Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

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

(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	$25,441	5.00%
10. Extended Coverage	$28,842	5.00%
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ (Line of Insurance)		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are increasing the Base Rates and the Basic Annual Charge by +5.0%.

*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

RECEIVED

SEP 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 November 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	$ 320,192	-0.2%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	$2,150,962	-1.0%
10. Extended Coverage	$ 822,157	-0.9%
11. Inland Marine		
12. Homeowners	$1,268,132	-1.2%
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Zip code 62206 moved from Territory E to Territory F

Dwelling

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

RECEIVED

SEP 02 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Foremost Insurance Company
Grand Rapids, Michigan
Name of Company

David J. Kelly
Assistant Vice-President
State Filings

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/22/09

(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	4,548,404	15.0%
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ (Line of Insurance)		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revise the current dwelling fire deviation factor from 1.392 to 1.605 for both dwelling and contents. This factor applies to following coverages when applicable:

1. Fire building
2. Fire other structure
3. Fire contents
4. Extended, Broad and Special buildings
5. Extended, Broad and Special structures – other
6. Extended and Broad contents
7. VMM building
8. VMM other structures
9. VMM contents
10. Broad Form theft
11. Limited Form theft
12. Personal liability

*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

Adam Malo-Industry Filing Analyst
Official – Title

RECEIVED
SEP 04 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 October 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	$ 244,203	7.2%
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Worker's Compensation		
16. Other _____ Line of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Rate adjustment to the base premiums.

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

Madison Mutual Insurance Company
Name of Company

Ed Sprehe -Underwriting Manager
Official - Title

RECEIVED
AUG 3 1 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

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

(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	$2,029	5.00%
10. Extended Coverage	$2,180	5.00%
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ (Line of Insurance)		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are increasing the Base Rates and the Basic Annual Charge by +5.0%.

*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

RECEIVED
SEP 14 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS