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

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

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revisi effective 05/01/2010.

	(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	$8,810	-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): NCCI advisory rates, loss costs, and rating values.

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

Allied Eastern Indemnity Company
Name of Company

Richard W. Irons - Product Manager
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 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 Workers Compensation (Line of Insurance)	6,346,318	-2.6

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): For new and renewal business effective May 1, 2010, adopt NCCI rates announced in Circular IL-2009-08 and approved in IL-2009-11.

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

Amerisure Insurance Company
Name of Company

Tracy Upcott - Compliance Analyst II
Official – Title

FILED
MAY 01 2010
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 May 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 Workers Compensation (Line of Insurance)	5,914,119	-2.6

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): For new and renewal business effective May 1, 2010, adopt NCCI rates announced in Circular IL-2009-08 and approved in IL-2009-11.

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

Amerisure Mutual Insurance Company
Name of Company

Tracy Upcott - Compliance Analyst II
Official – Title

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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 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 Workers Compensation (Line of Insurance)	499,405 (CY2008)	-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):
To adopt NCCI's 1/1/2010 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 Smith
Regulatory Compliance Analyst
Official – Title

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

Change in Company's premium or rate level produced by rate revision effective 05/01/2010.

	(1) Coverage	(2) 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	$238	-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): NCCI advisory rates, loss costs, and rating values.

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

Eastern Advantage Assurance Company
Name of Company

Richard W. Irons - Product Manager
Official – Title

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

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MAY 01 2010

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 05/01/2010.

	(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	$223,338	-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): NCCI advisory rates, loss costs, and rating values.

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

Eastern Alliance Insurance Company
Name of Company

Richard W. Irons - Product Manager
Official – Title

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

FILED
MAY 01 2010
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 05/01/2010.

	(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	$37,374	-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): NCCI advisory rates, loss costs, and rating values.

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

Employers Security Insurance Company
Name of Company

Richard W. Irons - Product Manager
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2010

(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 Workers Compensation (Line of Insurance)	4,523,534	6.8%

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): We are filing to adopt NCCI loss costs approved under NCCI Circular IL-2009-11 and retain our current loss cost multiplier of 1.617.

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

FCCI Insurance Company
Name of Company

Debra J. Comstock, Regulatory Filing Specialist
Official – Title

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JUN 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 **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. Workers Compensation	1,925,297	-0.1%
16. Other _____ Line of Insurance		

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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)

At this time, the Manufacturers Alliance Insurance Company (FEIN #23-2086596) files to adopt the loss costs approved in NCCI's filing #IL-2009-11 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.

Manufacturers Alliance Insurance Company

Name of Company

Linda R. Greer- Associate Product Specialist

Official — Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2010

(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 Workers Compensation (Line of Insurance)	647,527	5.0%

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 approved under NCCI Circular IL-2009-11 and retain our current loss cost multiplier of 1.857.

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

Monroe Guaranty Insurance Company
Name of Company

Debra J. Comstock, Regulatory Filing Specialist
Official – Title

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JUN 01 2010

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 6/1/2010

(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 Workers Compensation (Line of Insurance)	7,369,094	5.7%

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 NCCI loss costs approved under NCCI Circular IL-2009-11 and retain our current loss cost multiplier of 1.391.

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

National Trust Insurance Company
Name of Company

Debra J. Comstock, Regulatory Filing Specialist
Official – Title

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Form (RF-3)

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 Workers Compensation Line of Insurance	5,187,625 (CY2008)	-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):
To adopt NCCI's 1/1/2010 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 Smith
Regulatory Compliance Analyst
Official – Title

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MAR 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

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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 3-01-10 New & Renewal.

	(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	$41,935,484	-3.1%
	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): Adopt NCCI Rate Revision of 1-1-10 without deviation.

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

PEKIN INSURANCE COMPANY
Name of Company

Edward A. Mulvey, Vice President of Underwriting
Official – Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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. Workers Compensation	8,312,324	-0.1%
16. Other _____ Line of Insurance		

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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)

At this time, the Pennsylvania Manufacturers' Association Insurance Company (FEIN #23-1642962) files to adopt the loss costs approved in NCCI's filing #IL-2009-11 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.

Pennsylvania Manufacturers' Association Insurance Company

Name of Company

Linda R. Greer- Associate Product Specialist

Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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. Workers Compensation	575,677	-0.1%
16. Other _____ Line of Insurance		

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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)

At this time, the Pennsylvania Manufacturers Indemnity Company (FEIN #23-2217934) files to adopt the loss costs approved in NCCI's filing #IL-2009-11 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- Associate Product Specialist

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 03/01/2010.

	(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 Worker's Compensation	10,200,223	+2.2
	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 NCCI Advisory Rates and Misc Values per 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.

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MAR 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

SECURA Insurance, A Mutual Company
Name of Company

Daniel P. Ferris - Vice President & General Counsel
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

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

(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 Workers Compensation (Line of Insurance)	$7,820,552	+2.5%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI's 1-1-10 advisory rates with deviations for eight class codes.

*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

Gail Williams - Senior Compliance Analyst
Official – Title

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APR 01 2010
STATE OF ILLINOIS
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SPRINGFIELD, ILLINOIS

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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 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 Workers Compensation Line of Insurance	5,459,274 (CY2008)	-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):
To adopt NCCI's 1/1/2010 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 Smith
Regulatory Compliance Analyst
Official – Title

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MAR 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS