

**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 07/01/2009

	(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	\$1,364,150	0.3%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: This filing does not solely apply to certain territories or classes.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Change the Owners Insurance Company monoline deviation from -10.0% to -5.0%. Change the rates for Farm Equipment, the Implement Dealers Floater, and the Implement Dealers Stock Floater +5.0%.

\*Adjusted to reflect all prior rate changes.

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

Auto-Owners Insurance Company

Name of Company

Emily Schmit - Manager CP&L Actuarial

Official - Title

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JUL 14 2009

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective: 11-1-09

(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 Dwelling Fire	_____	_____
11. Inland Marine (Personal)	<u>124,566</u>	<u>-8.4%</u>
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hall	_____	_____
15. Other _____	_____	_____
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?

If so, specify: NA

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting ISO's 10/08 loss costs filing designation #PM-2009-RLA1. We are also revising our company loss cost multiplier from 1.473 to 1.493.

\* 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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JUL 22 2009

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

H29219D

Central Mutual Insurance Company  
Name of Company

(Mrs.) Petrise Meyer  
Sr Rates and Forms 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 07/01/2009

	(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	\$2,380,798	0.3%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: This filing does not solely apply to certain territories or classes.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Change the Owners Insurance Company monoline deviation from -10.0% to -5.0%. Change the rates for Farm Equipment, the Implement Dealers Floater, and the Implement Dealers Stock Floater +5.0%.

\*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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JUL 14 2009

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Owners Insurance Company  
Name of Company  
Emily Schmit - Manager CP&L Actuarial  
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 12-27-2009

(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	\$97,987	-0.7%
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

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

no

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

A change has been made to the minimum premium, policy term charge and to rates for coverage on jewelry.

An optional deductible of \$1,000 has been added for jewelry.

\* 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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JUL 17 2009

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

H29219D

Shelter Mutual Insurance Company  
Name of Company

Brian Marcks, Coord Ins Dept  
Affairs

Official - Title