Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/10 +15.5%

(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)	3,893,502	+15.5%

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-2009-11; adjust loss cost multipliers

*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, Compliance Advisor
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 05/01/10 +4.4%

(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)	45,466,513	+4.4%

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-2009-11; adjust loss cost multipliers

*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, Compliance Advisor
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 05/01/10 +4.7%

(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)	6,901,994	+4.7%

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-2009-11; adjust loss cost multipliers

*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, Compliance Advisor
Official – Title

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 06-01-2010

	(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 (Line of Insurance)	$1,819,023	+1.0

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):
Adopting 1-1-10 NCCI-approved loss costs and revising Loss Cost Multiplier.

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

FILED

JUN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

American Fire & Casualty Company
Name of Company

Eric B. Ummel

Eric B. Ummel
Vice President, Commercial Lines Product Management
Official - Title

H29219D

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

FILED

MAR 17 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by filing effective 03/17/2010.

	(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	1,425,060	- 8%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: Applies to Class Codes 9082 - Restaurants and 9084 - Taverns

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI - Downward Deviation of 10%

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

Badger Mutual Insurance Company
Name of Company

Terry Falls
Workers' Compensation Coordinator
Official – Title

Form (RF-3)

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 Worker's Compensation (Line of Insurance)	2,165,003	8.3

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's 1/1/2010 loss costs and change the LCM from 1.420 to 1.580 effective 6/1/2010.

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

FILED

JUN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Companion Commercial Insurance Company
Name of Company

Will Oaus - Mgr of Actuarial Services
Official - Title

H29219D

INS00106

Form (RF-3)

SUMMARY SHEET

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

Change in Company's premium or rate level proposed by filing 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 Worker's Compensation (Line of Insurance)	13,040,523	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 NCCI's 1/1/2010 loss costs and change the LCM from 1.605 to 1.725 effective 6/1/2010.

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

Companion Property & Casualty Insurance Company
Name of Company

Will Dang - Mgr of Actuarial Services
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06-01-2010

	(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 (Line of Insurance)	$46,364,400	+5.5

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):
Adopting 1-1-10 NCCI-approved loss costs and revising Loss Cost Multiplier.

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

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

Consolidated Insurance Company
Name of Company

Eric B. Ummel

Eric B. Ummel
Vice President, Commercial Lines
Product Management
Official - Title

H29219D

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

FORM (RF-3)

SUMMARY SHEET

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

Change in Company's premium or rate level produced by rate revision effective 9/01/2010.

	(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	$111,481	+2.7%
	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 is for the adoption of the National Council on Compensation Insurance (NCCI) 1/1/10 rates without modification (IL-2009-11

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

Greater New York Mutual Insurance Company
Name of Company

John Moylan - VP Commercial Lines Underwriting
Official – Title

Form (RF-3)

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)	10,001,566	-2.5%

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): Adoption of NCCI loss costs and rating values per approval circular IL-2009-11 with no change in LCM to become effective May 1, 2010 for new and renewal business.

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

Grinnell Mutual Reinsurance Company
Name of Company

Karen Bethea - Actuary
Official - Title

H29219D

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

INS00106

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06-01-2010

	(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 (Line of Insurance)	$8,591,940	+7.2

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):
Adopting 1-1-10 NCCI-approved loss costs and revising Loss Cost Multiplier.

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

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

Indiana Insurance Company
Name of Company

Eric B. Ummel

Eric B. Ummel
Vice President, Commercial Lines
Product Management
Official - Title

H29219D

FILED

JUN 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 06-01-2010

(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 (Line of Insurance)	$30,161,458	+3.7

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):
Adopting 1-1-10 NCCI-approved loss costs and revising Loss Cost Multiplier.

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

Netherlands Insurance Company
Name of Company

Eric B. Ummel

Eric B. Ummel
Vice President, Commercial Lines
Product Management
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06-01-2010

	(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 (Line of Insurance)	$1,842,102	+3.9

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 1-1-10 NCCI-approved loss costs and revising Loss Cost Multiplier.

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

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

Ohio Casualty Insurance Company
Name of Company

Eric B. Ummel

Eric B. Ummel
Vice President, Commercial Lines
Product Management
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06-01-2010

	(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 (Line of Insurance)	$470,770	+4.9

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 1-1-10 NCCI-approved loss costs and revising Loss Cost Multiplier.

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

FILED

JUN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Ohio Security Insurance Company
Name of Company

E. B. Ummel

Eric B. Ummel
Vice President, Commercial Lines
Product Management
Official - Title

H29219D

FILED

JUN 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 06-01-2010

	(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 (Line of Insurance)	$452,226	-0.4

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 1-1-10 NCCI-approved loss costs and revising Loss Cost Multiplier.

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

Peerless Indemnity Insurance Company
Name of Company

Eric B. Ummel

Eric B. Ummel
Vice President, Commercial Lines Product Management
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06-01-2010

	(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 Line of Insurance	$4,320,321	+6.7

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):
Adopting 1-1-10 NCCI-approved loss costs and revising Loss Cost Multiplier.

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

FILED

JUN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Peerless Insurance Company
Name of Company

Eric B. Ummel

Eric B. Ummel
Vice President, Commercial Lines
Product Management
Official - Title

H29219D

FILED

APR 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 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. Workers Compensation	2,942,768	-16.7
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)

Removes current deviation of 1.20 and reverts back to advisory rates with no deviation.

* 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

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/1/2010

	(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)	15,828,876	5.6%

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 proposing to modify our current loss cost multipliers as well as file a new company, SICA, to our rating structure.

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

FILED
AUG 0 1 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FILED
~~AUG 1 0 2010~~
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Selective Insurance Company of South Carolina
Name of Company

Jason Austin – Actuarial Assistant
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/1/2010

(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)	8,555,185	6.5%

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 proposing to modify our current loss cost multipliers as well as file a new company, SICA, to our rating structure.

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

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

Selective Insurance Company of the Southeast
Name of Company

Jason Austin – Actuarial Assistant
Official - Title

H29219D

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	$ 124,616	1.5%
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 _____

Filing applies to all standard classes

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

Adoption of NCCI's new rates by using our approved deviation of -10%.

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

Ullico Casualty Company
Name of Company

David A. Christhilf, AVP and Actuary
Official — Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/10 +4.6%

(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)	49,613,418	+4.6%

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-2009-11

*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, Compliance Advisor
Official – Title

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 06-01-2010

	(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 (Line of Insurance)	$2,681,609	+1.7

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):
Adopting 1-1-10 NCCI-approved loss costs and revising Loss Cost Multiplier.

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

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

West American Insurance Company
Name of Company

Eric B. Ummel

Eric B. Ummel
Vice President, Commercial Lines Product Management
Official - Title

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