

**ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 7/1/2015

(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	\$319,817	-1.0
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): \_\_\_\_\_  
(Please refer to filing memorandum.)

\*Adjusted to reflect all prior rate changes.

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

American Modern Home Insurance Company

Name of Company

Gary Behling – Senior State Relations 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, 2015.

	(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	\$1,639,352	5.0%
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: N/A

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

This filing proposes to update the base rates, trend factor, geographical factors, breed factors, and hospital factors.

*pet health*

\*Adjusted to reflect all prior rate changes.

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

American Pet Insurance Company

Name of Company

Jessica D. Gibbs ASA, MAAA - Director of Actuarial Services

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, 2015

	(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	\$959,215	+14.9%
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): This filing revises base rates and territory relativities resulting in a +14.9% rate change.

\*Adjusted to reflect all prior rate changes.

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

American Strategic Insurance Corp  
Name of Company  
Michael Farrell - Product Manager  
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 5-1-15.

	(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	497,330	-2.3
10.	Extended Coverage		
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: All territories

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adopting ISO's CF-2014-RLA1 loss cost revision

\*Adjusted to reflect all prior rate changes.

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

BITCO General Insurance Corporation  
Name of Company  
Matt Fraser Analyst - Rate Development & Filings  
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 5-1-15.

	(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	59,320	-2.3
10.	Extended Coverage		
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: All territories

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adopting ISO's CF-2014-RLA1 loss cost revision

\*Adjusted to reflect all prior rate changes.

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

BITCO National Insurance Company  
Name of Company  
Matt Fraser Analyst - Rate Development & Filings  
Official – Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/1/15

(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	3,210,631	+1.4%
10. Extended Coverage	Included in 9	+1.4%
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):

Revising type of business factors and systems breakdown rates.

\* 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



Director of HO P & C - Underwriting  
 Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/1/15

(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	723,587	+0.5%
10. Extended Coverage	Included in 9	+0.5%
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):

Revising type of business factors and systems breakdown rates

\* 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



Director of HO P & C - Underwriting  
 Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2015

(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	\$719	-6.6
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other	_____	_____
<u>Line of Insurance</u>	_____	_____

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

No

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

Adopting ISO CF-2014-RLA1 and LCM Revision

\* Adjusted to reflect all prior rate changes.

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

Manufacturers Alliance  
Insurance Company  
\_\_\_\_\_  
Name of Company

Gary E. Koslov, 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 06/01/2015.

	(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	787,110	-2.3
10.	Extended Coverage		
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): This is a filing to adopt ISO revision designation number CF-2014-RLA1 revised commercial property loss costs.

\*Adjusted to reflect all prior rate changes.

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

Nova Casualty Company

Name of Company

Susan E. Allen, Vice President, Product

Official – Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2015

(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	\$75,003	-6.6
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other	_____	_____
<u>Line of Insurance</u>	_____	_____

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

No

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

Adopting ISO CF-2014-RLA1 and LCM Revision

\* Adjusted to reflect all prior rate changes.

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

Pennsylvania Manufacturers'  
Association Insurance  
Company

\_\_\_\_\_  
Name of Company

Gary E. Koslov, Vice President

\_\_\_\_\_  
Official - Title

Change in Company's premium or rate level produced by rate  
Revision effective 02-13-15

(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	\$4,841,826	+1.80%
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):

Changes to Base Rates across all territories for both Fire and Other Allied Lines. The overall rate impact is +1.80%.

\* Adjusted to reflect all prior rate changes.

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

The Standard Fire Insurance Company

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
*Gene M. Hardy*

Vice President

\_\_\_\_\_  
Official - Title

Change in Company's premium or rate level produced by rate  
Revision effective 02-13-15

(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	\$368,713	+2.34%
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):

Changes to Base Rates across all territories for both Fire and Other Allied Lines. The overall rate impact is +2.34%.

\* Adjusted to reflect all prior rate changes.

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

The Travelers Indemnity Company of America

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Official - Title

Change in Company's premium or rate level produced by rate  
Revision effective 02-13-15

(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	\$2,416,518	+2.38%
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):

Changes to Base Rates across all territories for both Fire and Other Allied Lines. The overall rate impact is +2.38%.

\* Adjusted to reflect all prior rate changes.

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

Travelers Personal Insurance Company

\_\_\_\_\_  
Name of Company

*Gene M. Kennedy*

Vice President

\_\_\_\_\_  
Official - Title