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

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

	(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 Compensations	30,837,610	1.5
	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 NCCI's IL-2010-05 Illinois - Voluntary Advisory Loss Costs, Rates and RatingValues

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

ACUITY, A Mutual Insurance Company
Name of Company

Diane Udovich - Regulatory Filing Technician
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2011

	(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 Workers Comp (Line of Insurance)	$516,815	+10.8%

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):
Introducing Type of Risk rule and loss cost multipliers by type of risk and company as follows:

Type of Risk	CM	AA
Contractors	2.184	1.955
Manufacturing	2.100	1.861
All Other	2.019	1.772

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MAR 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

All America Insurance Company
Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

H29219D

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Effective Date 01-01-11

Change in Company's premium or rate level produced by rate revision effective ~~+0.5% or $1,473~~

(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 Workers Compensation (Line of Insurance)	$256,919	+0.9%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We will be using NCCI loss costs issued in cirulars IL-2010-05, IL-2010-07 and IL-2010-10 and approved as filed.

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

American National Property and Casualty Company
Name of Company

Eleanor Perry - Compliance Analyst
Official – Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by this filing effective 1-1-2011.

	(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	$297,404	3.4%
	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): Adopt the 1-1-2011 Rates with a deviation of 0.97.

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

Ansur America Insurance Company
Name of Company

Wanda Raymond, APM Senior Associate
Official – Title

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

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate filing effective 01/01/2011.

	(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	338,382	-4.59%
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI Loss Costs contained in NCCI Circular IL-2010-10 and retain our currently filed and approved loss cost multiplier of 1.40.

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

BancInsure, Inc.
Name of Company

Kathryn A. Shilling-Filings Analyst
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

(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 Workers Compensation (Line of Insurance)	7,387,999	-1.7%

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): Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt NCCI's revised loss costs per circular IL-2010-10 and 05 while maintaining our current expense multiplier for each company. This filing will apply to all new and renewal business with effective dates on or after January 1, 2011. This filing proposes an overall decrease of 1.7% based upon the Bituminous book of business.

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPT. OF INSURANCE

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

Bituminous Casualty Corporation
Name of Company

- Vice President-Underwriting
Official - Title

H29219D

Form (RF-3)
Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

(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 Workers Compensation (Line of Insurance)	1,875,069	-1.7%

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): Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt NCCI's revised loss costs per circular IL-2010-10 and 05 while maintaining our current expense multiplier for each company. This filing will apply to all new and renewal business with effective dates on or after January 1, 2011. This filing proposes an overall decrease of 1.7% based upon the Bituminous book of business.

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
ILLINOIS

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

Bituminous Fire and Marine Insurance Company
Name of Company

- Vice President-Underwriting
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 01, 2011

	(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 Workers Compensation (Line of Insurance)	2,116,571	+1.5

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 State Filing Circular IL 2010-05 & IL-2010-07 & IL 2010-10

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

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Capitol Indemnity Corporation
Name of Company

Lois Beld, Senior Rate Analysis
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

	(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 Workers Compensation (Line of Insurance)	4,563,017	0.4%

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 adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2011.

We wish to make this filing effective for all policies effective on or after January 1, 2011.

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

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

CastlePoint National Insurance Co.
Name of Company

Kaye V. Storch
Senior Business Analyst
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2011

	(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 Workers Comp (Line of Insurance)	$2,735,880	+8.6%

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):
Introducing Type of Risk rule and loss cost multipliers by type of risk and company as follows:

Type of Risk	CM	AA
Contractors	2.184	1.955
Manufacturing	2.100	1.861
All Other	2.019	1.772

FILED

MAR 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

Central Mutual Ins Co
Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

H29219D

ILLINOIS SUMMARY SHEET

FORM RF-3

Effective Date 01-01-11

Change in Company's premium or rate level produced by rate revision effective ~~$459,147~~

	(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.	Workers Compensation	$4,624,151	9.91%
16.	Other		

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) NCCI

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

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Church Mutual Insurance Company
Name of Company

Lynn Reichelt – Director – Casualty Lines
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 1, 2011

(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 Workers Compensation (Line of Insurance)	$40,676,098	+0.7%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All Classes and codes are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 3/1/2011. Please reference NCCI circulars IL-2010-05 and IL-2010-10

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

The Cincinnati Casualty Company
Name of Company

Kara Armstead - Senior Filings Analyst
Official – Title

FILED

MAR 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2011

(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 Workers Compensation (Line of Insurance)	$6,022,609	+0.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All Classes and codes are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 3/1/2011. Please reference NCCI circulars IL-2010-05 and IL-2010-10

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

The Cincinnati Indemnity Company
Name of Company

Kara Armstead - Senior Filings Analyst
Official – Title

FILED

MAR 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2011

(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 Workers Compensation (Line of Insurance)	$8,151,707	-1.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All Classes and codes are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 3/1/2011. Please reference NCCI circulars IL-2010-05 and IL-2010-10

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

The Cincinnati Insurance Company
Name of Company

Kara Armstead - Senior Filings Analyst
Official – Title

FILED

MAR 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 4/1/11

(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 Workers Compensation (Line of Insurance)	$1,556,238	0.4%

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):
Postpone NCCI's effective date of approval circular IL-2010-10 from 1/1/11 to 4/1/11.

* Adjust to reflect all prior rate changes.

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

COLUMBIA NATIONAL INS. CO.
Name of Company

Dennis McVay, CPCU
Director, Research & Development
Official - Title

FILED
APR 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2011.

(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. Workers Compensation	$10,000,000	1.5%
16. 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) Adopting NCCI Voluntary rates and rating values effective January 1, 2011 without deviation. Adopting NCCI January 1, 2011 Experience Rating Plan values, expected loss rates and d-ratios, and NCCI retropsective rating plan values.

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

Continental Indemnity Company
Name of Company

Joan Klucarich, Actuary
Official — Title

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Effective Date

Change in Company's premium or rate level produced by rate revision effective ~~23%~~ JAN. 1, 2011

(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 Workers Compensation (Line of Insurance)	2,401,100	2.3%

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 the 1/1/2011 NCCI loss costs and to change our current loss cost multiplier of 1.426 to 1.408 effective 1/1/2011.

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

Florists' Mutual Insurance Company
Name of Company

Danielle Ankrom, Senior Compliance Analyst
Official - Title

H29219D

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

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-2011.

	(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	$10,016,559	2.3%
	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): Adopt the 1-1-2011 Rates with a deviation of 1.00.

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

Frankenmuth Mutual Insurance Company
Name of Company

Wanda Raymond, APM Senior Associate
Official – Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective **January 01, 2011.**

(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. Workers Compensation	$ 1,607,153	+ .04
16. 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) This filing is to adopt NCCI Loss Costs effective 1/01/2011. NCCI approval circular IL-2010-10.

GATEWAY INSURANCE COMPANY, NAIC 28339
Laura Ellsworth
Compliance Specialist

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

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 January 1, 2011.

	(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	4411848	5.85%
	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): NCCI IL-2010-05

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

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Grange Mutual Casualty Company
Name of Company

Emily Ling, Pricing Analyst
Official – Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 01-01-2011.

	(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	$5,397	+ 7.2%
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): The purpose of this filing is to adopt the NCCI Loss Costs contained in approval circular IL-2010-10 effective 01-01-2011. Our loss cost multiplier will remain at 2.17. This will result in an overall rate increase of 7.2% based on Harco's premium distribution.

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

Harco National Insurance Company
Name of Company

Al Birch, Sr. Vice President
Official – Title

Company Tracking Number 5534

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

(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 Workers Compensation	$2,848,698	+2.9%
Line of Insurance		

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JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

No certain territory. No certain class.

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

We are adopting National Council on Compensation Insurance (NCCI) 01/01/2011 Illinois Advisory Rates and Miscellaneous Values. We are applying a -10% rate deviation to all classes.

*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
Official—Title
Fred Parcells, Program Manager

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: **01/01/2011**

	(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 & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine _____		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	**$3,795**	**+0.4%**
16.	Other:		

Line of Insurance

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? **NO**
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
IMT Insurance is filing to adopt the NCCI loss costs and miscellaneous rating values as filed to be effective January 1, 2011.

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

IMT Insurance Company
Name of Company
Jason Thompson, BA, MA Filing Analyst, Research & Development
Official - Title

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

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FEB 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective February 1, 2011.

	(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	$ 7,625,440 Man Prem @ CRL	+2.6% (Estimated)
	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): Adoption of NCCI advisory loss cost filing IL-2010-05. Approval circular IL-2010-10. Michigan Commercial Insurance Mutual will adopt the NCCI filed and approved loss costs effective 2/1/11 with no class rate change to increase more than +15% or decrease more than -15%.

*Adjusted to reflect all prior rate changes.

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

Michigan Commercial Insurance Mutual
Name of Company

Diane Rardeen - Compliance 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 January 1, 2011.

	(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	$7,665	0.4%
	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 NCCI approved Loss Costs Effective January 1, 2011

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

Midwest Builders' Casualty Mutual Company
Name of Company

Rose Kasper - Compliance Officer
Official – Title

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JAN 01 2011
DEPARTMENT OF INSURANCE
STATE OF ILLINOIS
SPRINGFIELD, ILLINOIS

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

FORM (RF-3)

SUMMARY SHEET

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JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

	(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 Work Comp	895883	0.4%
	Life 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): NCCI

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

Midwest Family Mutual
Name of Company

Heather T Sams - R & D Analyst
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2011.

(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 Workers' Compensation (Line of Insurance)	11,177,796	-1.4

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):

Old Republic General Insurance Corporation
Adoption of NCCI IL-2010-05 Advisory Rates, Loss Costs, and Rating Values

We request an effective date of January 1, 2011 to coincide with the NCCI loss cost filing approved under Circular IL-2010-10.

We will apply our current LCM, 1.64, to the January 1, 2011 NCCI loss costs.

We hereby certify that the only changes made from our previously filed manual are the NCCI changes as adopted and filed under our Rates Tab.

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

Old Republic General Insurance Corporation
Name of Company

Deborah J. Matthews - Assistant Vice President - Compliance
Official - Title

H29219D

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

INS00106

Form (RF-3)

SUMMARY SHEET

FILED

JAN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective January 1, 2011

(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 Workers, Compensation (Line of Insurance)	10,699,075	-3.5%

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):

Old Republic Insurance Company
Adoption of NCCI IL-2010-05 Advisory Rates, Loss Costs, and Rating Values

We request an effective date of January 1, 2011 to coincide with the NCCI loss cost filing approved under Circular IL-2010-10.

We have decreased our LCM from 1.72 to 1.69. We will apply our new LCM, 1.69, to the January 1, 2011 NCCI loss costs.

We hereby certify that the only changes made from our previously filed manual are the NCCI changes as adopted and filed under our Rates Tab.

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

Old Republic Insurance Company
Name of Company

Deborah J. Matthews - Assistant Vice President - Compliance
Official - Title

H29219D

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-2011

(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 Workers' Compensation (Line of Insurance)	1,521,365	+1.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: The loss cost multiplier for Class Code 8045 will remain unchanged at 1.222; the loss cost multiplier for Class Codes 7380 and 8835 will remain unchanged at 1.524 and all other classes' loss cost multiplier will remain unchanged at 1.644.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Cost Revisions - announced in Circular IL-2010-10

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

Pharmacists Mutual Insurance Company
Name of Company

Kris Laubenthal - Rate Filing Analyst
Official – Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2011

(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 Workers' Comp (Line of Insurance)	$100,000 estimated	1.5%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Voluntary Market Advisory Rates, Loss Costs, and Rating Values effective January 1, 2011 as published in NCCI approval circular IL-2010-10 and in Filing Circular IL-2010-09.

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

Safety First Insurance Company
Name of Company

Casey Kruse – Compliance Coordinator
Official – Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2011

(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 Workers' Comp (Line of Insurance)	$1,500,000 estimated	1.5%

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 Voluntary Market Advisory Rates, Loss Costs, and Rating Values effective January 1, 2011 as published in NCCI approval circular IL-2010-10 and in Filing Circular IL-2010-09.

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

Safety National Casualty Corporation
Name of Company

Casey Kruse – Compliance Coordinator
Official – Title

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/01/2010.

(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		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$2,569,669	0.0%

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 advisory rates effective 01/01/2010 in Illinois.

FILED

NOV 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

* 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

William O'Reilly - Vice President General Counsel & Corporate Secretary
Official - Title

H29219D

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

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

	(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	$95,359	+0.7%
	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 follows the 1-1-2011 loss cost filing on our behalf NCCI. Please reference NCCI circular IL-2010-10.

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

SFM Mutual Insurance Company
Name of Company

Brian R. Bent, VP & Director of Underwriting
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 2/1/2011 New, 2/1/2011 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	$11,691,067	-4.86%
	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 NCCI Voluntary WC Rates eff 2/1/2011 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.

FILED

FEB 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Society Insurance, a mutual company
Name of Company

Dennis Saldana- Staff Underwriter
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

	(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 Workers Compensation (Line of Insurance)	2,316,256	0.4%

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 New York herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2011.

We wish to make this filing effective for all policies effective on or after January 1, 2011.

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

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Tower Insurance Company of NY
Name of Company

Faye V. Storch
Senior Business Analyst
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

	(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 Workers Compensation (Line of Insurance)	89,602	0.4%

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 adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2011.

We wish to make this filing effective for all policies effective on or after January 1, 2011.

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

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Tower National Insurance Co.
Name of Company

Faye V. Storch
Senior Business Analyst
Official - Title

H29219D

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 January 1, 2011.

	(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	1384152	6.45%
	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): NCCI IL-2010-05

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

Trustgard Insurance Company
Name of Company

Emily Ling, Pricing Analyst
Official – Title

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective: **01/01/2011**

	(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 & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine _____		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	**$157.00**	**+0.4%**
16.	Other:		

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? **NO**
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Wadena Insurance is filing to adopt the NCCI loss costs and miscellaneous rating values as filed to be effective January 1, 2011.

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

Wadena Insurance Company
Name of Company
Jason Thompson, BA, MA Filing Analyst, Research & Development
Official - Title

Form (RF-3)

SUMMARY SHEET

Change in Company's Premium or rate level produced by rate revision effective 1/1/2011

	(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 Workers Compensation Line of Insurance	$38,471,041 (2009) 2.0%	2.0%

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 Illinois Workers Compensation rates from NCCI approved by Illinois of Insurance effective January 1, 2011

* 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

Stephen J. Mueller, CPCU - Product Development Specialist
Official - Title

H29219D

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective _____1/1/2011____ .

(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 Workers Compensation	4,172,910	12.2%
16 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 adjusts the LCM currently on file based on actual loss experience.
This filing does follow the NCCI loss cost filing effective on 1/1/11.

* Adjusted to reflect all prior rate changes.

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

Work First Casuatly Company
Name of Company

FILED

KathyT. Forno, HIA, CCP, DCP Manager, State Filin
Official — Title

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS