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	10,715	+1.0%
10.	Extended Coverage	27,464	+1.0%
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:
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Updating Time Element Rule - by revising various factors and introducing Ordinary Payroll Exclusion and Limitation, Begninning of the Period Restoration and Civil Authority Changes.

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

All America Insurance Co.
Name of Company

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

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 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	$107,723	+0.7%
10. Extended Coverage	$63,227	+1.5%
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Special Causes of Loss	$93,909	+41.8%
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 adopting revised ISO loss costs CF-2009-RLA1 and CF-2008-RLA1 to be adjusted by our revised loss cost multipliers. This will result in a +15.5% increase.

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

American Hardware Mutual Insurance Company
Name of Company

Michael L. Wiseman, Treasurer
Official - Title

H29219D

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	139,144	+1.0%
10.	Extended Coverage	188,271	+1.0%
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:
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Updating Time Element Rule - by revising various factors and introducing Ordinary Payroll Exclusion and Limitation, Begninning of the Period Restoration and Civil Authority Changes.

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

Central Mutual Insurance Co
Name of Company

Mrs. Petrise Meyer
Sr Rates and Forms Analyst,
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 01/31/2011

(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	1,807,052	-2.1%
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):
Filing to adopt ISO Loss Costs and Rules and revise LCM's.

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

Citizens Insurance Company of America
Name of Company

Mandi Al-Beik - Associate State Filing Analyst
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/31/2011

(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	172,341	-0.4%
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):
Filing to adopt ISO Loss Costs and Rules and revise LCM's.

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

Citizens Insurance Company of Illinois
Name of Company

Mandi Al-Beik - Associate State Filing 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 NEW 11-01-2010; RENEWAL 02-01-2011 .

	(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	78,535	+12.44%
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): Increase of Minimuim Policy Premium to $300 and increase of minimum premium for ACE Coverage to $400.

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

CONSUMERS INSURANCE USA, INC.
Name of Company

ANNE ROQUETTE - PRODUCTS MANAGER
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/31/2011

(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	986,456	-0.6%
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):
Filing to adopt ISO Loss Costs

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

The Hanover Insurance Company
Name of Company

Mandi Al-Beik - Associate State Filing Analyst
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/31/2011

(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	1,116,843	-2.5%
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):
Filing to adopt ISO Loss Costs and Rules and revise LCM's.

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

Massachusetts Bay Insurance Company
Name of Company

Mandi Al-Beik - Associate State Filing Analyst
Official – Title

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	$177,333 (Assisted Living only)	-40%
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: The filing applies to class code 0852 only under the Assisted Living Program as described in the Filing Memorandum. All other loss costs will be adopted without modification.

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

*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

Vice President - Technical 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 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	718282	+0.4
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): We are adopting ISO reference number CF-2009-RLC09

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

United States Fire Insurance Company
Name of Company

Sharon D. Smith, Regulatory Compliance Analyst
Official – Title