

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/01/2013

| (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 | 7.1% |

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): _____
Introducing Price Point plan 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

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 April 1, 2013 New & Renewal

| | (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>2,973,374</u> | <u>+10.1%</u> |
| | Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No, this filing applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI loss costs referenced in NCCI Circular IL-2012-04, approved 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.

Penn Millers Insurance Company, Inc.
 Name of Company
Lisa Dillon - Business Report 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 04/15/2013 New and Renewal

| | (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 Worker Compensation | \$12,654,214 | -2.0% |
| | 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): We are adopting 2013 NCCI Voluntary WC Rates with deviations
in rates for certain class codes due to experience. The above result contemplates overall total impact.

*Adjusted to reflect all prior rate changes.

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

Society Insurance, a mutual company

Name of Company

Janet Coons - Staff Underwriter

Official - Title