

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/1/14

(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	1,293,730	0.0%
10. Extended Coverage	1,035,669	+1.9%
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other _____	_____	_____
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):

Adoption of ISO's earthquake deductible changes.

* Adjusted to reflect all prior rate changes.

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

Federated Mutual Insurance Company
Name of Company



Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/1/14

(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	313,332	0.0%
10. Extended Coverage	292,148	+1.9%
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other _____	_____	_____
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):

Adoption of ISO's earthquake deductible changes.

* Adjusted to reflect all prior rate changes.

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

Federated Service Insurance Company
Name of Company



Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 10-1-2014 New & 12-1-2014 Renewal

(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	81,654.00	4.60%
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other _____	_____	_____
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 revising CSP Multipliers and adding policy type for Home Health Care (HHC).
No ISO rates or rules with this filing.

*Adjusted to reflect all prior rate changes.

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

GuideOne America Insurance Company
Name of Company

Joseph Highbarger, FCAS, MAAA - AVP/Actuary
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 10-1-2014 New & 12-1-2014 Renewal

(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	2,752,144.00	5.6%
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other _____	_____	_____
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 revising CSP Multipliers and adding policy type for Home Health Care (HHC).
No ISO rates or rules with this filing.

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

GuideOne Elite Insurance
Name of Company

Joseph Highbarger, FCAS, MAAA - AVP/Actuary
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 10-1-2014 New & 12-1-2014 Renewal

(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	4,991,985.00	5.1%
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other _____	_____	_____
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 revising CSP Multipliers and adding policy type for Home Health Care (HHC).
 No ISO rates or rules with this filing.

*Adjusted to reflect all prior rate changes.

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

GuideOne Mutual Insurance
Name of Company

Joseph Highbarger, FCAS, MAAA - AVP/Actuary
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective: 10-1-2014 New & 12-1-2014 Renewal

(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	474,705.00	5.9%
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other _____	_____	_____
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 revising CSP Multipliers and adding policy type for Home Health Care (HHC).
No ISO rates or rules with this filing.

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

GuideOne Specialty Mutual Insurance
Name of Company

Joseph Highbarger, FCAS, MAAA - AVP/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 November 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	245,117	-20.0%
10.	Extended Coverage	339,992	-20.0%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line 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): We are filing to adopt new loss cost multipliers to result in an overall decrease of 20.0%.

*Adjusted to reflect all prior rate changes.

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

Iowa American Insurance Company

Name of Company

Beverly Barber - Compliance

Official - Title

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 November 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	508,060	-20.0%
10.	Extended Coverage	432,010	-20.0%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line 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): We are filing to adopt new loss cost multipliers to result in an overall decrease of 20%.

*Adjusted to reflect all prior rate changes.

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

Iowa Mutual Insurance Company

Name of Company

Beverly Barber - Compliance

Official - Title

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 1/1/2015

	(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	48702	0.0
10.	Extended Coverage	51255	-0.9
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	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): Adopting ISO rule revisions

*Adjusted to reflect all prior rate changes.

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

Mitsui Sumitomo Insurance Company of America

Name of Company

Larry Wilk - Senior State Filing Analyst (Martin & Company)

Official - Title

SUMMARY SHEET

Change in Company's Premium or rate level produced by rate revision effecti 2/1/2015

(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	13,318,098	-27.4%
10. Extended Coverage	8,605,470	36.8%
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

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

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

* 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

Pat Schweizer, AU - Product Development Specialist
Official - Title