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 06/01/2010.

	(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	$3,294,705	+3.1%
14.	Crop Hail		
15.	Other		
	Life of Insurance		

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

farm & ranch

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): We are filing for an overall rate change of +3.1%. The resulting impact on our book is $102,212. We are requesting this filing be effective June 1, 2010.

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

Allied Property & Casualty Insurance Company
Name of Company

Marie Safreed - State Filing Specialist
Official – Title

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2010

	(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	1,119,976	-11.3%
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):
Adopt ISO loss cost filing BP-2008-RLA1, revise LCMs, rate number relativities & liability group relativities

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

Employers Mutual Casualty Company
Name of Company

Don Coughennower - Assistant Vice President
Official - Title

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Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/10

(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 (Ultraflex)	8/31/2009	$ 10,539,026	+12.9
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):
Revised Liabiltiy and Property rates in our Ultraflex program. Increased the minimum premium from $350 to $500.

*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 Fonticella

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

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective July 1, 2010.

(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	$4,241,640	5.0%
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): With this filing GMRC is revising the Loss Cost Multipliers and increasing the Policy Writing Minimum Premium from $200 to $225.

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

Grinnell Mutual Reinsurance Company
Name of Company

Derek Settergren - Assistant Actuary
Official - Title

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DEPARTMENT OF INSURANCE
SPRINGFIELD

FORM (RF-3)

SUMMARY SHEET

(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	$11,311,819	1.14%
14. Crop Hail		
15. Other _____ Line of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Illinois Casualty Company is increasing the minimum premium when the liability limit is greater than $1,000,000 per occurrence.

*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

Fred Parcells, Program Manager
Official--Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2010

	(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	1,353,819	-7.5%
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):
Adopt ISO loss cost filing BP-2008-RLA1, revise LCMs, rate number relativities & liability group relativities

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

Illinois EMCASCO Insurance Company
Name of Company

Don Coughennower - Assistant Vice President
Official - Title

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Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2010

(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	725,118	+ 0.4
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): ISO Commercial Property Prospective Loss Cost Revision, ISO Filing CF-2009-RLA1

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

Navigators Insurance Company
Name of Company

Dave Wilson, AVP
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective June 1, 2010

(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	19,241	-15.0
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): ISO Commercial Crime and Fidelity Advisory Prospective Loss Cost Revision, ISO Filing CR-2009-RLA1

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

Navigators Insurance Company
Name of Company

Dave Wilson, AVP
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
Revision effective 11/15/2009 New Business and 11/15/2009 Renewals.

(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	$4,732,073	+0.1%
14. Crop Hail		
15. Other Businessowners		
Line of Insurance		

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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):
Revised rates for Commercial Package Policy (CPP) Program based on ISO loss costs. Independent Individual Risk Premium Modification Plan.

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

Rockford Mutual Insurance Company
Name of Company

James D. Robbins,
Manager of Research and Development
Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 15, 2010

(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	$86,084,011	10.60%
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): Rate Revision

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

State Farm Fire and Casualty Company
Name of Company

Gregory S. Girard, Actuary and Assistant Secretary-Treasurer
Official – Title

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Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective February 1, 2010

(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	$290,016	-1.5%
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): Changes to the Childcare program

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

Stonington Insurance Company
Name of Company

Walter J Kozuch, Vice President - Technical Services
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective ~~Upon Approval~~ 12-16-09

	(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	$322,003 (CY 2008)	-0.04%
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 miscellaneous revisions for our Businessowners product. See actuarial memorandum for more detail.

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

United States Liability Ins. Co.
Name of Company

Mark Miller, State Filings Manager
Official - Title

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