insurance</u>		

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-approved 9/1/2011 Law Only filing effective 1/1/2012.

* Adjusted to reflect all prior rate changes.

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

West American Insurance
Company

Name of Company

FILED

JAN 01 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Eric Neely
Senior Vice President,
Product Management and
Underwriting

Official - Title

SUMMARY SHEET

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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 Comp	351,000	-8.8
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):

Adopt NCCI Law-Only Loss Costs (approval circular IL-2011-07) with October 1, 2011 effective date.

* Adjusted to reflect all prior rate changes.

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

FILED

OCT 01 2011

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

Western National Mutual Insurance Company

Name of Company

Patrick Hyland, ACAS - Actuary

Official - Title