

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 January 1, 2013

	(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	45,180,638	0
	Life of Insurance		

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): Adopting NCCI IL-2012-04. Also filing Loss Cost Multiplier of 1.630 to be applied to NCCI's Advisory Loss Costs. Adopting NCCI: CIF-2012-32, CIF-2012-33 and CIF-2012-09.

*Adjusted to reflect all prior rate changes.

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

ACUITY, A Mutual Insurance Company

Name of Company

Diane Udovich - Regulatory Filing Technician

Official -- Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		March 1, 2013	
(1)	(2)	(3)	
Coverage	Annual Premium Volume (Illinois)*	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>	\$18,507	+8.0	
<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):
 Adopting NCCI's 01/13 loss costs from circular IL-2012-04. Also amending company loss cost multipliers and expense constant.

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

All America Insurance Company
 Name of Company

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

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 04/01/2013

(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	\$977,166	7.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
No _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Adopting 1-1-13 NCCI-approved loss costs and revising Loss Cost Multiplier.

*Adjusted to reflect all prior rate changes.

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

American Fire & Casualty Company
Name of Company



Tracy Ryan
Executive Vice President
Commercial Insurance and Chief Product Officer
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2013

(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>	\$2,297,218	6.8%

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): _____
Adopting 1-1-13 NCCI-approved loss costs and revising Loss Cost Multiplier.

*Adjusted to reflect all prior rate changes.

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

American Economy Insurance Company
Name of Company



Tracy Ryan
Executive Vice President
Commercial Insurance and Chief Product Officer
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2013

(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	\$1,680,141	7.4%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 No _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Adopting 1-1-13 NCCI-approved loss costs and revising Loss Cost Multiplier. _____

*Adjusted to reflect all prior rate changes.

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

American States Insurance Company
 Name of Company



Tracy Ryan
Executive Vice President
Commercial Insurance and Chief Product Officer
 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 01/01/2013

	(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	1385386	-3.5%
	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-2012-01 on 1/1/2013

*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

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective February 1, 2013

	(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 16.0 - Workers Compensation Line of Insurance	\$17,194,101	-3.50%

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 NCCI's Workers Compensation Loss Costs Revision

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

Arch Insurance Company
Name of Company

Kevin Purcell, Vice President - IRC
Official - Title

IL Department of Insurance
FORM (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2013		
(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	\$956,313	5.5%
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): We are adopting the NCCI approval 1/1/2013 voluntary loss costs, for new and renewal policies, revising the Premium Discount Table to 0.0% for all levels revising LCMs and changing our Expense Constant from \$185 to \$280.

Correction - Change Effective Date

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

Assurance Co. of America
Name of Company

Shierra Avila, Regulatory Services Analyst
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2013

(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	105,684	-3.8
<u>Compensation</u>		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No - Applies to all WC classes.

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

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

Berkley National Insurance
 Company
 Name of Company

Laura M. Lemke, ACP
 Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2013

(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	14,805	-3.8
Compensation		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No - Applies to all WC classes.

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

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

Berkley Regional Insurance Company
 Name of Company

Laura M. Lemke, ACP
 Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 01/01/2013

(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	9,391,874	+0.1%

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):
Adopting NCCI's loss costs per circular IL-2012-04 and IL-2012-01 along with updating our expense multiplier. This filing will apply to all new and renewal business with effective dates on or after 1-1-13.

*Adjusted to reflect all prior rate changes.

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

Bituminous Casualty Corporation
Name of Company

Dan Trotter, Director - Rate Development & Filings
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 01/01/2013

(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	<u>2,276,108</u>	<u>+0.1%</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):
Adopting NCCI's loss costs per circular IL-2012-04 and IL-2012-01 along with updating our expense multiplier. This filing will apply to all new and renewal business with effective dates on or after 1-1-13.

*Adjusted to reflect all prior rate changes.

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

Bituminous Fire and Marine Insurance Company
Name of Company

Dan Trotter, Director - Rate Development & Filings
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2013

(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>\$295,096</u>	<u>+8.0</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):

Adopting NCCI's 01/13 loss costs from circular IL-2012-04. Also amending company loss cost multipliers and expense constant.

* Adjusted to reflect all prior rate changes.

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

Central Mutual Ins Co
Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms 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 \$53,090

	(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	5,706,541	0.93%
	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): NCCI

*Adjusted to reflect all prior rate changes.

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

Church Mutual Insurance Company

Name of Company

Lynn Reichelt - Product Supervisor

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective March 1, 2013

(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	\$37,844,924	-0.1%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All Classes and codes are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 3/1/2012 and filing a company deviation of +05% (1.05). Please reference NCCI circulars IL-2012-04 and IL-2012-01.

*Adjusted to reflect all prior rate changes.

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

The Cincinnati Casualty Company
Name of Company

Kara Armstead - Filings Specialist
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective March 1, 2013

(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	\$6,717,844	-3.2%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All Classes and codes are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 3/1/2012. Please reference NCCI circulars IL-2012-04 and IL-2012-01.

*Adjusted to reflect all prior rate changes.

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

The Cincinnati Indemnity Company
Name of Company

Kara Armstead - Filings Specialist
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective March 1, 2013

(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	\$7,779,897	-8.1%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All Classes and codes are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 3/1/2012. Please reference NCCI circulars IL-2012-04 and IL-2012-01.

*Adjusted to reflect all prior rate changes.

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

The Cincinnati Insurance Company

Name of Company

Kara Armstead - Filings Specialist

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2013

(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	\$16,997,372	5.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Adopting 1-1-13 NCCI-approved loss costs and revising Loss Cost Multiplier.

*Adjusted to reflect all prior rate changes.

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

Consolidated Insurance Company
 Name of Company



Tracy Ryan
Executive Vice President
Commercial Insurance and Chief Product Officer
 Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2013

(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	286,945(CY2011)	-3.5%

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 Bulletin IL-2012-04

*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. Smith, Regulatory Compliance Specialist
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 01/01/2013

	(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 Life of Insurance	\$10,317,195	+2.0%

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 1/1/2013 loss costs with LCM changes

*Adjusted to reflect all prior rate changes.

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

Employers Assurance Company
Name of Company
Steven Koester, Underwriting Business 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 01/01/2013

	(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	\$334,925	+1.8%
	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): Adopt NCCI 1/1/2013 loss costs with LCM changes

*Adjusted to reflect all prior rate changes.

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

Employers Compensation Insurance Company
Name of Company
Steven Koester, Underwriting Business 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 01/01/2013

	(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	\$19,452,252	+3.6%
	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): Adopt NCCI 1/1/2013 loss costs with LCM changes

*Adjusted to reflect all prior rate changes.

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

Employers Preferred Insurance Company
Name of Company
Steven Koester, Underwriting Business Analyst
Official – Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

01/01/13

(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>	\$8,295,380	-3.5 %
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):

This filing is to adopt the approved NCCI Circulars CIF-2012-09, IL-2012-01 and IL-2012-04 effective 1/1/2013.

*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 C. Fonticella

Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

01/01/13

(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>	\$1,481,499	-3.5 %
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):
This filing is to adopt the approved NCCI Circulars CIF-2012-09, IL-2012-01 and IL-2012-04 effective 1/1/2013.

*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

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

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

01/01/13

(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>	\$406,212	-3.5 %
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):

This filing is to adopt the approved NCCI Circulars CIF-2012-09, IL-2012-01 and IL-2012-04 effective 1/1/2013.

*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 C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 01/01/13

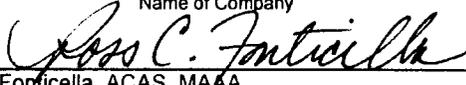
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
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>\$6,155,056</u>	<u>-3.5 %</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):
This filing is to adopt the approved NCCI Circulars CIF-2012-09, IL-2012-01 and IL-2012-04 effective 1/1/2013.

*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
 Name of Company

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

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

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

01/01/13

(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>	\$3,265,206	-3.5 %
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):

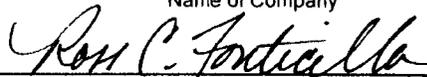
This filing is to adopt the approved NCCI Circulars CIF-2012-09, IL-2012-01 and IL-2012-04 effective 1/1/2013.

*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

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2013

(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	\$1,373,523	-1.9%

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 1-1-13 NCCI-approved loss costs and revising Loss Cost Multiplier.

*Adjusted to reflect all prior rate changes.

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

First National Insurance Company of America
 Name of Company



Tracy Ryan
Executive Vice President
Commercial Insurance and Chief Product Officer
 Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2013

(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	\$128,983	8.4%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 No _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Adopting 1-1-13 NCCI-approved loss costs and revising Loss Cost Multiplier.

*Adjusted to reflect all prior rate changes.

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

General Insurance Company of America
 Name of Company



Tracy Ryan
Executive Vice President
Commercial Insurance and Chief Product Officer
 Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2013

(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	\$3,095,792	5.5%

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 1-1-13 NCCI-approved loss costs and revising Loss Cost Multiplier. _____

*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



Tracy Ryan
 Executive Vice President
 Commercial Insurance and Chief Product Officer
 Official – Title

IL Department Of Insurance
FORM (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2013

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	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	\$1,178,578	5.1%
Workers Compensation		
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):

We are adopting the NCCI approval 1/1/2013 voluntary loss costs, for new and renewal policies, revising the Premium Discount Table to 0.0% for all levels revising LCMS and changing our Expense Constant from \$185 to \$280.

Correction - Changed Effective Date

* Adjusted to reflect all prior rate changes.

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

Maryland Casualty Company
Name of Company

Shierra Avila, Regulatory Services Analyst
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective January 1, 2013

(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	_____ \$130,148 _____	_____ -0.15 _____

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This is a reference filing. We are adopting the change made by NCCI in Circular IL-2012-04. The rate decrease shown above is the overall rate impact for our own book of business.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's 1/1/13 voluntary rates. Our only deviation is unchanged from all prior rate filings - our maximum minimum premium is filed at \$750 instead of NCCI's \$1,000. Please see the attached manual exception page which reflects this deviation and shows the premium algorithm we filed for years 2006-2012. Please also find the large deductible premium algorithm, effective as of October 15, 2012, attached.

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

MEMIC Indemnity Company
Name of Company

Maria V. Jones, Compliance Specialist
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2013 .

(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 <u>Workers' Compensation</u>	\$9,139,098	3.07%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify This filing applies to all previously deviated classifications.

There are no territorial designations used in the state of Illinois by Midwest Insurance Company

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adopting new classification deviations

to the approved NCCI Advisory Rates effective January 1, 2012. We will not be adopting the approved NCCI Advisory Rates effective January 1, 2013 at this time.

* Adjusted to reflect all prior rate changes.

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

Midwest Insurance Company

Name of Company

Rick Vogl, Senior VP Operations & Compliance

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 01/01/2013

	(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>	560862	-3.5%
	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-2012-01 on 1/1/2013

*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 Shoenfelt, ACAS

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 08/01/2013

	(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 Life of Insurance	\$716,832	+6.0%

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

specify: Adoption of NCCI's 8/1/2013 loss costs adjusted by current multiplier of 1.473. This will result in overall increase of 6.0%.

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

*Adjusted to reflect all prior rate changes.

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

Motorists Commercial Mutual Insurance Company
Name of Company
Evelyn Bachman, Filing Coordinator
Official Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2013

(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	\$8,713,302	5.0%

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 1-1-13 NCCI-approved loss costs and revising Loss Cost Multiplier. _____

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

The Netherlands Insurance Company
 Name of Company



Tracy Ryan
Executive Vice President
Commercial Insurance and Chief Product Officer
 Official – Title

IL Department Of Insurance
FORM (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2013

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	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	\$3,604,000	7.9%
Workers Compensation		
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): We are adopting the NCCI approval 1/1/2013 voluntary loss costs, for new and renewal policies, revising the Premium Discount Table to 0.0% for all levels revising LCMs and changing our Expense Constant from \$185 to \$280.

Correction - Change Effective Date

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

Northern Ins. Co. of New York
Name of Company

Shierra Avila, Regulatory Services Analyst
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective January 1, 2013

(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	5,095,033(CY2011)	-3.5%

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 Bullentin IL-2012-04

*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 D. Smith, Regulatory Compliance Specialist
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 04/01/2013

(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	\$810,852	4.8%

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 1-1-13 NCCI-approved loss costs and revising Loss Cost Multiplier.

*Adjusted to reflect all prior rate changes.

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

The Ohio Casualty Insurance Company
Name of Company



Tracy Ryan
Executive Vice President
Commercial Insurance and Chief Product Officer
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2013

(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	\$38,647	-2.8%

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 1-1-13 NCCI-approved loss costs and revising Loss Cost Multiplier. _____

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

 Ohio Security Insurance Company
 Name of Company



Tracy Ryan
Executive Vice President
Commercial Insurance and Chief Product Officer
 Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2013

(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	\$3,423,257	5.2%

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): _____
 Adopting 1-1-13 NCCI-approved loss costs and revising Loss Cost Multiplier. _____

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

Peerless Indemnity Insurance Company
 Name of Company



Tracy Ryan
Executive Vice President
Commercial Insurance and Chief Product Officer
 Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2013

(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	\$397,760	6.2%

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): _____
 Adopting 1-1-13 NCCI-approved loss costs and revising Loss Cost Multiplier. _____

*Adjusted to reflect all prior rate changes.

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

Peerless Insurance Company
 Name of Company



Tracy Ryan
Executive Vice President
Commercial Insurance and Chief Product Officer
 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 January 1, 2013.

	(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>	1,023,343	-3.5%
	<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): Adopt NCCI Advisory Rates & Rating Values referenced in Circular IL-2012-04 to be effective January 1, 2013

*Adjusted to reflect all prior rate changes.

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

Preferred Professional Insurance Company

Name of Company

Denise Hill, SVP, General Counsel, CCO

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 01/01/2013.

	(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 Life of Insurance	\$5,231,899	(1.79%)

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 WITHOUT DEVIATION OF NCCI VOLUNTARY
ADVISORY RATES 01/01/2012. FILING BEING MADE BY ROCKWOOD CASUALTY INSURANCE COMPANY
FED TAX ID 25-1620138

*Adjusted to reflect all prior rate changes.

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

ROCKWOOD CASUALTY INSURANCE COMPANY
Name of Company
ANDRA M. SNYDER - REGULATORY COMPLIANCE OFFICER
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 01/01/2013.

	(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	2190877	-3.5%
	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-2012-01 on 1/1/2013

*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 Shoenfelt, ACAS
 Official – Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2013

(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>6,430,633</u>	<u>-3.7%</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):
Please see explanatory memo.

* 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

Debra Maizys – AVP Actuarial
 Manager

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2013

(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>11,095,545</u>	<u>-3.1%</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):
Please see explanatory memo.

* 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
 South Carolina
 Name of Company

Debra Maizys – AVP Actuarial
 Manager
 Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2013

(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>4,608,576</u>	<u>-3.3%</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):
Please see explanatory memo.

* 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
 the Southeast
 Name of Company

Debra Maizys – AVP Actuarial
 Manager
 Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2013

(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>\$117,321</u>	<u>-3.5%</u>
<u>Line of Insurance</u>		

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):

Adopting Illinois – Voluntary Market – Advisory Rates, Loss Costs, and Rating Values as contained in circular
IL-2012-04 Effective 01/01/2013.

* Adjusted to reflect all prior rate changes.

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

Sompo Japan Fire & Marine Insurance Company
 Name of Company

Temica Taylor, State Filings Analyst
 Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2013

(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>\$1,118,098</u>	<u>-3.5%</u>
<u>Line of Insurance</u>		

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):

Adopting Illinois – Voluntary Market – Advisory Rates, Loss Costs, and Rating Values as contained in circular
IL-2012-04 Effective 01/01/2013.

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

Sompo Japan Insurance Company of America
Name of Company

Temica Taylor, State Filings Analyst
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2013

	(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 16.0 - Workers Compensation Line of Insurance	\$3,134,747	-3.50%

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.

SPARTA Insurance Company
Name of Company

Kevin Purcell, Vice President - IRC
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 01/01/2013.

	(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	3,489,994	-3.50%
	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): Filing to adopt NCCI's 1/1/13 rates and to maintain a +16.2% rate deviation.

*Adjusted to reflect all prior rate changes.

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

Synergy Insurance Company

Name of Company

Dana F. Joseph - Actuary

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 01/01/2013

	(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	34095252	-3.5%
	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-2012-01 on 1/1/2013

*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

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 Triangle Insurance Company, Inc. 01/01/2013

	(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>	<u>1,345,376</u>	<u>-5%</u>
	<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): NCCI 01/01/2013 Loss Costs Filing; NCCI state filing circular
IL-2012-04

*Adjusted to reflect all prior rate changes.

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

Triangle Insurance Company, Inc.
 Name of Company
Kim Olson, Manager, Products & Compliance
 Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2013.

(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	\$1,967,274	-3.9%
16. Other _____	_____	_____
Line of Insurance	_____	_____

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

Filing applies to all standard classes _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI's January 1, 2013 rates. _____

* Adjusted to reflect all prior rate changes.

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

ULLICO Casualty Company

Name of Company

David A. Christhif, AVP and Actuary

Official — Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective January 1, 2013

(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	7,394,113(CY2011)	-3.5%

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 Bulletin IL-2012-04

*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 D. Smith, Regulatory Compliance Specialist
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 01/01/2013

	(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	3329614	-3.8%
	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-2012-01 on 1/1/2013

*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

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2013

(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	\$1,524,340	3.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 No _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Adopting 1-1-13 NCCI-approved loss costs and revising Loss Cost Multiplier.

*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



Tracy Ryan
Executive Vice President
Commercial Insurance and Chief Product Officer
 Official - Title

SUMMARY SHEET

Change in Company's Premium or rate level produced by rate revision effective 3/1/2013

(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>30,257,279</u>	<u>-4.9%</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):
March 1, 2013 adoption of 2013 Illinois Workers Compensation rates from NCCI approved by Illinois Department of Insurance

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

West Bend Mutual Insurance Company
 Name of Company

Stephen J. Mueller, CPCU - Product Development Specialist
 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 01/01/2013

	(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>	\$10,658,257	10.0%
	<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): Change LCM from 2.083 to 2.349 to coincide with the NCCI loss cost change effective 1/1/2013.

*Adjusted to reflect all prior rate changes.

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

Work First Casualty Company
Name of Company
Bruce Winterrowd, Vice-President of Underwriting/Marketing
Official - Title