Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(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)	1,124,021	-0.10%

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 January 1, 2010 rates

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

ACIG Insurance Company
Name of Company

Courtney Howerton - Underwriting Operations Manager
Official – Title

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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 01/01/2010.

	(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	40,611,325	-2.1%
	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): Adopting NCCI IL-2009-09

NCCI'S JAN 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.

ACUITY, A Mutual Insurance company
Name of Company

Regulatory Filing Technician
Official – Title

Form (RF-3)

SUMMARY SHEET

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. Other Workers' Compensation Line of Insurance	$25,012,927	-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):
Rate filing based on NCCI's approved advisory loss costs.

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

American Home Assurance Company
Name of Company

Walter Murphy
Filings Analyst
Official - Title

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SPRINGFIELD, ILLINOIS

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

FORM (RF-3)

SUMMARY SHEET

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective January 1, 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 Worker's Compensation	$176,515	5.6%
	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): Adopt NCCI's 1-1-10 rate revision with a deviation factor of 0.97.

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

Ansur America Insurance Company
Name of Company

Wanda Raymond, R&D CL Senior Associate
Official – Title

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

FORM (RF-3)

SUMMARY SHEET

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

	(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	$1,373,000	0.0 %
	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): Advisory Voluntary Workers' Compensation Rates and Minimum Premiums Filed By NCCI and a -10% Deviation For Class Code 9082-Restaurants NOC

*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

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 01/01/2010.

	(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	261,042	-1.59%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No - applies to all class codes

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI Loss Costs and increase our Company LCM from 1.30 to 1.40.

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

BancInsure, Inc.
Name of Company

Kathryn A. Shilling, Filings Analyst
Official – Title

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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 01/01/2010.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
15. Other Workers Compensation Line of Insurance	$8,346,016	+0.1%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt NCCI's revised loss costs per circular IL-2009-08 and 11 while maintaining our current expense multiplier for each company. This filing will apply to all new and renewal business with effective dates on or after January 1, 2010.

This filing proposes an overall increase of 0.1%. This rate change is the combined effect of a 0.1% increase in NCCI's overall loss costs for industrial classes and no change to either company's expense multiplier.

The exception manual included with this filing contains no changes from our previously filed manual.

* Adjusted to reflect all prior rate changes.

INS00106

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

Bituminous Casualty Corporation
Name of Company

Dan Trotter - Director - Rate Development & Filings
Official - Title

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

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

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
15. Other Line of Insurance	Workers Compensation	$1,945,507	+0.1%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt NCCI's revised loss costs per circular IL-2009-08 and 11 while maintaining our current expense multiplier for each company. This filing will apply to all new and renewal business with effective dates on or after January 1, 2010.

This filing proposes an overall increase of 0.1%. This rate change is the combined effect of a 0.1% increase in NCCI's overall loss costs for industrial classes and no change to either company's expense multiplier.

The exception manual included with this filing contains no changes from our previously filed manual.

* Adjusted to reflect all prior rate changes.

INS00106

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

Bituminous Fire and Marine Insurance Company
Name of Company

Dan Trotter - Director - Rate Development & Filings
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

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. Other Workers' Compensation Line of Insurance	$12,391,590	-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):
Rate filing based on NCCI's approved advisory loss costs.

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

Chartis Casualty Company (f/k/a American International South Insurance Company)
Name of Company

Walter Murphy
Filings Analyst
Official - Title

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SUMMARY SHEET

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. Other Workers' Compensation Line of Insurance	$7,492,163	-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):
Rate filing based on NCCI's approved advisory loss costs.

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

Chartis Property Casualty Company
(f/k/a AIG Casualty Company)
Name of Company

Walter Murphy
Filings Analyst
Official - Title

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SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 4/1/10

(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	$1,111,692	-0.10%

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):
Postpone NCCI's effective date of approval circular IL-2009-11 from 1/1/10 to 4/1/10.

* Adjust to reflect all prior rate changes.

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

COLUMBIA NATIONAL INS. CO.
Name of Company

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Dennis McVay, CPCU
Director, Research & Development
Official - Title

Form (RF-3)

SUMMARY SHEET

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. Other Workers' Compensation Line of Insurance	$41,272,436	-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):
Rate filing based on NCCI's approved advisory loss costs.

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

Commerce and Industry Insurance Company
Name of Company

Walter Murphy
Filings Analyst
Official - Title

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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	$6,500,000	0.0%
16. Other _____ Line of Insurance		

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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) Adopting NCCI Voluntary rates and rating values effective January 1, 2010 without deviation. Adopting NCCI January 1, 2010 Experience Rating Plan values, expected loss rates and d-ratios, and NCCI retropsective rating plan values.

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

Continental Indemnity Company
Name of Company

Joan Klucarich, Actuary
Official — Title

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JAN 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 1/1/2010

	(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 (Line of Insurance)	$8,761,166	-3.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
All territories, all classes with exception for class code 6204 Drilling NOC and Drivers rate of $11.11.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are adopting the advisory rates approved in NCCI circular IL-2009-11 at current modification of 1.00.

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

EMCASCO Insurance Company
Name of Company

Don Coughennower - Assistant Vice President
Official - Title

H29219D

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

FORM (RF-3)

SUMMARY SHEET

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JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

	(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	14,250,972	-0.1%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: Filing is not class or territory particular.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Filing adopts voluntary rates approved for Illinois in NCCI Circular IL-2009-11. No changes are being made to the loss cost multiplier, which will remain at 1.56.

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

Employers Assurance Company
Name of Company

Kelly S. Gregory, Underwriting Analyst
Official – Title

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SPRINGFIELD, ILLINOIS

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 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. Other Workers' Compensation	4,156,785	-18.8%
Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): National Council on Compensation Insurance Circular IL-2009-11, released 11-17-09.

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

Employers Compensation Insurance Co.
Name of Company

Terry Marie Counce
Official--Title
Senior Product Manager

Form (RF-3)

SUMMARY SHEET

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

	(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 _____ Line of Insurance	$4,590,969	-2.6%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
All territories, all classes with exception for class code 6204 Drilling NOC and Drivers rate of $11.11.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are adopting the advisory rates approved in NCCI circular IL-2009-11 at current modification of 1.00.

* 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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JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Employers Mutual Casualty Company
Name of Company

Don Coughennower - Assistant Vice President
Official - Title

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

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FORM (RF-3)

SUMMARY SHEET

JAN 01 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

	(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	719,146	-24.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: Filing is not class or territory particular.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Filing adopts voluntary rates approved for Illinois in NCCI Circular IL-2009-11 and also makes a change to the company's loss cost multiplier, reducing the factor from 1.72 to 1.30.

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

Employers Preferred Insurance Company
Name of Company

Kelly S. Gregory, Underwriting Analyst
Official – Title

Section 754

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.	Other Workers Compensation Line of Insurance	$2,692,976	3.0%

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 adoping the NCCI approval 1/1/2010 voluntary loss costs, for new and renewal policies.

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

Farmers Insurance Exchange
Name of Company

James J. Gebhard, FCAS, MAAA
Actuary, Workers Compensation
Official - Title

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JAN - 1 2010
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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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~~MAR - 1 2010~~
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 01-01-2010.

	(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 WC	4,061,445	2.5%
	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): Loss cost adoption.

*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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STATE OF ILLINOIS
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SPRINGFIELD, ILLINOIS

Federated Rural Electric Insurance Exchange
Name of Company

Shelly George, Actuarial Asst.
Official – Title

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

FORM (RF-3)

SUMMARY SHEET

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STATE OF ILLINOIS
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SPRINGFIELD, ILLINOIS

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 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	$14,025,139	-0.5%
	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's 1-1-10 rate revision with a deviation factor of 1.00.

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

Frankenmuth Mutual Insurance Company
Name of Company

Wanda Raymond, R&D CL Senior Associate
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

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

(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)	7,663,085	-1.17%

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 the NCCI 1/1/10 rates.

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

General Casualty Company of Wisconsin
Name of Company

Kendra Benninger - C/L Operations System Technician
Official – Title

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SPRINGFIELD, ILLINOIS

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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 1/1/2010

(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)	10,699,582	0.32%

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 the NCCI 1/1/10 rates.

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

General Casualty Insurance Company
Name of Company

Kendra Benninger - C/L Operations System Technician
Official – Title

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SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

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. Other Workers' Compensation Line of Insurance	$844,466	-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):
Rate filing based on NCCI's approved advisory loss costs.

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

Granite State Insurance Company
Name of Company

Walter Murphy
Filings Analyst
Official - Title

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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	5,744,259	4.1%
16.	Other _____ Line of Insurance		

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI Advisory Rates, without deviation, approved under NCCI Circular IL-2009-11 to be effective January 1, 2010.

* Adjusted to reflect all prior rate changes.

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

Great West Casualty Company
Name of Company

Janice L. Hohenstein, CPCU
Actuarial Analyst
Official - Title

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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 01-01-2010.

	(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	$99,314	- 1.6%
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): The purpose of this filing is to adopt the NCCI Loss costs contained in approval circular IL-2009-11 effective 01-01-2010. Our loss cost multiplier will remain at 2.17. This will result in an overall rate change of -1.6% based on Harco's premium distribution.

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

Harco National Insurance Company
Name of Company

Al Birch, Sr. Vice President
Official – Title

Company Tracking Number 5458

FORM (RF-3)

SUMMARY SHEET

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

(1) Coverage	2008 (2) GPW 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	2,745,256	-1.27%
Line of Insurance		

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

No certain territory. No certain class.

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

We are adopting National Council on Compensation Insurance (NCCI) 01/01/2010 Illinois Advisory Rates and Miscellaneous Values. We are applying -10% rate deviation to all classes.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates. Premium change reflects adoption of 01/01/2010 advisory rates and application of the above rate deviation.

Illinois Casualty Company
Name of Company

Fred Parcells
Official--Title
Fred Parcells, Program Manager

FILED

JAN 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 1/1/2010

	(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 _____ Line of Insurance	$3,225,999	-0.9%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
All territories, all classes with exception for class code 6204 Drilling NOC and Drivers rate of $11.11.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are adopting the advisory rates approved in NCCI circular IL-2009-11 at current modification of 1.00.

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

Illinois EMCASCO Insurance Company
Name of Company

Don Coughennower - Assistant Vice President
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

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. Other Workers' Compensation Line of Insurance	$64,246,844	-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):
Rate filing based on NCCI's approved advisory loss costs.

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

Illinois National Insurance Co.
Name of Company

Walter Murphy
Filings Analyst
Official - Title

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SUMMARY SHEET

Form (RF-3)

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

	(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 & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine _____		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	$643,882	-10%
16.	Other:		

Line of Insurance

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization) IMT Insurance is filing to change from using NCCI rates to using NCCI loss costs effective January 1, 2010. Manual pages are attached showing the multiplier we wish to use, the expense constant (same as NCCI's), the minimum premium formulas, and the maximum minimum premium (also same as NCCI's).
: _____

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

IMT Insurance Company
Name of Company
Jason Thompson, BA, MA Filing Analyst, Research & Development
Official - Title

Form (RF-3)

SUMMARY SHEET

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. Other Workers' Compensation Line of Insurance	$27,639,086	-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):
Rate filing based on NCCI's approved advisory loss costs.

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

The Insurance Company of the State of Pennsylvania
Name of Company

Walter Murphy
Filings Analyst
Official - Title

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

FORM (RF-3)

SUMMARY SHEET

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 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	$ 4,731,579 Man Prem @ CRL	+0.24% (Estimated)
	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): Adoption of NCCI advisory loss cost filing IL-2009-08. Approval circular IL-2009- Michigan Commercial Insurance Mutual will adopt the NCCI filed and approved loss costs effective 1/1/10 with no class rate change to increase more than +10% or decrease more than -10%.

*Adjusted to reflect all prior rate changes.

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

Michigan Commercial Insurance Mutual
Name of Company

Veronica Matejko Corporate Compliance & Statistics Manager
Official – Title

Section 754. EXHIBIT A

FORM (RF-3)
SUMMARY SHEET

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.	Other Workers Compensation (Line of Insurance)	$4,238,000	0.0%

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 adoping the NCCI approval 1/1/2010 voluntary loss costs, for new and renewal policies.

* 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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SPRINGFIELD, ILLINOIS

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~~MAR - 1 2010~~

STATE OF ILLINOIS
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SPRINGFIELD, ILLINOIS

Mid-Century Insurance Company
Name of Company

James J. Gebhard, FCAS, MAAA
Actuary, Workers Compensation

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 revisions effective January 1, 2010.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		0.00%
Commercial		0.00%
2. Automobile Physical Damage		
Private Passenger		0.00%
Commercial		0.00%
3. Liability Other Than Auto		0.00%
4. Burglary and Theft		0.00%
5. Glass		0.00%
6. Fidelity		0.00%
7. Surety		0.00%
8. Boiler and Machinery		0.00%
9. Fire		0.00%
10. Extended Coverage		0.00%
11. Inland Marine		0.00%
12. Homeowners		0.00%
13. Commercial Multi-Peril		0.00%
14. Crop Hail		0.00%
15. Other Workers Compensation	$1,015280	0.00%
Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's advisory rates effective 01-2010.

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

Midwest Family Mutual Insurance Company
Name of Company

Heather Sams, R&D Analyst
Official--Title

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ILLINOIS SUMMARY SHEET
FORM RF-3

Change in Company's premium or rate level produced by rate revision effective: 1/1/~~2009~~ 2010

(1) Coverage	(2)	(3) Annual Premium Volume (Illinois)*	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	12,332,445	+0.0%
16.	Other:		

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

Brief description of filing (if filing follows rates of any advisory organization, specify organization).
Midwest Insurance Company will adopt the advisory rates effective January 1, 2010 with the following deviations code 3507 +12%, codes 4130, 4307, 5188, 5445, 5537, 7580, 8044, 8107, 8835, 8864, 9102, +10%, codes 7228, 7229, 8292 +7%

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

Midwest Insurance Company
Name of Company

Larry E. Hochstetler-VP Planning
Official - Title

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ILLINOIS SUMMARY SHEET

FORM RF-3

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

(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. Workers Compensation	$1,856,244	-0.1%
16. Other _____ Line of Insurance		

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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 _____

No

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

Adoption of NCCI Workers Compensation Loss Cost Reference Filing Number IL-2009-11, effective 01/01/2010.

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

National Interstate Insurance Company
Name of Company

Kathy Juhasz, Regulatory Compliance Spec.
Official — Title

Form (RF-3)

SUMMARY SHEET

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. Other Workers' Compensation Line of Insurance	$66,547,781	-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):
Rate filing based on NCCI's approved advisory loss costs.

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

National Union Fire Insurance Company of Pittsburgh, Pa.
Name of Company

Walter Murphy
Filings Analyst
Official - Title

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Form (RF-3)

SUMMARY SHEET

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. Other Workers' Compensation Line of Insurance	$83,403,457	-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):
Rate filing based on NCCI's approved advisory loss costs.

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

New Hampshire Insurance Company
Name of Company

Walter Murphy
Filings Analyst
Official - Title

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JAN 01 2010
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Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

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

	(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	$ 896,522.00	- 0.1%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI Loss Costs effective 1/1/2010 (-0.1%) as filed and approved in Circular IL-2009-11. There are no other revisions.

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

NOVA Casualty Company
Name of Company

Shannon Tardiff
Official – Title

FILED

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

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. Other Workers Compensation (Line of Insurance)	11,411,284	-1.7%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Old Republic General Insurance Corporation Adoption of NCCI IL-2009-08 Advisory Loss Costs, Rates, and Rating Values

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

Old Republic General Insurance Corporation
Name of Company

Deborah J. Matthews - Assistant Vice President - Compliance
Official - Title

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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Form (RF-3)

SUMMARY SHEET

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. Other Workers Compensation (Line of Insurance)	11,847,759	+11.7

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Old Republic Insurance Company Adoption of NCCI IL-2009-08 Advisory Loss Costs, Rates, and Rating Values

* 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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H292193

Old Republic Insurance Company
Name of Company

Deborah J. Matthews - Manager - Regulatory Compliance
Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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

(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)	2,248,128	+1.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: The loss cost multiplier for Class Code 8045 will remain unchanged at 1.427; Class Codes 7380 and 8835 will now have a separate loss cost multiplier of 1.524. The loss cost multiplier for all other classes will remain unchanged at 1.644. Please refer to the attached memorandum and exhibits for documentation of this change.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Cost Revisions - announced in Circular IL-2009-08

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

Pharmacists Mutual Insurance Company
Name of Company

Kris Laubenthal - Rate Filing Analyst
Official – Title

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SPRINGFIELD, ILLINOIS

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Form (RF-3)

SUMMARY SHEET

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.	Other Workers Compensation (Line of Insurance)	$1,076,095	0.0%

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):
Adopt NCCI Advisory Rates, Loss Costs and Rating Values referenced in 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.

Preferred Professional Insurance Company
Name of Company

Denise Hill, SVP, General Counsel, Corporate Compliance Officer
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 1/1/2010

(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)	13,247,296	-0.87%

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 the NCCI 1/1/10 rates

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

Regent Insurance Company
Name of Company

Kendra Benninger - C/L Operations System Technician
Official – Title

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SPRINGFIELD, ILLINOIS

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SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

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

	(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	$43,048	-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): This follows the 1-1-2010 loss cost filing on our behalf NCCI. Please reference NCCI 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.

SFM Mutual Insurance Company
Name of Company

Brian R. Bent, AVP & Director of Underwriting
Official – Title

Form (RF-3)

SUMMARY SHEET

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

(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)	347,345	-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):
Tower Insurance Company of New York herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2010.

We wish to make this filing effective for all policies effective on or after January 1, 2010.

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

Tower Insurance Company of NY
Name of Company

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JAN 01 2010

Faye V. Storch
Senior Business Analyst
Official - Title

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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 01/01/2010

	(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)	-0-	0.0%

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):
Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2010.

We wish to make this filing effective for all policies effective on or after January 1, 2010.

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

Tower National Insurance Company
Name of Company

Faye V. Storch
Senior Business Analyst
Official - Title

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SPRINGFIELD, ILLINOIS

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Section 754

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.	Other Workers Compensation Line of Insurance	$9,042,152	-1.8%

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 adoping the NCCI approval 1/1/2010 voluntary loss costs, for new and renewal policies.

* Adjusted to reflect all prior rate changes.

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

Truck Insurance Exchange
Name of Company

James J. Gebhard, FCAS, MAAA
Actuary, Workers Compensation
Official - Title

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SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

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

	(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 & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine _____		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	$157.00	0%
16.	Other:		

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SPRINGFIELD, ILLINOIS

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? No

If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): **Wadena Insurance is filing to change from using NCCI rates to using NCCI loss costs effective January 1, 2010. Manual pages are attached showing the multiplier we wish to use, the expense constant (same as NCCI's), the minimum premium formulas, and the maximum minimum premium (also same as NCCI's).**

*Adjusted to reflect all prior rate changes.

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

Wadena Insurance Company
Name of Company

Jason Thompson, BA, MA Filing Analyst, Research & Development
Official - Title

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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 1/1/2010

	(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	$58,664,882 (2008)	-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):
Adoption of Illinois Workers Compensation rates from NCCI approved by Illinois of Insurance effective January 1, 2010

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

West Bend Mutual Insurance Company
Name of Company

Stephen J. Mueller, CPCU - Product Development Specialist
Official - Title

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DEPARTMENT OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

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.	Other Workers' Compensation (Line of Insurance)	23,078,990	+6.5

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Overall premium level change of + 6.5. Adopting January 1, 2010 advisory rates, and filing a deviation of 1.085 from the NCCI rates.
Westfield Insurance Company #228-24112

* 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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SPRINGFIELD, ILLINOIS

Westfield Insurance Co.
Name of Company

Rhonda Roberts, CIC
Production Specialist
Underwriting Office- Commercial
Official - Title

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DEPARTMENT OF INSURANCE
SPRINGFIELD

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SUMMARY SHEET

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.	Other Workers' Compensation (Line of Insurance)	2,980,208	-4.4

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Overall premium level change -4.4 and a previously filed deviation of 1.25 from the NCCI rates. Adopting January 1, 2010 advisory rates.
Westfield National Insurance Company #228-24120

* 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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STATE OF ILLINOIS
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SPRINGFIELD, ILLINOIS

Westfield National Insurance Co.
Name of Company

Rhonda Roberts, CIC
Production Specialist
Underwriting Office - Commercial
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 01/01/10 -0.1%

(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)	58,533	-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):
Adopt loss costs eff 1/1/2010

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

XL Insurance America
Name of Company

Official – Title

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SPRINGFIELD, ILLINOIS

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ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/10 -0.1%

(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)	4,140,490	-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):
Adopt loss costs eff 1/1/2010

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

XL Specialty Insurance Company
Name of Company

Boyd Adams, Assistant vice President
Official – Title

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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