

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05-01-09 ~~+4.2%~~

| (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 | 54,304,816 | +4.2% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes, although the resulting impact is not uniform by classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the NCCI loss costs referenced in NCCI Approval Circular IL-2008-13; adjust loss cost multipliers; adopt terrorism coverage

*Adjusted to reflect all prior rate changes.

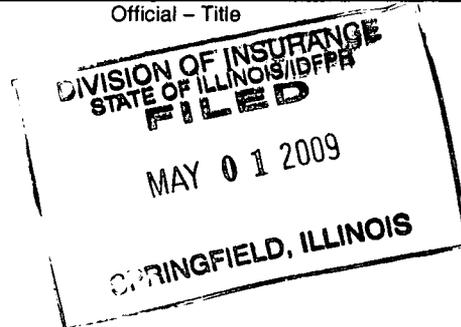
**Change in Company's premium level which will result from application of new rates.

Accident Fund Insurance Company of America

Name of Company

Judy Thomas, CWCP, Regulatory Compliance Specialist

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05-01-09 +3.7%

| (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 | 3,809,846 | +3.7% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes, although the resulting impact is not uniform by classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the NCCI loss costs referenced in Approval Circular IL-2008-13; adjust loss cost multipliers; adopt terrorism coverage

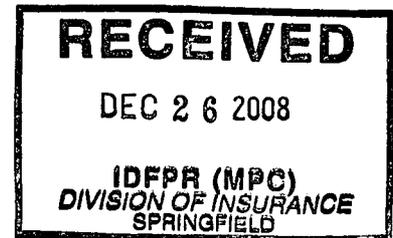
*Adjusted to reflect all prior rate changes.

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



Accident Fund General Insurance Company
Name of Company

Judy Thomas, CWCP, Regulatory Compliance Specialist
Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/09 ~~+2.8%~~

| (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 | 4,958,294 | +2.8% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes, although the resulting impact is not uniform by classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the NCCI loss costs referenced in Approval Circular IL-2008-13; adjust loss cost multipliers; adopt terrorism coverage

*Adjusted to reflect all prior rate changes.

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

Accident Fund National Insurance Company

Name of Company

Judy Thomas, CWCP, Regulatory Compliance Specialist

Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

RECEIVED
DEC 26 2008
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

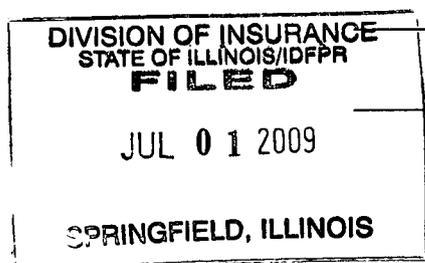
Change in Company's premium or rate level produced by rate revision effective 7-1-09

| (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>Workers Compensation</u> Line of Insurance | \$18,302,208 | 10.2% |

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 NCCI changes in circular IL-2008-07 .

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



Allied P&C Insurance Company
Name of Company
Marie T. Safreed, State Filing Specialist
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7-1-09

| (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>Workers Compensation</u> Line of Insurance | \$6,111,799 | 9.5% |

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): We are filing to adopt the NCCI changes in circular IL-2008-07.

*Adjusted to reflect all prior rate changes.

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 01 2009
SPRINGFIELD ILLINOIS

AMCO Insurance Company
Name of Company

Marie T. Safreed, State Filing Specialist
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2009.

| (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 Automobile | | |
| 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 | \$1,376,026 | +2.1% ⁺ |
| 16. Other _____ | | |
| Line of Insurance | | |

DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
FILED
 JAN 01 2009
 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) This filing proposes to apply the currently approved loss cost multiplier of 1.873 (1.917 for F-classes) to the loss costs published by the National Council on Compensation Insurance effective January 1, 2009.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.
- + Based on class codes which AAIC writes.

American Alternative Insurance Corporation
Name of Company

Kathryn D. Sine, Senior State Filing Analyst
Official — Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 3/1/2009

| (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> | 2,184,859 | 0.0% |
| 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): _____

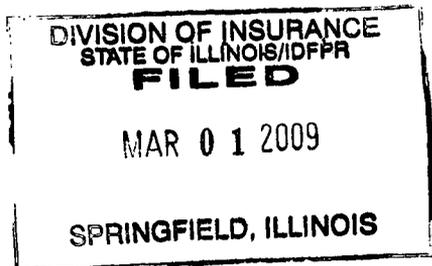
Adoption of latest NCCI loss cost and revision of loss cost multiplier _____

*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

Don Glick, AVP Research & Development
Official – Title



DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

MAY 01 2009

SPRINGFIELD, ILLINOIS
Revision-effective 5/1/2009

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision-effective 5/1/2009

| (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>WC</u> | <u>\$3,342,545.</u> | <u>+3.84%</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):

Adopting NCCI loss costs and Rating Value Revision effective January 1, 2009.

Revising Company loss cost multipliers.

* Adjusted to reflect all prior rate changes.

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

Continental Western Insurance Company

Name of Company

Sharon Winter, Statistical & Research Analyst

Official - Title

RECEIVED

JAN - 8 2009

**IDFPR (MPC)
DIVISION 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

March 1, 2009

| (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> | 887,641 (CY2007) | 3.8% |

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):
To adopt NCCI's 1/1/2009 loss costs

*Adjusted to reflect all prior rate changes.

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

Crum & Forster Indemnity Company

Name of Company

Sharon L. Smith

Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAR 01 2009
SPRINGFIELD, ILLINOIS

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 7-1-09

| (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>Workers Compensation</u> Line of Insurance | \$360,530 | 10.7% |

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

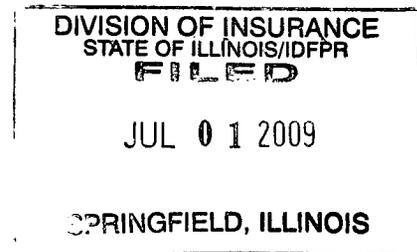
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI changes in circular IL-2008-07.

*Adjusted to reflect all prior rate changes.

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

Depositors Insurance Company
 Name of Company

Marie T. Safreed, State Filing Specialist
 Official - Title



ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2009

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

STATE OF ILLINOIS/IDFPR
MAR 01 2009
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 Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2008-07 effective Jan. 1, 2009. Our filing (WC IL 0812 LCST) to be effective March 1, 2009.

* 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

Change in Company's premium or rate level produced by rate revision effective:
3/1/2009

| (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 | \$9,595 | 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-2008-07 effective
Jan. 1, 2009. Our filing (WC IL 0812 LCST) to be effective March 1, 2009.

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

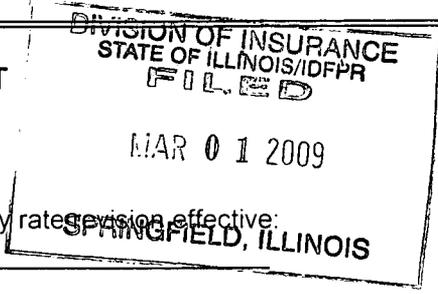


Great American Assurance Company
Name of Company

Donna Lansing, Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3



Change in Company's premium or rate level produced by rate revision effective: 3/1/2009

| (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 | \$945 | 5.0% |
| 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-2008-07 effective January 1, 2009. Our filing (WC IL 0812 LCST) to be effective March 1, 2009.

* 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:
3/1/2009

| (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 | \$1,962,984 | 3.3% |
| 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-2008-07 effective January 1, 2009. Our filing (WC IL 0812 LCST) to be effective March 1, 2009.

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

DEPARTMENT OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

MAR 01 2009

Great American Insurance Company of New York
Name of Company

SPRINGFIELD, ILLINOIS Donna Lansing, Product Analyst
Official - Title

Filing Date: 12/11/2008

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

1-Apr-09

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|-------------------------------------|
| 1. Automobile Liability Private Passenger Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Workers' Compensation</u> Line of Insurance | <u>13,685,098</u> | <u>3.9%</u> |

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED
JAN 02 2009
SPRINGFIELD, ILLINOIS

Does this 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):

Hartford Accident and Indemnity Company will deviate -30% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.003.

* Adjusted to reflect all prior rate changes.

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

Hartford Accident and Indemnity Company

Name of Company

Madhu Rao

Sr. Actuarial Analyst

Official-Title

DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
FILED
 APR 01 2009
 SPRINGFIELD, ILLINOIS

Filing Date: 12/11/2008

**ILLINOIS DEPARTMENT OF INSURANCE
 SUMMARY SHEET**

Change in Company's premium or rate level produced by
 rate revision effective 1-Apr-09

DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
RECEIVED
 JAN 02 2009
 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. Other <u>Workers' Compensation</u> Line of Insurance | <u>9,505,133</u> | <u>3.9%</u> |

Does this 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):

Hartford Casualty Insurance Company will deviate -05% from the group rates.
 including a loading for our own expenses with an expense multiplier of 1.361.

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

Hartford Casualty Insurance Company
 Name of Company
 Madhu Rao
 Sr. Actuarial Analyst
 Official-Title

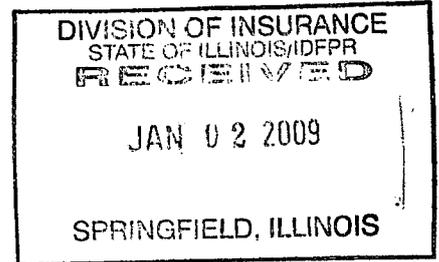
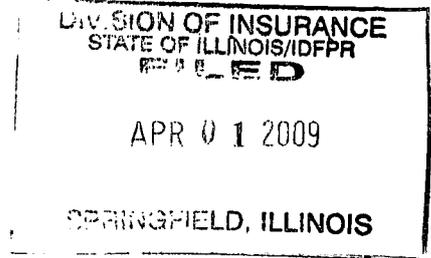
Filing Date: 12/11/2008

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

1-Apr-09

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|-------------------------------------|
| 1. Automobile Liability Private Passenger Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Workers' Compensation</u> Line of Insurance | <u>16,299,366</u> | <u>4.0%</u> |



Does this 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):

Hartford Fire Insurance Company will deviate -10% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.29.

* Adjusted to reflect all prior rate changes.

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

Hartford Fire Insurance Company
Name of Company
Madhu Rao
Sr. Actuarial Analyst
Official-Title

Filing Date: 12/11/2008

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

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

1-Apr-09

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. Other <u>Workers' Compensation</u> | 11,416,471 | 3.9% |
| Line of Insurance | | |

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED
JAN 02 2009
SPRINGFIELD, ILLINOIS

Does this 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):

Hartford Insurance Company Of Illinois will deviate -20%from the group rates.
including a loading for our own expenseswith an expense multiplier of 1.146.

* Adjusted to reflect all prior rate changes.

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

Hartford Insurance Company Of Illinois

Name of Company

Madhu Rao

Sr. Actuarial Analyst

Official-Title

Filing Date: 12/11/2008

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

1-Apr-09

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|-------------------------------------|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> Line of Insurance | 29,633,635 | 4.0% |

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED
JAN 02 2009
SPRINGFIELD, ILLINOIS

Does this 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):

Hartford Insurance Company of the Midwest will deviate -15% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.218.

* Adjusted to reflect all prior rate changes.

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

Hartford Insurance Company of the Midwest
Name of Company
Madhu Rao
Sr. Actuarial Analyst
Official-Title

Filing Date: 12/11/2008

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

1-Apr-09

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|-------------------------------------|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Compensation</u> Line of Insurance | 22,803,056 | 3.9% |

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED
JAN 02 2009
SPRINGFIELD, ILLINOIS

Does this 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):

Hartford Underwriters Insurance Company will deviate 10% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.576.

* Adjusted to reflect all prior rate changes.

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

Hartford Underwriters Insurance Company

Name of Company

Madhu Rao

Sr. Actuarial Analyst

Official-Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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

April 1, 2009

| (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 | | |
| Line of Insurance | 770,774 | +3.5% |

DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
FILED
 APR 01 2009
 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)

At this time, the Manufacturers Alliance Insurance Company (NAIC #36897) files to adopt the loss costs approved in NCCI's filing #IL-2008-13 for use against our approved 1.920 LCM.

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

DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
RECEIVED
 DEC 29 2008
 SPRINGFIELD, ILLINOIS

Manufacturers Alliance Insurance Company

 Name of Company

Linda R. Greer- WC Product Analyst

 Official — Title

RECEIVED

JAN - 8 2009

**IDFPR (MPC)
DIVISION 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

March 1, 2009

| (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> | 5,578,816 (CY2007) | 3.8% |

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):

To adopt NCCI's 1/1/2009 loss costs

*Adjusted to reflect all prior rate changes.

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

The North River Insurance Company

Name of Company

Sharon D. Smith

Official - Title



ILLINOIS SUMMARY SHEET

FORM RF-3

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

April 1, 2009

| (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 | 3,458,753 | +3.5% |
| 16. Other _____ | _____ | _____ |
| Line of Insurance | | |

**DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
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)

At this time, the Pennsylvania Manufacturers' Association Insurance Company (NAIC #12262) files to adopt the loss costs approved in NCCI's filing #IL-2008-13 for use against our approved 1.540 LCM.

* Adjusted to reflect all prior rate changes.

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

**DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED
DEC 29 2008
SPRINGFIELD, ILLINOIS**

**Pennsylvania Manufacturers'
Association Insurance Company**

Name of Company

Linda R. Greer- WC Product Analyst

Official — Title

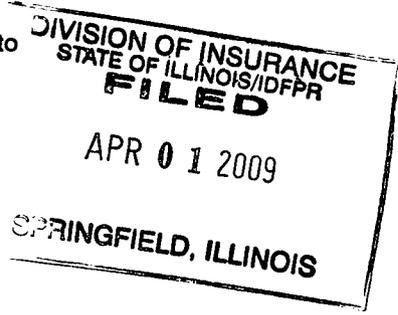
ILLINOIS SUMMARY SHEET

FORM RF-3

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

April 1, 2009

| (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 | 110,868 | +3.5% |
| 16. Other | | |
| Line of Insurance | | |



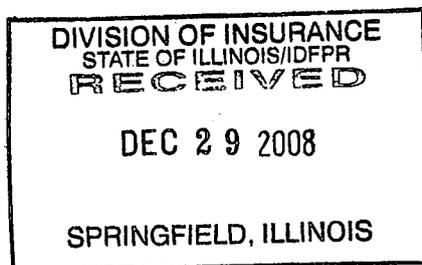
Does filing only apply to certain territory (territories) or certain classes? If so, specify

No

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

At this time, the Pennsylvania Manufacturers Indemnity Company (NAIC #41424) files to adopt the loss costs approved in NCCI's filing #IL-2008-13 for use against our approved 1.250 LCM.

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



Pennsylvania Manufacturers Indemnity Company

Name of Company

Linda R. Greer- WC Product Analyst

Official — Title

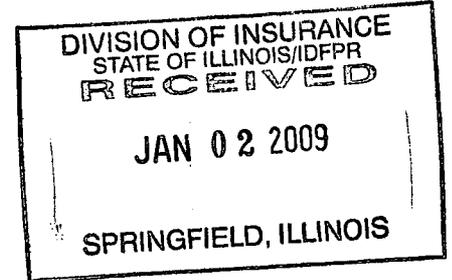


12/11/2008

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

1-Apr-09



| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|-------------------------------------|
| 1. Automobile Liability Private Passenger Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Workers' Compensation</u> Line of Insurance | 4,378,625 | 3.9% |

Does this 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):

Sentinel Insurance Company, Ltd. will deviate -25% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.075.

* Adjusted to reflect all prior rate changes.

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

Sentinel Insurance Company, Ltd.

Name of Company

Madhu Rao

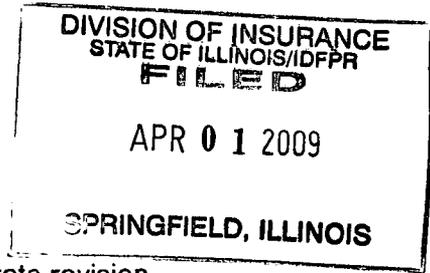
Sr. Actuarial Analyst

Official-Title

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

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective 04/01/2009

| (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---------------------------------|--|------------------------------------|
| 1. Automobile Liability Private | | |
| Passenger | | 0 |
| Commercial | | 0 |
| 2. Automobile Physical Damag | | |
| Private Passenger | | 0 |
| Commercial | | 0 |
| 3. Liability Other Than Auto | | 0 |
| 4. Burglary and Theft | | 0 |
| 5. Glass | | 0 |
| 6. Fidelity | | 0 |
| 7. Surety | | 0 |
| 8. Boiler and Machinery | | 0 |
| 9. Fire | | 0 |
| 10. Extended Coverage | | 0 |
| 11. Inland Marine | | 0 |
| 12. Homeowners | | 0 |
| 13. Commercial Multi-Peril | | 0 |
| 14. Crop Hail | | 0 |
| 15. Other wc | 4,229,194 | 2.6 |
| Life of Insurance | | |

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

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

We are adopting the NCCI 01/01/2009 rates with exception for 8 classifications which we are filing final rates. The deviations used to obtain the final rates are the same as previously approved by your department.

*Adjusted to reflect all prior rate changes.

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

Star Insurance Company

Name of Company

Compliance Analyst

Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED 12/11/2008

ILLINOIS DEPARTMENT OF INSURANCE APR 01 2009
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-Apr-09

SPRINGFIELD, ILLINOIS

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED
JAN 02 2009
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. Other <u>Workers' Compensation</u> Line of Insurance | 56,436,569 | 4.0% |

Does this 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):

Twin City Fire Insurance Company will deviate 00% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.433.

* Adjusted to reflect all prior rate changes.

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

Twin City Fire Insurance Company
Name of Company
Madhu Rao
Sr. Actuarial Analyst
Official-Title



Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

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

March 1, 2009

| (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> | 9,094,565 (CY2007) | 3.8% |

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):
To adopt NCCI's 1/1/2009 loss costs _____

*Adjusted to reflect all prior rate changes.

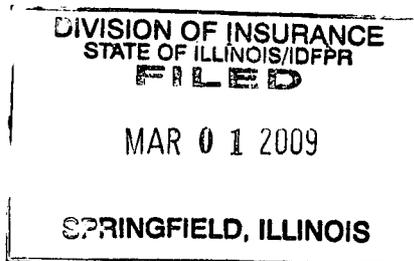
**Change in Company's premium level which will result from application of new rates.

United States Fire Insurance Company

Name of Company

Sharon D. Smith

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5-1-09 +2.9%

| (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 | 49,594,061 | +2.9% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes, although the resulting impact is not uniform by classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the NCCI loss costs referenced in Approval Circular IL-2008-13; adjust loss cost multipliers; adopt terrorism coverage

*Adjusted to reflect all prior rate changes.

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

United Wisconsin Insurance Company
Name of Company

Judy Thomas, CWCP, Regulatory Compliance Specialist
Official - Title

