Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01-10-2011

| | (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 | $231,115,953 | 0.0% |
| 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:
This filing only applies to zone (territoy) 74.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
With this filing, Allstate is clarifying that the portion of zip code 60471 in Will County will be assigned and rated in Zone 74.

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

Allstate Indemnity Company
Name of Company

Andi M. Colosi – State Filings Project Manager
Official - Title

H29219D

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-10-11.

| (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 | $6,424,854 | 0.0% |
| 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: Territory 74

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing, Allstate is clarifying that the portion of zip code 60471 in Will County will be assigned and rated in Zone 74.

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

Allstate Indemnity Company
Name of Company

Andi M. Colosi – State Filings Project Manager
Official - Title

H29219D

Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01-10-2011

| | (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 | $141,599,852 | 0.0% |
| 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:
This filing only applies to zone (territoy) 74.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
With this filing, Allstate is clarifying that the portion of zip code 60471 in Will County will be assigned and rated in Zone 74.

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

Allstate Insurance Company
Name of Company

Andi M. Colosi – State Filings Project Manager

**Form (RF-3)**

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/1/2010

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | $0 | 0 |
| Commercial | $290,716 | 0 |
| 2. Automobile Physical Damage | | |
| Private Passenger | $0 | 0 |
| Commercial | $32,037 | 0 |
| 3. Liability Other Than Auto | $206,206 | 0 |
| 4. Burglary and Theft | $0 | 0 |
| 5. Glass | $0 | 0 |
| 6. Fidelity | $0 | 0 |
| 7. Surety | $0 | 0 |
| 8. Boiler and Machinery | $466 | 0 |
| 9. Fire | $3,968 | 0 |
| 10. Extended Coverage | N/A | 0 |
| 11. Inland Marine | $871,295 | 0 |
| 12. Homeowners | $3,347,362 | + 13.6% |
| 13. Commercial Multi-Peril | $4,269,745 | 0 |
| 14. Crop Hail | $0 | 0 |
| 15. Other Ocean Marine (Line of Insurance) | $0 | 0 |

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

**This filing applies to all buliding and contents forms.**

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

**Revised base rates for all territories, amount of insurance factors, loss surcharges, deductible factors and the maximum deductible credits. Increased the premium credit to reduce contents coverage below 70%, and increased the portfolio credit for insureds with a supporting auto policy. Introduced a seasonal and secondary residence surcharge, a new credit for insureds with a household manager, and insurance score rating.**

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

**American Automobile Insurance Compan**
Name of Company

Official - Title

H29219D

SUMMARY SHEET

FORM (RF-3)

Change in Company's premium or rate level produced by rate revision
Effective November 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 | $127,628,013 | +9.8% |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |

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): Rate and Rule Revision - base rate and relativity changes, revised CPG factors and Max Deductible Credits, revised rating for Sewer Back-up and Form 6 Coverage A, Manual Page Revisions

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

AMERICAN FAMILY MUTUAL INS. CO.
Name of Company

James P. Meyer

Official - Title
James P. Meyer, ACP, AIM
Senior Pricing Analyst/Filings

SUMMARY SHEET

FORM (RF-3)

Change in Company's premium or rate level produced by rate revision
Effective November 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 (Mobile) | $1,518,386 | +0.0% |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |

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): Manual Page Revision - adding zip codes to Earthquake Zone Definition Schedule

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

AMERICAN FAMILY MUTUAL INS. CO.
Name of Company

James P. Meyer

Official - Title
James P. Meyer, ACP, AIM
Senior Pricing Analyst/Filings

**Form (RF-3)**

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/1/2010

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | $0 | 0 |
| Commercial | $136,523 | 0 |
| 2. Automobile Physical Damage | | |
| Private Passenger | $0 | 0 |
| Commercial | $17,976 | 0 |
| 3. Liability Other Than Auto | $3,007,239 | 0 |
| 4. Burglary and Theft | $0 | 0 |
| 5. Glass | $0 | 0 |
| 6. Fidelity | $0 | 0 |
| 7. Surety | $720 | 0 |
| 8. Boiler and Machinery | $0 | 0 |
| 9. Fire | $69,967 | 0 |
| 10. Extended Coverage | N/A | 0 |
| 11. Inland Marine | $348,106 | 0 |
| 12. Homeowners | $639,079 | + 14.4% |
| 13. Commercial Multi-Peril | $4,075,416 | 0 |
| 14. Crop Hail | $0 | 0 |
| 15. Other Ocean Marine (Line of Insurance) | $0 | 0 |

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

**This filing applies to all buliding and contents forms.**

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

**Revised base rates for all territories, amount of insurance factors, loss surcharges, deductible factors and the maximum deductible credits. Increased the premium credit to reduce contents coverage below 70%, and increased the portfolio credit for insureds with a supporting auto policy. Introduced a seasonal and secondary residence surcharge, a new credit for insureds with a household manager, and insurance score rating.**

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

**The American Insurance Compan**
Name of Company

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 11/29/2010.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|---|---|---|
| 1. | Automobile Liability Private | | |
| | Passenger | | 0.00% |
| | Commercial | | 0.00% |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | 0.00% |
| | Commercial | | 0.00% |
| 3. | Liability Other Than Auto | | 0.00% |
| 4. | Burglary and Theft | | 0.00% |
| 5. | Glass | | 0.00% |
| 6. | Fidelity | | 0.00% |
| 7. | Surety | | 0.00% |
| 8. | Boiler and Machinery | | 0.00% |
| 9. | Fire | | 0.00% |
| 10. | Extended Coverage | | 0.00% |
| 11. | Inland Marine | | 0.00% |
| 12. | Homeowners | $521,286 | 6.03% |
| 13. | Commercial Multi-Peril | | 0.00% |
| 14. | Crop Hail | | 0.00% |
| 15. | Other Life of Insurance | | 0.00% |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: The rate change applies to forms HO 00 02, HO 00 03 and HO 00 03/15 and form HO 00 06.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Revise the Base Class Premiums for all forms, revise the New Home Discount Credits, and discontinue the HO 00 04 line. Additionally we utilize ISO's loss costs from Reference Filing #HO-2009-RLA1 to revise the Miscellaneous Rates.

*Adjusted to reflect all prior rate changes.

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

Armed Forces Insurance Exchange
Name of Company

Official – Title

**Form (RF-3)**

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/1/2010

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | $1,202,337 | 0 |
| Commercial | $270 | 0 |
| 2. Automobile Physical Damage | | |
| Private Passenger | $1,141,293 | 0 |
| Commercial | $0 | 0 |
| 3. Liability Other Than Auto | $73,217 | 0 |
| 4. Burglary and Theft | $0 | 0 |
| 5. Glass | $0 | 0 |
| 6. Fidelity | $0 | 0 |
| 7. Surety | $0 | 0 |
| 8. Boiler and Machinery | $1,568 | 0 |
| 9. Fire | $0 | 0 |
| 10. Extended Coverage | N/A | 0 |
| 11. Inland Marine | $1,241,345 | 0 |
| 12. Homeowners | $3,068,361 | + 9.8% |
| 13. Commercial Multi-Peril | $383,763 | 0 |
| 14. Crop Hail | $0 | 0 |
| 15. Other Ocean Marine (Line of Insurance) | $0 | 0 |

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

**This filing applies to all buliding and contents forms.**

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

**Revised base rates for all territories, amount of insurance factors, loss surcharges, deductible factors and the maximum deductible credits. Increased the premium credit to reduce contents coverage below 70%, and increased the portfolio credit for insureds with a supporting auto policy. Introduced a seasonal and secondary residence surcharge, a new credit for insureds with a household manager, and insurance score rating.**

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

**Associated Indemnity Corporation**
Name of Company

Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective: 10-03-10.

| | (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 | 5,700,000 | 0.0% |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Worker's Compensation | | |
| 16. | Other _____ Line 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):

Change to Residential Outbuildings.

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

COUNTRY Casualty Insurance Company
Name of Company

Richard A. Smith
Richard A. Smith

Chief Property/Casualty Actuary
Official and Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective: 10-03-10.

| | (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 | 226,100,000 | 0.0% |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Worker's Compensation | | |
| 16. | Other _____ Line 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):

Changes to Residential Outbuildings, Outbuildings, Farm Personal Property, and Country Estate.

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

COUNTRY Mutual Insurance Company
Name of Company

Richard A. Smith
Chief Property/Casualty Actuary
Official and Title

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _____.

| (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 | 9,286,242 | +0.3% |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other _____ Line of Insurance | | |

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Introduction of premium capping; revised rates for Backup of Sewer, Drain, or Sump Pump; revised Superior Home Discount; revised renewal business tier conditions

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

Economy Fire and Casualty Company
Name of Company

Richard R Lanard
Official - Title

H29219D

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/6/2011 RB.

| (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 | 22,947,651 | +0.3% |
| 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): Introduction of premium capping; revised rates for Backup of Sewer, Drain, or Sump Pump; revised Superior Home Discount; revised renewal business tier conditions

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

Economy Premier Assurance Company
Name of Company

Richard R Lawrence
Official - Title

H29219D

Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 12/1/10

| | (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 | $703,411 | 7.4% |
| 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, applies to all Territories.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Base Rate increase of 8% for all territories resulting in overall impact of 7.4%. Manual updated - all inclusive rather than Exceptions Manual to ISO. Introduced Eligibility factor. Revised occupancy surcharge to apply to units greater than one. Removed HO9090 and HO2472. Added trampolines to the list of ineligible exposures. Added list of unacceptable dog exposures and list of exposures requiring underwriter approval. Added new zip/city/county combinations to the territory assignments.

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

Empire Fire and Marine Insurance Company
Name of Company

Diane M. Zaborowski - AIS, Product Analyst
Official - Title

H29219D

Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 12/1/10

| | (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 | $100,621 | 0% |
| 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. There is also no rate effect.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Manual updated - all inclusive rather than Exceptions Manual to ISO. Added occupancy surcharge to apply to units greater than one. Revised "New Loan Discount" to "New Purchase Discount". Removed HO9090 and HO2472. Added trampolines to the list of ineligible exposures. Added list of unacceptable dog exposures and list of exposures requiring underwriter approval. Added new zip/city/county combinations to the territory assignments.

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

Fidelity and Deposit Company of Maryland
Name of Company

Diane M. Zaborowski - AIS, Product Analyst
Official - Title

H29219D

**Form (RF-3)**

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/1/2010

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | $685,359 | 0 |
| Commercial | $109,722 | 0 |
| 2. Automobile Physical Damage | | |
| Private Passenger | $826,666 | 0 |
| Commercial | $28,113 | 0 |
| 3. Liability Other Than Auto | $1,555,753 | 0 |
| 4. Burglary and Theft | $0 | 0 |
| 5. Glass | $0 | 0 |
| 6. Fidelity | $0 | 0 |
| 7. Surety | $500 | 0 |
| 8. Boiler and Machinery | $43,674 | 0 |
| 9. Fire | $248,137 | 0 |
| 10. Extended Coverage | N/A | 0 |
| 11. Inland Marine | $3,831,092 | 0 |
| 12. Homeowners | $1,421,665 | + 11.9% |
| 13. Commercial Multi-Peril | $10,530,667 | 0 |
| 14. Crop Hail | $6,023,658 | 0 |
| 15. Other Ocean Marine (Line of Insurance) | $4,964,267 | 0 |

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

**This filing applies to all buliding and contents forms.**

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

**Revised base rates for all territories, amount of insurance factors, loss surcharges, deductible factors and the maximum deductible credits. Increased the premium credit to reduce contents coverage below 70%, and increased the portfolio credit for insureds with a supporting auto policy. Introduced a seasonal and secondary residence surcharge, a new credit for insureds with a household manager, and insurance score rating.**

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

**Fireman's Fund Insurance Company**
Name of Company

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 9/22/2010

| (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 | $0 | 5.9% |
| 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: This filing is applicable to all territories.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are revising our base rates.

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

The First Liberty Insurance Corporation
Name of Company

Sean Hilliard - Industry Filing Analyst
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective October 9, 2010

| | | (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 | $2,874,982 | 10.0% |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other _____ Line of Insurance | | |

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are revising our base rates in all forms.

**Hartford Insurance Company of Illinois**
Name of Company

**Khue Bui - Sr. Actuarial 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 11/01/2010.

| | (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 | 741,456 | +12.3% |
| 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): Revisions to base rates, year of construction factors, Multi-line discount factors, Earthquake rates and Claims Record Persistency Rating factors

*Adjusted to reflect all prior rate changes.

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

Horace Mann Insurance Company
Name of Company

Jenny Hester - Product 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 11/01/2010.

| | (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 | 536,271 | +12.7% |
| 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): Revisions to base rates, year of construction factors, Multi-line discount factors, Earthquake rates and Claims Record Persistency Rating factors

*Adjusted to reflect all prior rate changes.

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

Horace Mann P&C Insurance Company
Name of Company

Jenny Hester - Product Analyst
Official – Title

## SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: **12/01/2010**

| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|---|
| 1. | Automobile Liability<br>Private Passenger<br>Commercial | | |
| 2. | Automobile Physical Damage<br>Private Passenger<br>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 | **$3,618,421** | **+ 7.2%** |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Worker's Compensation | | |
| 16. | Other: | | |

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):

**IMT Insurance Company is filing a Homeowners rate change, resulting in an overall rate increase of 7.2%.**

*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

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/22/2010

| (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 | $42,742,263 | 5.9% |
| 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: This filing is applicable to all territories.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are revising our base rates.

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

Liberty Mutual Fire Insurance Company
Name of Company

Sean Hilliard - Industry Filing Analyst
Official – Title

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/2/2010 NB 1/6/2011 RB .

| (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 | $35,356,587 | +11.8% |
| 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): Introduction of premium capping; revised rates for Backup of Sewer, Drain, or Sump Pump; revised Superior Home Discount; Revised Home Policy Plus; revised NB and RB Tiering conditions; revise base rates by form

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

Metropolitan Casualty Insurance Company
Name of Company

Richard R. Lavanol
Official - Title

H29219D

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/2/10 NB 1/6/11 RB.

| (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 | 8,233,597 | +5.5% |
| 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): Introduction of premium capping; revised rates for Backup of Sewer, Drain, or Sump Pump; revised Superior Home Discount; revised Home Policy Plus; revised NB and RB Tiering conditions; Accounts; revised base rates by form

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

Metropolitan Group Property and Casualty Insurance Company
Name of Company

Richard R Lavard
Official - Title

H29219D

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/6/2011 RB.

| (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 | 4,720,248 | +0.2% |
| 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): Introduction of premium capping; revised rates for Backup of Sewer, Drain, or Sump Pump; revised Superior Home Discount; revised renewal business tier conditions

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

Metropolitan Property and Casualty Insurance Company
Name of Company

Richard R. Lawrence
Official - Title

H29219D

**Form (RF-3)**

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/1/2010

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | $1,764,260 | 0 |
| Commercial | $59,137 | 0 |
| 2. Automobile Physical Damage | | |
| Private Passenger | $1,647,997 | 0 |
| Commercial | $12,228 | 0 |
| 3. Liability Other Than Auto | $3,678,201 | 0 |
| 4. Burglary and Theft | $0 | 0 |
| 5. Glass | $0 | 0 |
| 6. Fidelity | $0 | 0 |
| 7. Surety | $350 | 0 |
| 8. Boiler and Machinery | $106,812 | 0 |
| 9. Fire | $143,207 | 0 |
| 10. Extended Coverage | N/A | 0 |
| 11. Inland Marine | $3,041,765 | 0 |
| 12. Homeowners | $8,439,426 | + 4.8% |
| 13. Commercial Multi-Peril | $6,845,070 | 0 |
| 14. Crop Hail | $0 | 0 |
| 15. Other Ocean Marine (Line of Insurance) | $362,831 | 0 |

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

**This filing applies to all buliding and contents forms**

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

**Revised base rates for all territories, amount of insurance factors, loss surcharges, deductible factors and the maximum deductible credits. Increased the premium credit to reduce contents coverage below 70%, and increased the portfolio credit for insureds with a supporting auto policy. Introduced a seasonal and secondary residence surcharge and a new credit for insureds with a household manager.**

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

**National Surety Corporation**
Name of Company

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 11/1/10 New and 1/1/11 Renewal

| (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 | 779,365,111 | 5.3% |
| 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): Revise Subzone Definitions, revise basic premiums for all forms, increase the Home/Auto Discount, expand Form W and Renters amount relativities, revise rate relationships by deductible for all forms, Eliminate the $500 deductible – minimum deductible will be $1,000 at renewal for Non-Tenants and will apply to both new and renewal business, revise Claim Free Discount and Claim Record Rating adjustments, revise Back Up of Sewer or Drain premiums for Form W, revise Condo Unitowners Occupancy manual rule from '# of days' to '# of weeks', Clarify the Impact Resistive rule to remove reference to specific UL & FM standards.

*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

Karen Terry, Assistant Vice President & Actuary
Official – Title

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

FORM (RF-3)

SUMMARY SHEET

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

| | (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 | 3,051,757 | +11.0% |
| 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): Revisions to base rates, year of construction factors, Multi-line discount factors, Earthquake rates and Claims Record Persistency Rating factors

*Adjusted to reflect all prior rate changes.

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

Teachers Insurance Company
Name of Company

Jenny Hester - Product Analyst
Official – Title