

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 February 1, 2010.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Compensation</u>	\$131,809	-0.1%
	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): Filing to adopt NCCI's revised loss costs per circulars IL-2009-08 and IL-2009-11.

*Adjusted to reflect all prior rate changes.

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

FEB 01 2010

Accident Insurance Company, Inc.

Name of Company

STATE OF ILLINOIS G. Ken Riddle, AIS - Underwriter

DEPT OF INSURANCE
SPRINGFIELD, ILLINOIS

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 04/01/2010.

(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. Workers Compensation	117,939,877	+1.8%
16. Other _____		
Line of Insurance		

FILED
APR 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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) **See Filing Memorandum;**
(Adopt 1/1/10 Advisory Rates)

* Adjusted to reflect all prior rate changes.

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

ACE AMERICAN INSURANCE COMPANY
Name of Company

Steve Kreider – WC Associate Product Manager
Official — Title

FILED

JAN 01 2010

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 01/01/2010.

(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. Workers Compensation	2,799,174	+1.8%
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) See Filing Memorandum;
(Adopt 1/1/10 Advisory Rates - Rate Adj. -10%)

* Adjusted to reflect all prior rate changes.

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

ACE FIRE UNDERWRITERS INSURANCE COMPANY

Name of Company

Steve Kreider - WC Associate Product Manager

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Rate Change. Rows include Automobile Liability, Physical Damage, Liability Other than Auto, Burglary and Theft, Glass, Fidelity, Surety, Boiler and Machinery, Fire, Extended Coverage, Inland Marine, Homeowners, Commercial Multi-Peril, Crop Hail, Workers Compensation, and Other. Total for Workers Compensation is 15,007,150 with a +1.8% change.

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) See Filing Memorandum
Adopt 1/1/10 Advisory Rates Rate Adj. 0%

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY
Name of Company

Steve Kreider - WC Associate Product Manager
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 3/1/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$1,580,919	4.90%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: We are revising the lists of
credited and surcharged classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting
NCCI Loss Costs (IL-2009-11). We have changed our standard Loss Cost Multiplier to 1.858, our deviated Loss Cost Multiplier to 1.714, and
our surcharged Loss Cost Multiplier to 2.151.

*Adjusted to reflect all prior rate changes.

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

Addison Insurance Company
Name of Company

Allen R. Sorensen, VP - Corporate Underwriting
Official - Title

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MAR 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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ILLINOIS SUMMARY SHEET

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD**

FORM RF-3

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	104,612	-0.1%
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) Adoption of NCCI advisory rates and miscellaneous values, effective 1/1/2010.

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

Advantage Workers Compensation Insurance Company
Name of Company

Tina Knight, CPCU
Official — Title

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JAN 01 2010

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

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Form (RF-3)

SUMMARY SHEET STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

(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 <u>Workers' Compensation</u>	(691)	0%
<u>Line of Insurance</u>		

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

No

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

Adopting NCCI January 1, 2010 advisory rates and rating values.

* Adjusted to reflect all prior rate changes.

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

Alaska National Insurance
Company

Name of Company

FILED

JAN 01 2010

Edith Goodgame,
V-P Underwriting Services

Official - Title

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u>	\$695,179	+13.9%
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):

Adopting NCCI loss costs effective April 1, 2010 per circular IL-2009-11. In addition we are revising our loss cost multipliers for CM 1.918 and AA 1.668 and revising our Premium Discount Percentages for Central Mutual. Overall net effect is +15.6%.

* Adjusted to reflect all prior rate changes

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

FILED
APR 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

All America Ins Co
Name of Company

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

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Illinois

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 January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$119,996	- 0.1%
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) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-08 and IL-2009-11

* Adjusted to reflect all prior rate changes.

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

American Automobile Insurance Company

Name of Company

William S. Paukovitz

Senior Vice President – Chief Compliance Officer

Official — Title

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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DEPARTMENT OF INSURANCE
SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

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

3/1/2010

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1 . Automobile Liability		
Private Passenger		
Commercial		
2 . Automobile Physical Damage		
Private Passenger		
Commercial		
3 . Liability Other than Auto		
4 . Burglary and Theft		
5 . Glass		
6 . Fidelity		
7 . Surety		
8 . Boiler and Machinery		
9 . Fire		
10 . Extended Coverage		
11 . Inland Marine		
12 . Homeowners		
13 . Commercial Multi-Peril		
14 . Crop Hail		
15 . Workers Compensation	1,678,488	-0.3%
16 . Other:		

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

Not Applicable

FILE

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

We are adopting the 1/1/2010 NCCI IL voluntary rates with an effective date of 3/1/2010

MAR 01 2010

* In-force Written Premium

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

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

American Casualty Company of Reading, PA

Name of Company

Debra Master - Actuarial Statistical Reporting Consultant

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-10 ~~\$112,516~~

(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 <u>Workers Compensation</u> Line of Insurance	\$1,234,130	+9.13%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Costs with increase in LCM from 1.30 to 1.40.

*Adjusted to reflect all prior rate changes.

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

American Compensation Insurance Company
Name of Company
Wendy Book
Manager of Corporate Compliance & Underwriting Services
Official - Title

FILED

JAN 01 2010

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 April 1, 2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$ 10,033,076	+ 9.9%

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): Adopt/Delay of NCCI Revision - Circular IL-2009-11.
Change in deviation from +20% to +33%. Revised Deductible Program Premium. Added Class Codes.

*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

FILED

APR 01 2010

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u>	7,053,286	6.3%
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): _____
Adoption of NCCI advisory loss costs and rating values effective January 1, 2010

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

American Guarantee and Liability Insurance Company
Name of Company

Susan Papineau, Regulatory Services Analyst
Official - Title

FILED

JAN 01 2010

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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Illinois

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 January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,698,311	- 0.1%
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) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-08 and IL-2009-11

* Adjusted to reflect all prior rate changes.

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

The American Insurance Company

Name of Company

FILED

William S. Paukovitz

Senior Vice President - Chief Compliance Officer

Official - Title

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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ILLINOIS SUMMARY SHEET

FORM RF-3

APR 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 4/1/2010

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or-)**

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of 1/1/2010 NCCI Advisory Loss Costs with a delayed effective date of April 1, 2010. to be effective for all new and renewal policies on and after April 1, 2010.

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

American Interstate Insurance Company
Name of Company
Kathy Wells, State Filing Coordinator
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/10 +6.2% or \$11,320

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u> Line of Insurance	\$115,572	+6.2%

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 circulars IL-2009-08, IL-2009-09 and IL-2009-10 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 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u>	27,064,992	6.2%
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): _____
Adoption of NCCI advisory loss costs and rating values effective January 1, 2010

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

American Zurich Insurance Company
Name of Company

Susan Papineau, Regulatory Services Analyst
Official – Title

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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NOV 30 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

FORM (RF-3)

SUMMARY SHEET

FILED

JAN 01 2010

Change in Company's premium or rate level produced by revisions
 effective January 1, 2010
 DEPARTMENT OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

(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 <u>Workers Compensation</u>	897,924	-0.7%
<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain
 Classes? If so,
 specify: N/A

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

AmGUARD adopts the Advisory Rates as released by the National Council
 on Compensation Insurance, inc., effective January 1, 2010 per IL-2009-11, which reflects an overall decrease of
 -1%, for all policies effective on and after January 1, 2010.

*Adjusted to reflect all prior rate changes.

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

AmGUARD Insurance Company

Name of Company

Jolene Carey, State Filings Representative

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

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

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**. Row 15 shows 'Other Workers' Compensation' with a volume of 130,839 and a 2.4% change.

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): Adopting NCCI Loss Costs and Company LCM's

*Adjusted to reflect all prior rate changes.

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

AmTrust Ins. Co.-Kansas
Name of Company

Jon Zetlau- Bureau/Forms Compliance Manager
Official - Title

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FEB 01 2010
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 3/1/2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	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 <u>Workers Compensation</u>	\$14,284,697	-0.1%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

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

Arch Insurance Company, a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the captioned Loss Costs and Rating Values as contained in NCCI Circular Number IL-2009-11.

*Adjusted to reflect all prior rate changes.

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

FILED

MAR 01 2010

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

Arch Insurance Company
Name of Company
Todd Gallagher, Compliance Analyst
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 2/1/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u> Line of Insurance	<u>\$6,206,595</u>	<u>0.70%</u>

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI's 01/01/2010 Loss Cost.

*Adjusted to reflect all prior rate changes.

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

Argonaut Great Central Insurance Company
Name of Company

Stefanie Westerdahl Regulatory Analyst
Official - Title

FILED

FEB 01 2010

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 2/1/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u>	<u>\$6,206,595</u>	<u>0.70%</u>
Line of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI's 01/01/2010 Loss Cost. Argonaut Insurance Company is requesting to move from NCCI's Rates to Loss Cost.

*Adjusted to reflect all prior rate changes.

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

Argonaut Insurance Company
Name of Company

Stefanie Westerdahl Regulatory Analyst
Official - Title

FILED
FEB 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2010

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI's 01/01/2010 Loss Cost. Argonaut-Midwest Insurance Company is requesting to move from NCCI's Rates to Loss Cost.

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

Argonaut-Midwest Insurance Company
Name of Company

Stefanie Westerdahl Regulatory Analyst
Official - Title

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FEB 01 2010

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ILLINOIS SUMMARY SHEET SPRINGFIELD

FORM RF-3

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$13,682	- 0.1%
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) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-08 and IL-2009-11

* 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

William S. Paukovitz

Senior Vice President – Chief Compliance Officer

Official — Title

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u>	2,947,748	6.4%
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): _____
Adoption of NCCI advisory loss costs and rating values effective January 1, 2010

*Adjusted to reflect all prior rate changes.

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

Assurance Company of America
Name of Company

Susan Papineau, Regulatory Services Analyst
Official - Title

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SPRINGFIELD, ILLINOIS

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SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

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

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 STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 (3)
 SPRINGFIELD, ILLINOIS

(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	\$921,794	+1.8%
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) See Filing Memorandum;
 (Adopt 1/1/10 Advisory Rates - Rate Adj. +30%)

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

BANKERS STANDARD INSURANCE COMPANY
 Name of Company

Steve Kreider - WC Associate Product Manager
 Official - Title

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>workers compensation</u> Line of Insurance	2,225,336	-3.5%

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): _____

Revision of loss cost multiplier and adoption of latest NCCI loss cost

*Adjusted to reflect all prior rate changes.

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

Brotherhood Mutual Insurance Company
Name of Company

Larry Jackson, AVP Research & Development
Official - Title

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FEB 01 2010

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SPRINGFIELD, ILLINOIS

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SPRINGFIELD

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Form (RF-3)

JAN 01 2010

SUMMARY SHEET

STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

Change in Company's premium level produced by rate revision effective January 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 <u>Workers Compensation</u>	2,992,417	-.1%
	<u>Line of Insurance</u>		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of NCCI State Filing Circular IL 2009-08 & IL-2009-11

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

Capitol Indemnity Corporation
 Name of Company

Lois Beld, Senior Rate
Analysis
 Official - Title

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

FORM (RF-3)

SUMMARY SHEET

FILED

JAN 01 2010

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

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(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 Life of Insurance	7,353,404	2.5%

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI approve loss costs reference circular IL-2009-11 effective 01/01/2010

*Adjusted to reflect all prior rate changes.

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

Carolina Casualty Insurance Company
Name of Company
Alana Salinas - Underwriter
Official - Title

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u>	\$3,710,857	+15.9
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):

Adopting NCCI loss costs effective April 1, 2010 per circular IL-2009-11. In addition we are revising our loss cost multipliers for CM 1.918 and AA 1.668 and revising our Premium Discount Percentages for Central Mutual. Overall net effect is +15.6%.

* Adjusted to reflect all prior rate changes.

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

FILED

APR 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Central Mutual Ins Co
Name of Company

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

ILLINOIS SUMMARY SHEET

FORM RF-3

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

January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	11,058,446	-1.6%
16. Other		
Line of Insurance		

FILED
 JAN 01 2010
 STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

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 approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change to the current loss cost multiplier of 1.698. The filing maintains the current approved deviation of +10.0%

* Adjusted to reflect all prior rate changes

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

The Charter Oak Fire Insurance Company

Name of Company

Don O'Keefe

2nd Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	9,670,721	-1.1%
Line of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Adoption of the 1/1/10 loss costs published by NCCI (NCCI Filing Circular # IL-2009-08)

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

Chubb Indemnity Insurance Company
Name of Company
Assistant Vice President [Signature]
Official Title

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

FILED

JAN 01 2010

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

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(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	\$4,568,462.00	15.63%
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.

Church Mutual Insurance Company

Name of Company

Lynn Reichelt -- Director -- Casualty Lines

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u> Line of Insurance	45,617,659	(-3.7)%

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 3/1/2010. Please reference NCCI circulars IL-2009-08 and IL-2009-11

*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 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u> Line of Insurance	7,691,159	(-1.3)%

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 3/1/2010. Please reference NCCI circulars IL-2009-08 and IL-2009-11

*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 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u> Line of Insurance	8,719,055	(-8.0)%

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 3/1/2010. Please reference NCCI circulars IL-2009-08 and IL-2009-11

*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

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MAR 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u>	23,651	-0.8%
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): _____
Adoption of NCCI advisory loss costs and rating values effective January 1, 2010

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

Colonial American Casualty and Surety Company
Name of Company

Susan Papineau, Regulatory Services Analyst
Official - Title

FILED

JAN 01 2010

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Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

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

3/1/2010

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Workers Compensation	4,216,136	-1.7%
16. Other:	_____	_____

FILED

MAR 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

Not Applicable

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

We are adopting the 1/1/2010 NCCI IL voluntary rates with an effective date of 3/1/2010

* In-force Written Premium

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

Continental Casualty Company

Name of Company

Debra Master - Actuarial Statistical Reporting Consultant

Official - Title

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DEC - 1 2009

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:

3/1/2010

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	139,995	-2.4%
16. Other:		

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

Not applicable

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

We are adopting the 1/1/2010 NCCI IL voluntary rates with an effective date of 3/1/2010

* In-force Written Premium

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

FILED

MAR 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

The Continental Insurance Company

Name of Company

Debra Master - Actuarial Statistical Reporting Consultant

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, 2010
For New and Renewal Policies.

(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 <u>Workers Compensation</u> Life of Insurance	\$234,712	- .1%

Does filing only apply to certain territory (territories) or certain Classes? If so, specify : N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):
NCCI Voluntary Market Loss Cost Filing Effective January 1, 2010 For New and Renewal Policies

* Adjusted to reflect all prior rate changes

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

FILED

JAN 01 2010

STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

Cooperative Mutual Insurance Company
 Name of Company

Robert M. Jensen, Vice President
 Official - Title

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DEC 17 2009

FILED

Form (RF-3) JAN 01 2010

SUMMARY SHEET STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS Change in Company's premium level produced by rate revision effective

1-1-2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>10,534,363</u>	<u>+39%</u>
Line of Insurance		

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

FILING APPLIES TO ALL TERRITORIES.

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

ILLINOIS VOLUNTARY MARKET ADVISORY RATES, LOSS COSTS, AND RATING VALUES, EFFECTIVE 1-1-2010, FOR NEW AND RENEWAL POLICIES, AS SUBMITTED BY NCCI FILING CIRCULAR IL-2009-08.

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

Diamond Insurance Group
Name of Company

OOREEN PARKS
BUSINESS DEVELOPMENT
Official - Title
SPECIALIST

ILLINOIS SUMMARY SHEET

FORM RF-3

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

January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,790,799	12.8%
16. Other		
Line of Insurance		

FILED
JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change
to the current loss cost multiplier of 1.389. The filing maintains the current approved deviation of -10.0%

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

Discover Property and Casualty Insurance Company
Name of Company
Lori O'Keefe
2nd Vice President
Official - Title

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

FORM (RF-3)

SUMMARY SHEET

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger	_____	_____
	Commercial	_____	_____
2.	Automobile Physical Damag Private Passenger	_____	_____
	Commercial	_____	_____
3.	Liability Other Than Auto	_____	_____
4.	Burglary and Theft	_____	_____
5.	Glass	_____	_____
6.	Fidelity	_____	_____
7.	Surety	_____	_____
8.	Boiler and Machinery	_____	_____
9.	Fire	_____	_____
10.	Extended Coverage	_____	_____
11.	Inland Marine	_____	_____
12.	Homeowners	_____	_____
13.	Commercial Multi-Peril	_____	_____
14.	Crop Hail	_____	_____
15.	Other	647,512	-3.8%
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

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

EastGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, Inc., effective January 1, 2010 per IL-2009-11, which reflects an overall decrease of -.1% for all policies effective on and after January 1, 2010

*Adjusted to reflect all prior rate changes.

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

EastGUARD Insurance Company

Name of Company

Jolene Carey, State Filings Representative

Official - Title

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Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

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

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**

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 the NCCI Loss Costs IL-2009-11 maintaining current multipliers. We have an exception Minimum Premium of \$500 for code 9015.

FILED

JAN 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.

Employers Fire Insurance Company Name of Company

Handwritten signature: Cheryl R. Turner

Cheryl R. Turner, Assistant Vice President Workers Compensation

Official -Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial	_____	_____
2. Automobile Physical Damage 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 <u>Workers Compensation</u> Line of Insurance	9,921,323	-3.7%

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

Brief description of filing > (If filing follows rates of an advisory organization, specify organization):
Adopt NCCI loss costs (circular IL-2009-11) and revise Loss Cost Multipliers with an effective date of 2/1/2010.
Also, included is our company small dollar deductible plan, revisions to the Schedule Rating Plan,
and revisions to the Waiver of Rights to Recover from Others Plan.

*Adjusted to reflect all prior rate changes.

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

Employers Insurance Company of Wausau
Name of Company

Bonnie Roeder State Filings Analyst
Official - Title

FILED

FEB 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

DEC -7 2009

Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

01/01/10

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$1,165,099	-8.3 %
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 is to adopt the approved NCCI Circulars IL-2009-08 & IL-2009-11 effective 1/1/2010.

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

Erie Insurance Company
Name of Company

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

FILED
JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

DEC -7 2009

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$8,405,979	-2.4 %
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 is to adopt the approved NCCI Circulars IL-2009-08 & IL-2009-11 effective 1/1/2010.

*Adjusted to reflect all prior rate changes.

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

Erie Insurance Exchange

Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

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

01/01/10

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$2,028,321	-1.6 %
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 is to adopt the approved NCCI Circulars IL-2009-08 & IL-2009-11 effective 1/1/2010.

*Adjusted to reflect all prior rate changes.

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

Erie Insurance Company of New York

Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

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JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD**

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

01/01/10

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$87,101	-3.8 %
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 is to adopt the approved NCCI Circulars IL-2009-08 & IL-2009-11 effective 1/1/2010.

*Adjusted to reflect all prior rate changes.

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

FILED

JAN 01 2010

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

Erie Insurance Property & Casualty

Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 3/1/2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,632,670	- 0.1% @
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) _____

Adoption of NCCI approved 1/1/2010 loss costs with a company effective date of 3/1/2010. No change to 1.600 loss cost multiplier.
NCCI approval circular IL-2009-11

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

Everest National Ins. Co.
 Name of Company

 Official — Title

Shiranie Fernandez
 Associate
 Manager

FILED
 MAR 01 2010
 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, 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 Au		
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	6,322,568	-2.5%
16. Other		
Line of Insurance		

FILED
 JAN 01 2010
 STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

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 approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change
to the current loss cost multiplier of 0.925. The filing maintains the current approved deviation of -40.0%

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

Farmington Casualty Company

Name of Company

Lori O'Keefe

2nd Vice President

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 5/1/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers' Compensation</u> Line of Insurance	<u>\$2,000,632</u>	<u>-0.7%</u>

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI advisory loss costs from filing circular IL-2009-08.

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

Farmland Mutual Insurance Company
Name of Company

Brad Liggett - Vice President Underwriting
Official - Title

FILED
MAY 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	35,041,621	0.7%
Line of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Adoption of the 1/1/10 loss costs published by NCCI (NCCI Filing Circular # IL-2009-08)

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

Federal Insurance Company
 Name of Company
 Assistant Vice President *[Signature]*
 Official - Title

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JAN 01 2010

STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

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Form (RF-3)

SUMMARY SHEET

DEC -7 2009

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

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+ or -) **</u>
1. Automobile Liability Private Passenger	_____	_____
Commercial	_____	_____
2. Automobile Physical Damage Private Passenger	_____	_____
Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers' Compensation</u> <u>Line of Insurance</u>	<u>13,474,053</u>	<u>-2.6%</u>

FILED

Does filing only apply to certain territory (territories) or certain classes? If so, specify: JAN 01 2010

No

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

Adoption of approved NCCI Circular IL-2009-11 Illinois-Voluntary Market-Advisory Rates, Loss

Costs, and Rating Values Effective January 1, 2010.

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

Federated Mutual Ins. Co.
Name of Company
Greg Bangs ACAS, MAAA - Assoc. Actuary
Official - Title

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Form (RF-3)

SUMMARY SHEET

DEC -7 2009

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

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+ or -) **</u>
1. Automobile Liability Private Passenger	_____	_____
Commercial	_____	_____
2. Automobile Physical Damage Private Passenger	_____	_____
Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers' Compensation</u> <u>Line of Insurance</u>	410,111	_____

FILED - 2.2%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: JAN 01 2010

No

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

Adoption of approved NCCI Circular IL-2009-11 Illinois-Voluntary Market-Advisory Rates, Loss

Costs, and Rating Values Effective January 1, 2010.

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

Federated Service Ins. Co.
Name of Company
Greg Bangs, ACAS, MAAA - Assoc. Actuary
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u>	76,163	-0.1%
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): _____

Adoption of NCCI advisory loss costs and rating values effective January 1, 2010

*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

Susan Papineau, Regulatory Services Analyst
Official - Title

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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NOV 30 2009

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

January 1, 2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	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	596,779	-3.1%
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)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change to the current loss cost multiplier of 1.080. The filing maintains the current approved deviation of -30.0%

* Adjusted to reflect all prior rate changes

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

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Fidelity and Guaranty Insurance Company

Name of Company

Lori O'Keefe

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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

January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	9,954	0.3%
16. Other		
Line of Insurance		

FILED
JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change to the current loss cost multiplier of 1.235. The filing maintains the current approved deviation of -20.0%

* Adjusted to reflect all prior rate changes

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

Fidelity and Guaranty Insurance Underwriters, Inc.

Name of Company

Lori O'Keefe

2nd Vice President

Official - Title

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Illinois

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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 January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,016,121	- 0.1%
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) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-08 and IL-2009-11

* 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

William S. Paukovitz

Senior Vice President – Chief Compliance Officer

Official — Title

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial	_____	_____
2. Automobile Physical Damage 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 <u>Workers Compensation</u> Line of Insurance	5,163,020	-3.7%

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

Brief description of filing > (If filing follows rates of an advisory organization, specify organization):
Adopt NCCI loss costs (circular IL-2009-11) and revise Loss Cost Multipliers with an effective date of 2/1/2010.
Also, included is our company small dollar deductible plan, revisions to the Schedule Rating Plan,
and revisions to the Waiver of Rights to Recover from Others Plan.

*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

Bonnie Roeder State Filings Analyst
Official - Title

FILED

FEB 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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DEC -7 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

RECEIVED

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

DEC -7 2009

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FORM (RF-3)

JAN 01 2010

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS
Change in Company's premium or rate level produced by rate revision
Effective 1/1/2010

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical 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	4,205,683 (a)	+ 5.0%
	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):
Introduce 1.15 rating factor to all payroll classifications statewide. Factor to apply to voluntary advisory rates (effective 1/1/10) on the National Council on Compensation insurance Inc.

*Adjusted to reflect all prior rate changes.

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

First Nonprofit Insurance Company
Name of Company
Joe McCarty - Regulatory Compliance
Official - Title

(a) - in-force NCCI-rated
Illinois standard
premium

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Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD**

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

01/01/10

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$2,496,148	-1.7 %
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 is to adopt the approved NCCI Circulars IL-2009-08 & IL-2009-11 effective 1/1/2010.

*Adjusted to reflect all prior rate changes.

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

Erie Insurance Flagship City Ins. Co

Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA
Vice President and Manager

Official - Title

FILED

JAN 01 2010

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

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NOV 23 2009

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 3.3%

(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 <u>Workers Compensation</u>	<u>2,453,902</u>	<u>3.3%</u>
<u>Line of Insurance</u>		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are filing to adopt the 1/1/2010 NCCI loss costs effective 2/1/2010. We are changing our current loss cost multiplier of 1.388 to 1.426 effective 2/1/2010 as well.

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

FILED

FEB 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Florists' Mutual Insurance
Company
Name of Company

Danielle Milby, Senior Compliance
Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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

(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		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other	<u>2,047,879</u>	<u>+5.16%</u>
Line of Insurance		

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adopting
NCCI Loss Costs effective 1-1-10

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

GATEWAY INSURANCE COMPANY
1401 S. BRENTWOOD BLVD.
SUITE 1000, 10TH FLOOR
ST. LOUIS, MO 63144

Name of Company
Laura Ellervorff
Official - Title
Compliance Specialist

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF - 3

FILED

MAR 01 2010

Change in Company's premium or rate level produced by rate revision effective: 3/1/2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(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	\$5,381,789	-0.8%
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): Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2009-08 effective Jan. 1, 2010. Our filing (WC IL 09167CGR01) to be effective March 1, 2010.

* Adjusted to reflect all prior rate changes.

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

Great American Alliance Insurance Company
Name of Company

Donna Lansing, Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

FILED

Change in Company's premium or rate level produced by rate revision effective 3/1/2010

MAR 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(1) Coverage	(2) Annual Premium Volume (Illinois) *	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	\$11,213	-6.8%
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): Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2009-08 effective Jan. 1, 2010. Our filing (WC IL09167CGR01) to be effective March 1, 2010.
We have amended our multiplier in Great American Assurance Company to 1.66 (5% deviation).

* Adjusted to reflect all prior rate changes.

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

Great American Assurance Company
Name of Company

Donna Lansing, Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

FILED

Change in Company's premium or rate level produced by rate revision effective: 3/1/2010

MAR 01 2010

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois) *, (3) Change or -

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 Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2009-10 effective January 1, 2010. Our filing (WC IL09167CGR01) to be effective March 1, 2010.

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

Great American Insurance Company
Name of Company

Donna Lansing, Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:
3/1/2010

FILED

MAR 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(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	\$1,311,649	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):
Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2009-08 effective January 1, 2010. Our filing (WC IL 09167CGR01) to be effective March 1, 2010.

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

Great American Insurance Company of New York
Name of Company

Donna Lansing, Product Analyst
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	1,075,816	-4.8%
Line of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Adoption of the 1/1/10 loss costs published by NCCI (NCCI Filing Circular # IL-2009-08)

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

Great Northern Insurance Company
 Name of Company
 Assistant Vice President *[Signature]*
 Official - Title

FILED
 JAN 01 2010
 STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01-01-10 ~~12-31-09~~

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>16.0 Workers' Compensation</u>	<u>97,075</u>	<u>5.7%</u>
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 filing in response to recent law change. Adopting NCCI Circular IL-2009-11 with no deviation changes.

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

GuideOne Elite Insurance
Name of Company

Scott Reddig, Chief Actuary & SVP
Official - Title

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 01-01-10 ~~12-31-09~~

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>16.0 Workers' Compensation</u> Line of Insurance	1,183,054	4.6%

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 in response to recent law change. Adopting NCCI Circular IL-2009-11 with no deviation changes.

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

GuideOne Mutual Insurance
 Name of Company

Scott Reddig, Chief Actuary & SVP
 Official - Title



FILED

FEB 01 2010

Form (RF-3)

SUMMARY SHEET

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Workers' Compensation	2213158	+3.5%
<u>Line of Insurance</u>		

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):

Rate Revision

* Adjusted to reflect all prior rate changes.

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

Hastings Mutual Insurance Co.
Name of Company

Judy E. Van Aman
Product Manager
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 04/01/2010.

(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. Workers Compensation	143,971,666	+1.8%
16. Other _____		
Line of Insurance		

FILED
APR 01 2010
 STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

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) See Filing Memorandum;
(Adopt 1/1/10 Advisory Rates)

* Adjusted to reflect all prior rate changes.

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

INDEMNITY INSURANCE COMPANY of N. AMERICA
 Name of Company

Steve Kreider – WC Associate Product Manager
 Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 04/01/2010.

(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. Workers Compensation	\$11,600	+1.8%
16. Other _____		
Line of Insurance		

FILED
APR 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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) See Filing Memorandum;
(Adopt 1/1/10 Advisory Rates)

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

INSURANCE COMPANY of NORTH AMERICA
 Name of Company
Steve Kreider – WC Associate Product Manager
 Official — Title

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

FORM (RF-3)

SUMMARY SHEET

FILED

JAN 01 2010

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

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(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 <u>Workers Compensation</u>	\$68,661	-0.1%
	<u>Life of Insurance</u>		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI's Voluntary Advisory Rates and Rating Values approved effective January 1, 2010.

*Adjusted to reflect all prior rate changes.

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

Insurance Company of the West

Name of Company

Tammy Steinell, Sr. Filing Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial	_____	_____
2. Automobile Physical Damage 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 <u>Workers Compensation</u> Line of Insurance	29,700,564	-3.7%

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

Brief description of filing > (If filing follows rates of an advisory organization, specify organization):
Adopt NCCI loss costs (circular IL-2009-11) and revise Loss Cost Multipliers with an effective date of 2/1/2010.
Also, included is our company small dollar deductible plan, revisions to the Schedule Rating Plan,
and revisions to the Waiver of Rights to Recover from Others Plan.

*Adjusted to reflect all prior rate changes.

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

Liberty Insurance Corporation
Name of Company

Bonnie Roeder State Filings Analyst
Official - Title

FILED

FEB 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial	_____	_____
2. Automobile Physical Damage 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 <u>Workers Compensation</u> Line of Insurance	44,415,876	-3.7%

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

Brief description of filing > (If filing follows rates of an advisory organization, specify organization):
Adopt NCCI loss costs (circular IL-2009-11) and revise Loss Cost Multipliers with an effective date of 2/1/2010.
Also, included is our company small dollar deductible plan, revisions to the Schedule Rating Plan,
and revisions to the Waiver of Rights to Recover from Others Plan.

*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

Bonnie Roeder State Filings Analyst
Official - Title

FILED

FEB 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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DEPARTMENT OF INSURANCE
SPRINGFIELD

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial	_____	_____
2. Automobile Physical Damage 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 <u>Workers Compensation</u> Line of Insurance	4,005,902	-3.7%

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

Brief description of filing > (If filing follows rates of an advisory organization, specify organization):
Adopt NCCI loss costs (circular IL-2009-11) and revise Loss Cost Multipliers with an effective date of 2/1/2010.
Also, included is our company small dollar deductible plan, revisions to the Schedule Rating Plan,
and revisions to the Waiver of Rights to Recover from Others Plan.

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

 Liberty Mutual Insurance Company
 Name of Company

Bonnie Roeder State Filings Analyst
 Official - Title

FILED

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 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD

FEB 0 1 2010

STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial	_____	_____
2. Automobile Physical Damage 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 <u>Workers Compensation</u> Line of Insurance	8,156,740	-3.7%

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

Brief description of filing > (If filing follows rates of an advisory organization, specify organization):
Adopt NCCI loss costs (circular IL-2009-11) and revise Loss Cost Multipliers with an effective date of 2/1/2010.
Also, included is our company small dollar deductible plan, revisions to the Schedule Rating Plan,
and revisions to the Waiver of Rights to Recover from Others Plan.

*Adjusted to reflect all prior rate changes.

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

 LM Insurance Corporation
 Name of Company

 Bonnie Roeder State Filings Analyst
 Official - Title

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 FEB 01 2010
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 SPRINGFIELD, ILLINOIS

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 DEPARTMENT OF INSURANCE
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Illinois

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ILLINOIS SUMMARY SHEET **STATE OF ILLINOIS DEPARTMENT OF INSURANCE**
FORM RF-3 **SPRINGFIELD**

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger	_____	_____
Commercial	_____	_____
2. Automobile Physical Damage Private Passenger	_____	_____
Commercial	_____	_____
3. Liability Other than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Workers Compensation	\$468,013	-1.1%
16. Other _____	_____	_____
Line of Insurance		

FILED
JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FILED
MAR 02 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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) _____

Adoption of NCCI's Advisory Loss Costs, and Miscellaneous Values effective January 1, 2010. We are retaining our currently filed

Multiplier of 1.726.

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

Lumbermen's Underwriting Alliance
Name of Company

Donna Bauman - P&C Filing Analyst
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u>	3,754,970	7.0%
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): _____

Adoption of NCCI advisory loss costs and rating values effective January 1, 2010

*Adjusted to reflect all prior rate changes.

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

Maryland Casualty Insurance Company
Name of Company

Susan Papineau, Regulatory Services Analyst
Official - Title

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

SUMMARY SHEET

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers' Compensation</u> Line of Insurance	\$81,638	-0.1%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This is a reference filing. We are adopting the changes made by NCCI in Circular IL-2009-11

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the changes made by NCCI in Circular IL-2009-11. Our only deviation is unchanged from all prior rate filings. Our maximum minimum premium is filed at \$750 as opposed to the NCCI maximum minimum premium of \$1000. Please see the attached manual exception page which indicates the maximum minimum premium is \$750. The manual exception page shows the maximum minimum premium and the premium algorithm we filed for 2009, 2008, 2007 and 2006.

*Adjusted to reflect all prior rate changes.

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

MEMIC Indemnity Company

Name of Company

Compliance Analyst

Official - Title

FILED

JAN 01 2010

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 January 1, 2010.

(1) Coverage	2009 (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	\$195,291	-0.1%
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, 2010

*Adjusted to reflect all prior rate changes.

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

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Midwest Builders' Casualty Mutual Company

Name of Company

Rose Kasper - Compliance Officer

Official - Title

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

FORM (RF-3)

SUMMARY SHEET

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	160,880	2.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI approve loss costs reference circular IL-2009-11 effective 01/01/2010

*Adjusted to reflect all prior rate changes.

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

Midwest Employers Casualty Company

Name of Company

Alana Salinas - Underwriter

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	609,010	2.4%

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): Adopting NCCI Loss Costs

*Adjusted to reflect all prior rate changes.

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

Milwaukee Casualty Ins. Co.

Name of Company

Jon Zetlau- Bureau/Forms Compliance Manager

Official - Title

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FEB 01 2010

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

(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	3,462,126	5.8%
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):

Adoption of the National Council on Compensation Insurance, Inc.'s ("NCCI") Illinois Voluntary
Market Advisory Loss Costs and Rating Values effective January 1, 2010.

* Adjusted to reflect all prior rate changes.

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

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Mitsui Sumitomo Insurance
Company of America

Name of Company

Scott M. Herbert, Sr. Gov't.
Affairs Analyst

Official - Title

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Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

(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	2,237,869	2.5%
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):

Adoption of the National Council on Compensation Insurance, Inc.'s ("NCCI") Illinois Voluntary Market Advisory Loss Costs and Rating Values effective January 1, 2010.

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

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Mitsui Sumitomo Insurance
USA Inc.

Name of Company

Scott M. Herbert, Sr. Gov't.
Affairs Analyst

Official - Title

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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:

3/1/2010

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	13,717,716	-1.3%
16. Other:		

FILED

MAR 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

Not Applicable

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

We are adopting the 1/1/2010 NCCI IL voluntary rates with an effective date of 3/1/2010

* In-force Written Premium

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

National Fire Insurance Company of Hartford

Name of Company

Debra Master - Actuarial Statistical Reporting Consultant

Official - Title

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Illinois

NOV 30 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
ILLINOIS SUMMARY SHEET
SPRINGFIELD

FORM RF-3

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$4,073,378	- 0.1%
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) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-08 and IL-2009-11

* 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

William S. Paukovitz

Senior Vice President – Chief Compliance Officer

Official — Title

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 5/1/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers' Compensation</u>	\$4,293,943	1.8%
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 advisory loss costs circular IL-2009-08.

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

Nationwide Agribusiness Insurance Company
Name of Company

Brad Liggett - Vice President Underwriting
Official - Title

FILED

MAY 01 2010

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, 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. Workers Compensation	334,151	-4.4%
16. Other		
Line of Insurance		

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change to the current loss cost multiplier of 1.543.

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

NIPPONKOA Insurance Company, Limited

Name of Company

Lois O'Keefe

2nd Vice President

Official - Title

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

FORM (RF-3)

SUMMARY SHEET

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

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JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS
Change ()

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	Change ()
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	1,400,891	2.2%
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

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

NorGUARD adopts the Advisory Rates as released by the
National Council on Compensation Insurance, inc., effective January 1, 2010 per IL-2009-11, which reflects an
overall decrease of -.1% for all policies effective on and after January 1, 2010.

*Adjusted to reflect all prior rate changes.

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

NorGUARD Insurance Company

Name of Company

Jolene Carey, State Filings Representative

Official - Title

SUMMARY SHEET

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

01/01/10

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler & Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Workers' Compensation	<u>4,549,251</u>	<u>0.5%</u>
16. Other	_____	_____

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JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization.)
Adoption of NCCI loss costs

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

North American Specialty Insurance Company
Name of Company
Linda Snook, Compliance Specialist
Official -- Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u>	3,526,737	4.9%
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): _____
Adoption of NCCI advisory loss costs and rating values effective January 1, 2010

*Adjusted to reflect all prior rate changes.

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

Northern Insurance Company of New York
Name of Company

Susan Papineau, Regulatory Services Analyst
Official - Title

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FILED

JAN 01 2010

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 January 1, 2010

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Life of Insurance	\$417,571	-0.1%

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: None.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Oak River is adopting the advisory loss costs and
miscellaneous rating values promulgated by N.C.C.I., effective January 1st, 2010.

*Adjusted to reflect all prior rate changes.

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

Oak River Insurance Company
Name of Company
Keith Engelbrecht, A.C.A.S. - Actuary
Official - Title

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

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

(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		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$1,759,883	0.1%
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): Adoption of the NCCI Loss Costs IL-2009-11
maintaining current multipliers.

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JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

OneBeacon America Insurance Company
Name of Company

Cheryl R. Turner, Assistant Vice President Workers
Compensation

Official -Title

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Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

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

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**

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): Adoption of the NCCI Loss Costs IL-2009-11 maintaining current multipliers.

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

OneBeacon Insurance Company Name of Company

Handwritten signature of Cheryl R. Turner

Cheryl R. Turner, Assistant Vice President Workers Compensation

Official -Title

ILLINOIS SUMMARY SHEET

FORM RF-3

FILED
 JAN 01 2010

STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	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	\$6,480,917	+1.8%
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 See Filing Memorandum:
Adopt 1/1/10 Advisory Rates - Rate Adj. +20%

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

PACIFIC EMPLOYERS INSURANCE COMPANY
 Name of Company

Steve Kreider - WC Associate Product Manager
 Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	7,135,064	0.5%
Line of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Adoption of the 1/1/10 loss costs published by NCCI (NCCI Filing Circular # IL-2009-08)

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

Pacific Indemnity Company
 Name of Company
 Assistant Vice President *[Signature]*
 Official Title

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JAN 01 2010

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, 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. Workers Compensation	4,352,469	1.3%
16. Other		
Line of Insurance		

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JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change to the current loss cost multiplier of 2.315. The filing maintains the current approved deviation of +50.0%

* Adjusted to reflect all prior rate changes

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

The Phoenix Insurance Company

Name of Company

Don O'Keefe

2nd Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-10 \$42,750

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$280,620</u>	<u>+15.23</u>
Line of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Costs with increase in LCM from 1.30 to 1.40.

*Adjusted to reflect all prior rate changes.

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

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Plaza Insurance Company
Name of Company
Wendy Book
Manager of Corporate Compliance & Underwriting Services
Official - Title

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ILLINOIS SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

FORM RF-3

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,942,768	-0.1
16. Other _____		
Line of Insurance		

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____
Adopts NCCI advisory rates and rating values
_____ with a deviation of 1.20

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

Praetorian Ins. Co.
Name of Company
Tina Knight, Analyst
Official — Title

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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DEPARTMENT OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$3,172,105	20.5%
16. Other		
<u>Line of Insurance</u>		

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Protective Insurance Company is a member of NCCI. We wish to adopt the approved advisory rates referenced in NCCI Circular IL-2009-11 without change.

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

Protective Insurance Company
Name of Company
Jeremy Jaynes - Compliance Analyst
Official — Title

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JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers' Comp</u> <u>Line of Insurance</u>	\$100,000 estimated	-0.1%

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, 2010 as published in NCCI approval circular IL-2009-11 and in Filing Circular IL-2009-08.

*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

Marilyn Tinnell, CPCU - Compliance Manager
Official - Title

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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SPRINGFIELD

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers' Comp</u> <u>Line of Insurance</u>	\$1,500,000 estimated	-0.1%

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, 2010 as published in NCCI approval circular IL-2009-11 and in Filing Circular IL-2009-08.

*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

Marilyn Tinnell, CPCU - Compliance Manager
Official - Title

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SPRINGFIELD, ILLINOIS

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DEPARTMENT OF INSURANCE
SPRINGFIELD

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

FORM (RF-3)

JAN 01 2010

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical 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	2008 DWP - \$25,566,250	0.0%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

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

*Adjusted to reflect all prior rate changes.

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

SeaBright Insurance Company

[Signature]
Name of Company
Official - Title Underwriting Director

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers' Compensation</u> Line of Insurance	<u>2,957,371</u>	<u>2.4%</u>

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): Adopting NCCI Loss Costs

*Adjusted to reflect all prior rate changes.

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

Security National Ins. Co.

Name of Company

Jon Zetlau- Bureau/Forms Compliance Manager

Official - Title

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FEB 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

(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 <u>Workers Compensation</u>	<u>1,791,654</u>	<u>0.1%</u>
<u>Line of Insurance</u>		

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):

Adopting Illinois - Voluntary Market - Advisory Rates and Rating Values as contained in circular IL-2009-11
Effective 01/01/2010

* Adjusted to reflect all prior rate changes.

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

Sompo Japan Ins Co of America

Name of Company

FILED

JAN 01 2010

Mary Lynn Teel, State Filings Analyst

Official - Title

H29219D

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

SUMMARY SHEET

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other 16.0 - Workers Compensation Line of Insurance	\$2,764,166	-0.10%

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's Workers Compensation
Loss Costs Revision

* Adjusted to reflect all prior rate changes.

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

FILED

JAN 01 2010

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

SPARTA Insurance Company
Name of Company

Kevin Purcell, Vice President - IRC
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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

January 1, 2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	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	7,454,501	-0.2%
16. Other	_____	_____
Line of Insurance		

FILED
 JAN 01 2010
 STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

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 approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change
to the current loss cost multiplier of 1.080. The filing maintains the current approved deviation of -30.0%

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

The Standard Fire Insurance Company
 Name of Company
Lori O'Keefe
 2nd Vice President
 Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective New and Renewal 1-1-2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	167,751 (2008 DWP)	0.0%

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):
National Council on Compensation Insurance, Inc. rate and rating value change.

*Adjusted to reflect all prior rate changes.

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

Standard Mutual Insurance Company

 Name of Company
Larry L. Boehm
 Larry L. Boehm, Assistant Underwriting Manager

 Official - Title

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DEC - 4 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

FORM (RF-3)

SUMMARY SHEET

FILED

JAN 01 2010

Change in Company's premium or rate level produced by rate provision effective 01/01/2010
 DEPARTMENT OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	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	3,991,383	2.5%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI approve loss costs reference circular IL-2009-11 effective 01/01/2010

*Adjusted to reflect all prior rate changes.

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

StarNet Insurance Company
 Name of Company
Alana Salinas - Underwriter
 Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$3,877,880	+0.0%
16. Other		
Line of Insurance		

FILED
JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 NCCI loss costs effective 1/1/2010, IL-2009-11.

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

SUA Insurance Company
Name of Company
Faye V. Storch -Senior Business Analyst
Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01-01-2010
(Tokio Marine & Nichido Fire Insurance Co., LTD)

(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	\$4,037,146	(-0.1%)
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) : Adoption of 2010 NCCI Loss Cost

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

Tokio Marine & Nichido Fire Insurance Company.
Name of Company
[Signature] Product Line Manager
Official — Title

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JAN 01 2010

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**

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

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

Adoption of NCCI IL WC Voluntary Market-Advisory Rates, Loss Costs, and Rating
Values Effective January 1, 2010

FILED

JAN 01 2010

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

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Name of Company

Gloria A. Goldbranson, FLMI - Compliance Support Leader
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(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 <u>WORKERS COMP.</u> Line of Insurance	\$703,935	(-0.1%)

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 2010 NCCI Loss Cost

*Adjusted to reflect all prior rate changes.

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

TRANS PACIFIC INSURANCE COMPANY

Name of Company



Product Line Manager

Official - Title

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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DEPARTMENT OF INSURANCE
SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

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

3/1/2010

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	3,398,694	-0.9%
16. Other:		

FILED

MAR 01 2010

Does filing only apply to certain policies, territories, or certain classes? If so, specify.
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Not Applicable

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

We are adopting the 1/1/2010 NCCI IL voluntary rates with an effective date of 3/1/2010

* In-force Written Premium

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

Transportation Insurance Company
Name of Company

Debra Master - Actuarial Statistical Reporting Consultant
Official - Title

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

NOV 25 2009

FORM (RF-3)

SUMMARY SHEET

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD**

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

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical 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	184,371	-1.60%
	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 1/1/2010 Loss Cost filing; NCCI Filing Circular IL-2009-08 and State Information Circular IL-2009-10

*Adjusted to reflect all prior rate changes.

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

Triangle Insurance Company
Name of Company
Bret Wilson, Director Products and Compliance
Official - Title

FILED

JAN 01 2010

**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, 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. Workers Compensation	5,795,243	0.8%
16. Other		
Line of Insurance		

FILED
 JAN 01 2010
 STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

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 approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change to the current loss cost multiplier of 2.006. The filing maintains the current approved deviation of + 30.0%

* Adjusted to reflect all prior rate changes

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

Travelers Casualty & Surety Company

Name of Company

Lori O'Keefe

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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

January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	9,358,235	-0.3%
16. Other		
Line of Insurance		

FILED
JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change
to the current loss cost multiplier of 1.235. The filing maintains the current approved deviation of -20.0%

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

Travelers Casualty Insurance Company of America
 Name of Company
Lori O'Keefe
 2nd Vice President
 Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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

January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	37,815,142	-1.2%
16. Other		
Line of Insurance		

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change to the current loss cost multiplier of 1.852. The filing maintains the current approved deviation of +20.0%

* Adjusted to reflect all prior rate changes

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

The Travelers Indemnity Company

Name of Company

Lori O'Keefe

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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

January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	20,518,969	-2.1%
16. Other		
Line of Insurance		

FILED
 JAN 01 2010
 STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

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 approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change to the current loss cost multiplier of 1.543.

* Adjusted to reflect all prior rate changes

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

The Travelers Indemnity Company of America

Name of Company

Lori O'Keefe

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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

January 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Workers Compensation	9,404,418	-1.9%
16. Other	_____	_____
Line of Insurance	_____	_____

FILED
JAN 01 2010
 STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

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 approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change to the current loss cost multiplier of 1.543.

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

The Travelers Indemnity Company of Connecticut

Name of Company

Lori O'Keefe

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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

January 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 The		
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	56,970,604	-1.0%
16. Other		
Line of Insurance		

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change to the current loss cost multiplier of 1.389. The filing maintains the current approved deviation of -10.0%

* Adjusted to reflect all prior rate changes

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

Travelers Property Casualty Company of America

Name of Company

Dori O'Keefe

2nd Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/2010

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**

Does filing only apply to certain territory (territories) or certain classes? If so, specify: We are revising the lists of credited and surcharged classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI Loss Costs (IL-2009-11). We have changed our standard Loss Cost Multiplier to 1.616, our deviated Loss Cost Multiplier to 1.490, and our surcharged Loss Cost Multiplier to 1.870.

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

United Fire & Casualty
Name of Company
Allen R. Sorensen, VP - Corporate Underwriting
Official - Title

FILED

MAR 01 2010

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, 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. Workers Compensation	4,695,076	3.4%
16. Other		
Line of Insurance		

FILED
JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-11. The filing proposes no change to the current loss cost multiplier of 1.698. The filing maintains the current approved deviation of +10.0%

* Adjusted to reflect all prior rate changes

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

United States Fidelity and Guaranty Company

Name of Company

Lori O'Keefe

2nd Vice President

Official - Title

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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:

3/1/2010

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	23,797,996	0.7%
16. Other:		

FILED
MAR 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

Not Applicable

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

We are adopting the 1/1/2010 NCCI IL voluntary rates with an effective date of 3/1/2010

* In-force Written Premium

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

Valley Forge Insurance Company
Name of Company

Debra Master - Actuarial Statistical Reporting Consultant
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	1,985,817	-0.5%
Line of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Adoption of the 1/1/10 loss costs published by NCCI (NCCI Filing Circular # IL-2009-08)

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

Vigilant Insurance Company
Name of Company
Assistant Vice President [Signature]
Official Title

FILED

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial		
2. Automobile Physical Damage 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 <u>Workers Compensation</u> Line of Insurance	33,974,847	-3.7%

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

Brief description of filing > (If filing follows rates of an advisory organization, specify organization):
Adopt NCCI loss costs (circular IL-2009-11) and revise Loss Cost Multipliers with an effective date of 2/1/2010.
Also, included is our company small dollar deductible plan, revisions to the Schedule Rating Plan,
and revisions to the Waiver of Rights to Recover from Others Plan.

*Adjusted to reflect all prior rate changes.

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

Wausau Business Insurance Company
Name of Company

Bonnie Roeder State Filings Analyst
Official - Title

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FEB 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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DEPARTMENT OF INSURANCE
SPRINGFIELD

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial	_____	_____
2. Automobile Physical Damage 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 <u>Workers Compensation</u> Line of Insurance	982,251	+5.0%

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

Brief description of filing > (If filing follows rates of an advisory organization, specify organization):
Adopt NCCI loss costs (circular IL-2009-11) and revise Loss Cost Multipliers with an effective date of 2/1/2010.
Also, included is our company small dollar deductible plan, revisions to the Schedule Rating Plan,
and revisions to the Waiver of Rights to Recover from Others Plan.

*Adjusted to reflect all prior rate changes.

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

Wausau General Insurance Company
Name of Company

Bonnie Roeder State Filings Analyst
Official - Title

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DEPARTMENT OF INSURANCE
SPRINGFIELD

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial		
2. Automobile Physical Damage 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 <u>Workers Compensation</u> Line of Insurance	29,502,266	-3.7%

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

Brief description of filing > (If filing follows rates of an advisory organization, specify organization):
Adopt NCCI loss costs (circular IL-2009-11) and revise Loss Cost Multipliers with an effective date of 2/1/2010.
Also, included is our company small dollar deductible plan, revisions to the Schedule Rating Plan,
and revisions to the Waiver of Rights to Recover from Others Plan.

*Adjusted to reflect all prior rate changes.

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

Wausau Underwriters Insurance Company
Name of Company

Bonnie Roeder State Filings Analyst
Official - Title

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DEPARTMENT OF INSURANCE
SPRINGFIELD

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

SUMMARY SHEET

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

01/01/10

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler & Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Workers' Compensation	<u>12,967,598</u>	<u>-0.7%</u>
16. Other	_____	_____

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JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

No

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

Adoption of NCCI loss costs

* Adjusted to reflect all prior rate changes.

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

Westport Insurance Corporation

Name of Company

Linda Snook, Compliance Specialist

Official – Title

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FORM RF-3

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in company's premium or rate level produced by rate revision effective 01/01/2010

(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. Workers' Compensation	10,579,600	-0.5%
16. Other _____		
Line of Insurance		

FILED
JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 1/1/2010 approved NCCI rates. We are also adopting Item Filings B-1406 & B-1408.

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

Zenith Insurance Company
Name of Company
Jason Clarke, Senior Vice President & Actuary
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u>	52,209,658	2.9%
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): _____
Adoption of NCCI advisory loss costs and rating values effective January 1, 2010

*Adjusted to reflect all prior rate changes.

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

Zurich American Insurance Company
Name of Company

Susan Papineau, Regulatory Services Analyst
Official – Title

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

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**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD**

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u>	4,177,275	5.1%
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): _____
Adoption of NCCI advisory loss costs and rating values effective January 1, 2010

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

Zurich American Insurance Company of Illinois
Name of Company

Susan Papineau, Regulatory Services Analyst
Official - Title

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