

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 01/01/2014

	(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 Comp.</u>	356,914	-5.8%

Line of Insurance

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): The Company is adopting the 1/1/2014 NCCI loss costs with no change to its currently approved LCM.

*Adjusted to reflect all prior rate changes.

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

Advantage Workers Compensation Insurance Company

Name of Company

Tina Knight - Analyst

Official - Title

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Change in Company's premium or rate level produced by rate revision effective 1/1/2014.

	(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	1,940,836	-5.8
	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): We are filing to adopt NCCI's loss costs that become effective 1/1/2014

*Adjusted to reflect all prior rate changes.

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

American Mining Insurance Company

Name of Company

Spencer Warren, Compliance Specialist

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

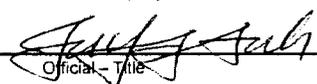
Change in Company's premium or rate level produced by rate revision effective 01/01/2014

(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>	\$ 21,422,124	-3.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 Applies to all territories and classes. _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Adoption of the 1/1/14 loss costs published by NCCI (NCCI Filing Circular # IL-2013-05) with proposed LCMs effective 1/1/14. _____

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

Chubb Indemnity Insurance Company
 Name of Company
 Vice President 
 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 May 1, 2014

	(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	\$1,835,298	-13.62%

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):

Our loss cost multipliers are being applied to NCCI loss costs effective January 1, 2014

*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

Alan May, Actuarial Analyst

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 01/01/2014

(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>	\$ 35,016,386	-3.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Adoption of the 1/1/14 loss costs published by NCCI (NCCI Filing Circular # IL-2013-05) with proposed LCMs effective 1/1/14.

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

Federal Insurance Company
 Name of Company
 Vice President *[Signature]*
 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 May 1, 2014

	(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>	\$1,980	-30.72%
	<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):

Our loss cost multipliers are being applied to NCCI loss costs effective January 1, 2014

*Adjusted to reflect all prior rate changes.

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

Firemen's Insurance Company of Washington, D.C.

Name of Company

Alan May, Actuarial Analyst

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 01/01/2014

(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>	\$ 2,522,280	-7.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Adoption of the 1/1/14 loss costs published by NCCI (NCCI Filing Circular # IL-2013-05) with proposed LCMs effective 1/1/14.

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

Great Northern Insurance Company
 Name of Company
 Vice President 
 Official - Title



**Illinois
Casualty
Company**
A Mutual Insurance Company

FORM RF-3 SUMMARY SHEET

225 20th Street, Rock Island, IL 61201 • (309) 793-1700 • (800) 445-3726 • Fax: (309) 793-1707 • www.ilcasco.com

Change in Company's premium or rate level produced by rate revision
effective 01/01/2014

(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>\$3,018,821</u>	<u>2.02%</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 National Council on Compensation Insurance (NCCI) Illinois Advisory

Rates and Rating Values

*Adjusted to reflect all prior rate changes.

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

Illinois Casualty Company

Name of Company

Carol M. Lewis - Products, Process Mgr.

Official—Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

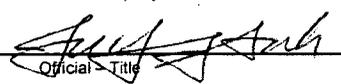
Change in Company's premium or rate level produced by rate revision effective 01/01/2014

(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>	\$ 9,111,010	-3.2%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Adoption of the 1/1/14 loss costs published by NCCI (NCCI Filing Circular # IL-2013-05) with proposed LCMs effective 1/1/14.

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

Pacific Indemnity Company
 Name of Company
 Vice President 
 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, 2014 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 Workers Compensation	2,376,798	+0.4%
	Life 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-2013-03, approved to be effective January 1, 2014.

*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

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2014

	(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	\$2,049,000	11.20%

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 and LCM Revision

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

Public Service Insurance Company
Name of Company

Kevin Purcell, Vice President - IRC
Official - Title

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

FORM (RF-3)

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Change in Company's premium or rate level produced by rate revision effective 01/01/2014.

	(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	9,349,363	0.0%
	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): To adopt NCCI's 1-1-2014 workers comp loss costs and file our LCM.

*Adjusted to reflect all prior rate changes.

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

Sentry Casualty Company

Name of Company

Janel Danczyk, Compliance/Development Analyst

Official – Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2014

	(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>16.0 - Workers Compensation</u>	<u>\$4,223,584</u>	<u>-5.80%</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): 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

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2014

(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>2,894,593</u>	<u>10.0%</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):
Tower Insurance Company of NY herewith proposes to increase its LCM by 10%.

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

Tower Insurance Company of NY
Name of Company

Faye V. Storch
Senior Business Analyst
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2014

(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>88,061</u>	<u>10.0%</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):
Tower National Insurance Company herewith proposes to increase its loss cost multiplier by 10%.

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

Tower National Insurance Company
Name of Company

Faye V. Storch
Senior 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 May 1, 2014

	(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	\$194,759	0.78%
	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):

Our loss cost multipliers are being applied to NCCI loss costs effective January 1, 2014

*Adjusted to reflect all prior rate changes.

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

Union Insurance Company

Name of Company

Alan May, Actuarial Analyst

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

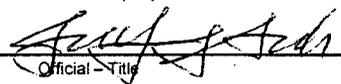
Change in Company's premium or rate level produced by rate revision effective 01/01/2014

(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>	\$ 2,700,149	-3.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Adoption of the 1/1/14 loss costs published by NCCI (NCCI Filing Circular # IL-2013-05) with proposed LCMs effective 1/1/14.

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

Vigilant Insurance Company
 Name of Company
 Vice President 
 Official - Title