ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 10-01-09.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	117,939,877	+ 2.4 %
16. Other _____ Line of Insurance		

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) **See Filing Memorandum;** (Adopt 4/1/09 Advisory Rates)

Law only Filing

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

ACE AMERICAN INSURANCE COMPANY
Name of Company

Steve Kreider – WC Associate Product Manager
Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
OCT 1 2009
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 04/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,799,174	+2.4%
16. Other _____ Line of Insurance		

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) **See Filing Memorandum;** (Adopt 4/1/09 Advisory Rates) LAW only Filing

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

ACE FIRE UNDERWRITERS INSURANCE COMPANY
Name of Company

Steve Kreider – WC Associate Product Manager
Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 04/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	15,007,150	+2.4%
16. Other _____ Line of Insurance		

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adopt 4/1/09 Advisory Rates

LAW only Filing

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY
Name of Company

Steve Kreider – WC Associate Product Manager
Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

RECEIVED
APR 10 2009
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	1,124,021	+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): Adopting NCCI April 1, 2009 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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

AL:vw:61146UN\04/07/09

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 ~~upon approval~~ 4-1-09.

	(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	2.5%
	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): Adopting the WC rates filed by NCCI in IL-2009-01.

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

ACUITY, A Mutual Insurance Company
Name of Company

Regulatory Filing Technician
Official – Title

RECEIVED
APR 15 2009
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 5/1/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	104,612	+2.5
16. Other _____ Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
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 advisory rates and miscellaneous values as published in NCCI circular IL-2009-03 Law only Filing

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

Advantage Workers Compensation Insurance Company
Name of Company

Tina Knight, Analyst
Official — Title

RECEIVED
APR 17 2009
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/01/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation (Line of Insurance)	81,073	+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):
Adopting NCCI law-only filing reflecting the implementation of the hospital outpatient and ambulatory surgical treatment center fee schedules effective April 1, 2009.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

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

Alaska National Insurance Company
Name of Company

Edith Goodgame,
V-P Underwriting Services
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp (Line of Insurance)	$695,179	+2.5%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adopting IL law only Filing reflecting the implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center Fee Schedules loss costs

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
SEP 01 2009
SPRINGFIELD, ILLINOIS

All America Ins Co
Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

H29219D

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective April 1, 2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	$1,376,026	+2.0% +
16. Other _____ Line of Insurance		

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing proposes to apply the currently approved loss cost multiplier of 1.873 (1.917 for F-classes) to the loss costs published by the National Council on Compensation Insurance effective April 1, 2009 for new and renewal policies. LAW Only Filing

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.
\+ Based on class codes which AAIC writes.

American Alternative Insurance Corporation
Name of Company

Kathryn Sine, Senior State Filing Analyst
Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/DFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET
FORM RF-3

Change in Company's premium or rate level produced by rate revision effective April 1, 2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	16,314	+2.5
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) Filing to adopt the NCCI Advisory Rates approved under NCCI Circular IL-2009-03 effective April 1, 2009 without deviation.

* Adjusted to reflect all prior rate changes.

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

American Business and Personal Insurance Mutual, Inc.
Name of Company

Janice L. Hohenstein, CPCU
Actuarial Analyst
Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

SUMMARY SHEET

FORM (RF-3)

Change in Company's premium or rate level produced by rate revision
Effective July 5, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	$ 10,033,076	+2.5%

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): Adoption of NCCI Revision - Circular IL-2009-03.
No change in deviation - will remain at 20.0% of NCCI rates. LAW only

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 05 2009
SPRINGFIELD, ILLINOIS

AMERICAN FAMILY MUTUAL INS. CO.
Name of Company

James P. Meyer

Official - Title
James P. Meyer, ACP, AIM
Senior Pricing Analyst/Filings

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(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)	$1,420,420	6.5%

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): NCCI

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

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

American Fire and Casualty Company
Name of Company

Dan Francis, Sr. Regulatory Filing Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUN 01 2009
SPRINGFIELD, ILLINOIS

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JAN 21 2009
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

F 540 UNIFORM

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 7/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	$ 20,413,360	2.5% (estimated)
16. Other _____ (Line 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 4/1/2009 NCCI Advisory Loss Costs with a delayed effective date of 7/1/2009, to be effective for all new and renewal policies on and after 7/1/2009.

* Adjusted to reflect all prior rate changes.

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 01 2009
SPRINGFIELD, ILLINOIS
WC-IL-6

American Interstate Insurance Company
Name of Company

Gjurgjica Ledesma - Rate Filing Specialist
Official — Title

Printing 2/02

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$115,572	+1.9%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We will be using NCCI loss costs issued in cirulars IL-2009-01and approved in IL-2009-03 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.

American National Property and Casualty Company
Name of Company

Eleanor Perry, Compliance Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	8,347,249	+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): For new and renewal business effective May 1, 2009, adopt NCCI rates announced in Circular IL-2009-01 and approved in IL-2009-03.
LAW only Filing

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

Amerisure Insurance Company
Name of Company

Tracy Upcott - Compliance Analyst II
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

RECEIVED
APR - 8 2009
IDFPR (MPS)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	8,347,249	+4.0

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): For new and renewal business effective May 1, 2009, adopt NCCI rates announced in Circular IL-2008-07 and approved in IL-2008-13.

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

Amerisure Insurance Company
Name of Company

Tracy Upcott - Compliance Analyst II
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	7,162,710	+5.0

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): For new and renewal business effective May 1, 2009, adopt NCCI rates announced in Circular IL-2008-07 and approved in IL-2008-13.

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

Amerisure Mutual Insurance Company
Name of Company

Tracy Upcott - Compliance Analyst II
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	7,162,710	+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): For new and renewal business effective May 1, 2009, adopt NCCI rates announced in Circular IL-2009-01 and approved in IL-2009-03.
This is The Law only Filing

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

Amerisure Mutual Insurance Company
Name of Company

Tracy Upcott - Compliance Analyst II
Official – Title

RECEIVED
APR - 8 2009
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

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 April 1, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	$839,738	%+2.5
	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): AmGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, Inc., effective April 1, 2009 per IL-2009-03, which reflects an overall increase of 2.5%, for all policies effective on and after April 1, 2009. Law only Filing

*Adjusted to reflect all prior rate changes.

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

AmGUARD Insurance Company
Name of Company

Jolene Carey, State Filings Representative
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/09

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	$174,104	+2.5%
	Line of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Delayed adoption of the IL - Law-Only Filing Reflecting the Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules - Voluntary Advisoy Rates and Advisory Loss Costs Effective April 1, 2009. Our selected effective date is July 1, 2009. The percent of change listed above is estimated.

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 01 2009
SPRINGFIELD, ILLINOIS

Ansur America Insurance Company
Name of Company

Wanda Raymond
R&D 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 4/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$2,823,793	2.50%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Class code 9101 Maximum Minimum Premium of $500

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Argonaut Great Central Insurance company 19860-0457 is filing to adopt the NCCI's 4/1/2009 Law Only Loss Cost

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

Argonaut Great Central Insurance Company 19860-0457
Name of Company

Stefanie Westerdahl Regulatory Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

F 540 UNIFORM

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/15/2009 Argonaut Great Central

(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)	$2,823,793	N/A

Does filing only apply to certain territory (territories) or certain classes? If so, specify: class code 0164
$0.42 per $100 payroll

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Class Code 0164 rate of 0.42 per $100 payroll

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

Argonaut Great Central Insurance Company 19860-0457
Name of Company

Stefanie Westerdahl Regulatory Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 15 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/15/2009 Argonaut Insurance Company

(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)	$2,403,615	N/A

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Rate Class Code 0164

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Class Code 0164 rate of $0.42 per $100 of payroll

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

Argonaut Insurance Company 19801-0457
Name of Company

Stefanie Westerdahl Regulatory Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 15 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$2,714,680	2.50%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Class Code 9101 Maximum Minimum Premium $500 will remain at $500

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Argonaut Insurance Company 19801-0457 is filing to adopt NCCI's 4/1/2009 Law Only Rates and keep our +15% deviation previously filed

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

Argonaut Insurance Company 19801-0457
Name of Company

Stefanie Westerdahl Regulatory Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/ID.-PR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

F 540 UNIFORM

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$1,018,423	2.50%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Class Code 9101 Maximum Minimum Premium $500

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Argonaut-Midwest Insurance Company 19828-0457 is filing to adopt NCCI's 4/1/2009 Law Only Rates and keep our -10% deviation previously filed

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

Argonaut-Midwest Insurance Company 19828-0457
Name of Company

Stefanie Westerdahl Regulatory Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

F 540 UNIFORM

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/15/2009 Argonaut-Midwest Insurance Co.

(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)	$1,018,423	N/A

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Rate for Class Code 0164

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
0164 rate of $0.42 per $100 payroll

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

Argonaut-Midwest Insurance Company 19828-0457
Name of Company

Stefanie Westerdahl Regulatory Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 15 2009
SPRINGFIELD, ILLINOIS

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 1 0 2009
SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective July 10, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	$19,571,799	+7.3%
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): We are revising our rates, deviating from the National Council on Compensation Insurance (NCCI) 1/1/09 rates. Preferred classes (listed on cover letter) are deviated +23% from NCCI advisory rates. All other classes are deviated +30% from NCCI advisory rates.

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

Auto-Owners Insurance Company
Name of Company

Jennifer L. Smith, Assistant Manager
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or −)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation (Line of Insurance)	1,822,000	2.5

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):
Advisory Voluntary Workers Compensation Rates and Minimum Premium Filed by NCCI
Law only Filing

*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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	261,042	+0.16%
	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's 04/01/09 Law-Only Loss Costs while maintaining our current LCM of 1.30 for all class codes.

*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

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 04/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	921,794	+2.4%
16. Other _____ Line of Insurance		

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) **See Filing Memorandum;** (Adopt 4/1/09 Advisory Rates)

Law only Filing

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

BANKERS STANDARD INSURANCE COMPANY
Name of Company

Steve Kreider – WC Associate Product Manager
Official Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$9,473,406	+2.5%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI's revised loss costs for Illinois per Circular IL-2009-03 Laws only Filing

* Adjusted to reflect all prior rate changes.
** 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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	$1,878,183	+2.5%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI's revised loss costs for Illinois per circular IL-2009-03. Law only Filing

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

Bituminous Fire and Marine Insurance Company
Name of Company

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDPPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

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

H29219D

INS00106

RECEIVED
APR 13 2009
IDFPR (MPS)
DIVISION OF INSURANCE
SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 4/1/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	$7,353,405	+2.5%
16. Other _____ Line of Insurance		

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

Applicable to all territories and classifications

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is to adopt the NCCI Loss Costs referenced in approval circular IL-2009-03. Law only Filing

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

Carolina Casualty Insurance Company
Name of Company

Stacye E. Adams – Sr. Compliance & Regulatory Specialist
Official Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp (Line of Insurance)	$3,710,857	+2.5%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adopting IL law only Filing reflecting the implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center Fee Schedules loss costs

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

Central Mutual Ins Co
Name of Company

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
SEP 01 2009
SPRINGFIELD, ILLINOIS

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

H29219D

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 08-01-09

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or 1)**
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	$4,568,462.00	2.17%
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 an advisory organization, specify organization)
Church Mutual Insurance Company is adopting Reference Filing Numbers IL-2009-01, IL-2009-03 and IL-2009-04. LAW only Filing

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

Church Mutual Insurance Company
Name of Company

Lynn A. Reichelt
Director--Casualty Lines
Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/DFPR
FILED
AUG 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective July 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$67,631,901	+2.5%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's 4-1-2009 rate change for a company effective date of 7-1-2009. Please reference NCCI circulars IL-2009-03 and IL-2009-01.

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

The Cincinnati Casualty Company
Name of Company

Kara Armstead - Senior Filings Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective July 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$7,722,693	+2.5%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's 4-1-2009 rate change for a company effective date of 7-1-2009.
Please reference NCCI circulars IL-2009-03 and IL-2009-01.

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

The Cincinnati Indemnity Company
Name of Company

Kara Armstead - Senior Filings Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective July 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$15,533,603	+2.5%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's 4-1-2009 rate change for a company effective date of 7-1-2009.
Please reference NCCI circulars IL-2009-03 and IL-2009-01.

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

The Cincinnati Insurance Company
Name of Company

Kara Armstead - Senior Filings Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 01 2009
SPRINGFIELD, ILLINOIS

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/09.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$1,019,637	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 NCCI rates as found in NCCI Circular IL-2008-13.

DIVISION OF INSURANCE
STATE OF ILLINOIS/DFPR
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

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

Citizens Insurance Company of America
Name of Company

Michele L. Holm - Pricing Consultant
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/09.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$4,395,523	3.5%

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 NCCI rates as found in NCCI Circular IL-2008-13.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

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

Citizens Insurance Company of Illinois
Name of Company

Michele L. Holm - Pricing Consultant
Official - Title

H29219D

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 8/1/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	$1,111,692	2.50%
Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
AUG 0 1 2009
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):
Postpone NCCI's effective date of approval circular IL-2009-03 from 4/1/09 to 8/1/09.
Law only Filing

* 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

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

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(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)	$28,520,386	3.3%

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): NCCI

Please refer to the enclosed Actuarial Memorandum.

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

Consolidated Insurance Company
Name of Company

Dan Francis, Sr. Regulatory Filing Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUN 01 2009
SPRINGFIELD, ILLINOIS

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective May 1, 2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	$5,500,000	2.5%
16. Other _____ Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 1 2009
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 April 1, 2009 without deviation. Proposed effective date is 5/1/09. Law only Filing

* 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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 0 1 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective **8/1/2009**

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other **WC** (Line of Insurance)	**$3,359,004.**	**+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):
Adopting NCCI revised loss costs in Law-Only Filing dated effective April 1, 2009.
Revising Company exception page WC-LICA-1.

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
AUG 0 1 2009
SPRINGFIELD, ILLINOIS

Continental Western Insurance Company
Name of Company

Sharon Winter, Statistical & Research Analyst
Official - Title

H29219D

Section 754

Section 754.EXHIBIT ASummary Sheet (Form RF-3)

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009 For New and Renewal Policies.

	(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 Life of Insurance	$141,399	+ 2.5%

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): NCCI Voluntary Market Law-Only Loss Cost Filing Effective April 1, 2009 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.

Cooperative Mutual Insurance Company
Name of Company

Robert W. Jensen, Vice President
Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

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 April 1, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	$83,334	%+2.5
	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): EastGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance., effective April 1, 2009 per IL-2009-03, which reflects an overall increase of 2.5%, for all policies effective on and after April 1, 2009. Law only Filing

*Adjusted to reflect all prior rate changes.

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

EastGUARD Insurance Company
Name of Company

Jolene Carey, State Filings Representative
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$8,761,166	2.50%

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 $12.01

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-2009-03 at current modification of 1.00.

LAW only Filing

*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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 01 2009
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 ~~04/01/2009~~ 07-01-09.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger	0	0
	Commercial	0	0
2	Automobile Physical Damag		
	Private Passenger	0	0
	Commercial	0	0
3.	Liability Other Than Auto	0	0
4.	Burglary and Theft	0	0
5.	Glass	0	0
6.	Fidelity	0	0
7.	Surety	0	0
8.	Boiler and Machinery	0	0
9.	Fire	0	0
10.	Extended Coverage	0	0
11.	Inland Marine	0	0
12.	Homeowners	0	0
13.	Commercial Multi-Peril	0	0
14.	Crop Hail	0	0
15.	Other Workers Compensation	13,668,828	3.8%
	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): The intent of the filing is to adopt th IL 04.01.2009 advisory rates effective 07.01.2009.

LAW only Filing

*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

Melody A Misiaszek
Official – Title

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DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective July 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	$3,752,743	+2.5%
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) National Council on Compensation Insurance, Circular IL-2009-01, released 2-19-09. LAW only Filing

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

Employers Compensation Ins Co
Name of Company

Terry Marie Counce
Official — Title

Senior Product Manager

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$4,590,969	2.50%

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 $12.01

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-2009-03 at current modification of 1.00.

LAW only filing

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

Employers Mutual Casualty Company
Name of Company

Don Coughennower Assistant Vice President
Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
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 04/01/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger	0	0
	Commercial	0	0
2	Automobile Physical Damag		
	Private Passenger	0	0
	Commercial	0	0
3.	Liability Other Than Auto	0	0
4.	Burglary and Theft	0	0
5.	Glass	0	0
6.	Fidelity	0	0
7.	Surety	0	0
8.	Boiler and Machinery	0	0
9.	Fire	0	0
10.	Extended Coverage	0	0
11.	Inland Marine	0	0
12.	Homeowners	0	0
13.	Commercial Multi-Peril	0	0
14.	Crop Hail	0	0
15.	Other Workers Compensation	761,983	3.8%
	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): The intent of the filing is to adopt the IL 04.01.2009 loss costs effective 07.01.2009.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 01 2009
SPRINGFIELD, ILLINOIS

*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

Melody A Misiaszek
Official – Title

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DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$9,696,938	+5.0%

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
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):
This filing is to increase the loss cost multipliers by 5%. The current loss cost multiplier is 1.567 and the proposed is 1.645.

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

Erie Insurance Exchange
Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA
Vice President and Manager
Official - Title

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SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$1,218,982	+5.0%

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 0 1 2009
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):
This filing is to increase the loss cost multipliers by 5%. The current loss cost multiplier is 1.410 and the proposed is 1.481.

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

Erie Insurance Flagship City
Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA
Vice President and Manager
Official - Title

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DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$67,029	+5.0%

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
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):
This filing is to increase the loss cost multipliers by 5%. The current loss cost multiplier is 1.802 and the proposed is 1.892.

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

Erie Insurance Property & Casualty
Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA
Vice President and Manager
Official - Title

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DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$1,177,287	+5.0%

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
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):
This filing is to increase the loss cost multipliers by 5%. The current loss cost multiplier is 1.254 and the proposed is 1.317.

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

Erie Insurance Company of New York
Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA
Vice President and Manager
Official - Title

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DEC 22 2008
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Autobobile 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)	$1,509,518	+5.0%

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
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):
This filing is to increase the loss cost multipliers by 5%. The current loss cost multiplier is 1.640 and the proposed is 1.722.

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

Erie Insurance Company
Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA
Vice President and Manager
Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,632,670	+ 2.5% @
16. Other _____ Line of Insurance		

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

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

Adoption of NCCI approved 4/1/09 loss costs with a company effective date of 4/1/2009. No change to 1.600 loss cost multiplier.
NCCI approval circular IL-2009-03 Law only Filing

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

Everest National Ins. Co.
Name of Comp

Shivanie Fernandez Filing Analyst.
Official — Tit

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$1,169,754	2.4%

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): Adoption of Illinois law only filing provided by NCCI effective 4/1/09.

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

Farmland Mutual Insurance Company
Name of Company

Brad Liggett - Vice President of Underwriting
Official – Title

SION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
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 04/01/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
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. Law only Filing

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Federated Rural Electric Insurance Exchange
Name of Company

Shelly George, Actuarial Asst.
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation (Line of Insurance)	$12,752,756	+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):
Delayed adoption of the IL - Law-Only Filing Reflecting the Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules - Voluntary Advisoy Rates and Advisory Loss Costs Effective April 1, 2009. Our selected effective date is July 1, 2009. The percent of change listed above is estimated.

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

Frankenmuth Mutual Insurance Com
Name of Company

Wanda Raymond
R&D Senior Associate
Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 01 2009
SPRINGFIELD, ILLINOIS

RECEIVED
APR 24 2009
IDFPR (HPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	$1,654,226	+3.5%
16. Other _____ Line of Insurance		

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of the NCCI IL - 2008-07 filing.

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

Gateway Insurance Company
Name of Company

Lyn Ward, V.P. - Compliance
Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JAN 01 2009
SPRINGFIELD, ILLINOIS

RECEIVED
APR 24 2009
IDFPR (MPO)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 4/1/2009 .

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	$1,875,414	+2.5%
16. Other _____ Line of Insurance		

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI's IL-2009-01 "law only" filing

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

Gateway Insurance Company
Name of Company

Lyn Ward, V.P. - Compliance
Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET
FORM RF-3

Change in Company's premium or rate level produced by rate revision effective April 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,744,259	+2.5
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) Filing to maintain currently approved deviation of 1.050 to be used effective April 1, 2009 and applied to all April 1, 2009 Law-Only rates approved in NCCI Circular IL-2009-03.

* 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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective July 1, 2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	11,297,381	+8.1%

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 NCCI loss costs and rating values per approval circulars IL-2008-13 and IL-2009-03 with an increased LCM of 1.590 to become effective July 1, 2009 for new and renewal policies. This is a combination of two NCCI filings: the 1/1/09 loss cost filing (per IL-2008-13) and the 4/1/09 Law-Only filing (per IL-2009-03).

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 01 2009
SPRINGFIELD, ILLINOIS

Grinnell Mutual Reinsurance Company
Name of Company

Karen Bethea - 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 4/15/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other **16.0 Workers' Compensation** (Line of Insurance)	80,580	2.4%

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):
We are filing in response to recent law change. Adopting NCCI Circular IL-2009-03 with no deviation changes.

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

GuideOne Elite Insurance Company
Name of Company

Scott Reddig, Chief Actuary & SVP
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

F 540 UNIFORM

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/15/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other 16.0 Workers' Compensation (Line of Insurance)	1,063,633	2.1%

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):
We are filing in response to recent law change. Adopting NCCI Circular IL-2009-03 with no deviation changes.

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

GuideOne Mutual Insurance Company
Name of Company

Scott Reddig, Chief Actuary & SVP
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

F 540 UNIFORM

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/09.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$1,274,428	1.9%

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 NCCI rates as found in NCCI Circular IL-2008-13.

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

Hanover Insurance Company
Name of Company

Michele L. Holm - Pricing Consultant
Official - Title

H29219D

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DIVISION OF INSURANCE
SPRINGFIELD

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/01/2009, Filing #5380.

(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	$3,019,098	+2.5%
Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 01 2009
SPRINGFIELD, ILLINOIS

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) Filing Circular IL-2009-01. The rate change is due to the change in medical fee schedules.

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

Illinois Casualty Company
Name of Company

Anne Thomas, Program Manager
Official--Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$3,225,999	2.50%

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 $12.01

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-2009-03 at current modification of 1.00.

Law only Filing

*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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Form (RF-3) **IMT**

Change in Company's premium or rate level produced by rate revision effective: **4/1/09**

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & 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	**$584,888.00**	**+2.5%**
16.	Other:		

Line of Insurance

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
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): **Effective April 1, 2009, we wish to adopt the NCCI filing of advisory rates and rating values that were filed and approved to be effective that date for both companies in The IMT Group.**

*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

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective ~~04/01/2009~~ 10-01-09.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	143,971,666	+2.4%
16. Other _____ Line of Insurance		

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) **See Filing Memorandum;** (Adopt 4/1/09 Advisory Rates)

Law only Filing

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

INDEMNITY INSURANCE COMPANY of N. AMERICA
Name of Company

Steve Kreider – WC Associate Product Manager
Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
OCT 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$5,407,866	2.5%

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): NCCI

Please refer to the enclosed Actuarial Memorandum.

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

Indiana Insurance Company
Name of Company

Dan Francis, Sr. Regulatory Filing Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUN 01 2009
SPRINGFIELD, ILLINOIS

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JAN 21
IDFPR (MPG)
DIVISION OF INSURANCE
SPRINGFIELD

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	$68,661	+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): Adoption of NCCI's Voluntary Advisory Rates and Rating Values effective April 1, 2009.

Law only filing

*Adjusted to reflect all prior rate changes.

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

Insurance Company of the West
Name of Company

Tammy Steinell, Sr. Filing Analyst
Official – Title

Illinois

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APR 14 2009
IDFPR (MPG)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective April 1, 2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	$468,013	+8.2%
16. Other _____ Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

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's Law-Only Advisory Loss Costs, and Miscellaneous Values

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

Lumbermen's Underwritng Alliance
Name of Company

Donna Bauman – P&C Filing Analyst
Official — Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/09.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$5,210,342	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 NCCI rates as found in NCCI Circular IL-2008-13.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

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

Massachusetts Bay Insurance Company
Name of Company

Michele L. Holm - Pricing Consultant
Official - Title

H29219D

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation (Line of Insurance)	$76,280	+2.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This is a reference filing. We are adopting the changes made by NCCI in Circular IL-2009-03

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the changes made by NCCI in Circular IL-2009-03. Our only deviation is unchanged from all prior rate filings. Our maximum minimum premium is filed at $750 as oppposed to the NCCI maximum minimum premium of $1000. Please see the attached manual exception page which indicates the maximum minimum premium is $750. The manual exception page shows the maximum minimum premium and the premiumm algortithm we filed in 2008, 2007 and 2006. LAW only Filing

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

MEMIC Indemnity Company
Name of Company

Compliance Manager
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Illinois

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DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 4/1/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	$160,880	+2.5%
16. Other _____ Line of Insurance		

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

Applicable to all territories and classifications

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is to adopt the NCCI Loss Costs referenced in approval circular IL-2009-03. Law only Filing

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

Midwest Employers Casualty Company
Name of Company

Stacye E. Adams – Sr. Compliance & Regulatory Specialist
Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUN 01 2009
SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/01/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		0.0
	Commercial		0.0
2	Automobile Physical Damag		
	Private Passenger		0.0
	Commercial		0.0
3.	Liability Other Than Auto		0.0
4.	Burglary and Theft		0.0
5.	Glass		0.0
6.	Fidelity		0.0
7.	Surety		0.0
8.	Boiler and Machinery		0.0
9.	Fire		0.0
10.	Extended Coverage		0.0
11.	Inland Marine		0.0
12.	Homeowners		0.0
13.	Commercial Multi-Peril		0.0
14.	Crop Hail		0.0
15.	Other Work Comp	$999,345	+2.5
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI 04/01/2009 rates

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
01 2009
ILLINOIS

Midwest Family Mutual Ins Co
Name of Company

Heather Sams- R & D Analyst
Official – Title

ILLINOIS SUMMARY SHEET
FORM RF-3

Change in Company's premium or rate level produced by rate revision effective: 5/1/2009

(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	+2.4%
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 is adopting the NCCI advisory rates effective April 1, 2009 with previously approved 10% downward deviations for class codes 2003, 3145, 3400, 3632, 8001, 8006, 8010, 8017, 8018, 8021, 8033, 8046, 8832, 9052, 9058, 9060, 9082, 9083, 9586 . Midwest Insurance Company is adopting the revised rates effective 5/1/2009

Law only filing

* 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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

Larry E. Hochstetler-VP Planning
Official - Title

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SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/09

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation (Line of Insurance)	3,462,126	2.5%

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 the National Council on Compensation Insurance, Inc.'s ("NCCI") Illinois Law-Only Filing Reflecting The Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules - Voluntary Loss Costs, Effective April 1, 2009

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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APR 01 2009
SPRINGFIELD, ILLINOIS

Mitsui Sumitomo Insurance Company of America
Name of Company

Scott M. Herbert, Sr. Gov't. Affairs Analyst
Official - Title

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SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/09

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation (Line of Insurance)	2,237,869	2.6%

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 the National Council on Compensation Insurance, Inc.'s ("NCCI") Illinois Law-Only Filing Reflecting The Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules - Voluntary Loss Costs, Effective April 1, 2009

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Mitsui Sumitomo Insurance USA Inc.
Name of Company

Scott M. Herbert, Sr. Gov't. Affairs Analyst
Official - Title

H29219D

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 04/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	$1,856,244	+2.5%
16. Other _____ Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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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) Law only Filing

Adoption of NCCI Workers Compensation Loss Cost Reference Filing Number IL-2009-03, effective 04/01/2009.

* 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)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$4,257,492	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 Illinois law only filing provided by NCCI effective 4/1/09.

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

Nationwide Agribusiness
Name of Company

Brad Liggett - Vice President of Underwriting
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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APR 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(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)	$10,343,294	4.1%

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): NCCI

Please refer to the enclosed Actuarial Memorandum.

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

The Netherlands Insurance Company
Name of Company

Dan Francis, Sr. Regulatory Filing Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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JUN 01 2009
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SPRINGFIELD

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 April 1, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	$773,618	%+2.5
	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): NorGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, Inc., effective April 1, 2009 per IL-2009-03 which reflects an overall increase of 2.5%, for all policies effective on and after April 1, 2009. Law only Filing

*Adjusted to reflect all prior rate changes.

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

NorGUARD Insurance Company
Name of Company

Jolene Carey, State Filings Representative
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3) ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler & Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation	5,992,436	2.5%
16. Other		

Does filing only apply to certain territory(ies) 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 Law only Filing

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

North American Specialty Insurance Company
Name of Company

Linda Snook, Compliance Specialist
Official -- Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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APR 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(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)	$2,879,351	4.2%

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): NCCI

Please refer to the enclosed Actuarial Memorandum.

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

The Ohio Casualty Insurance Company
Name of Company

Dan Francis, Sr. Regulatory Filing Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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SPRINGFIELD

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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 6/1/2009 NB & RB

(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)	$747,560	3.1%

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): NCCI

Please refer to the enclosed Actuarial Memorandum.

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

Ohio Security Insurance Company
Name of Company

Dan Francis, Sr. Regulatory Filing Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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JUN 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$8,511,031	+2.5

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-2009-01 IL Law-Only Filing due to the Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center Fee Schedules - Voluntary Advisory Loss Costs, Rates, and Rating Values

We request an effective date of April 1, 2009 to coincide with the NCCI loss cost filing approved under Circular IL-2009-03.

We will apply our LCM, 1.64, to the April 1, 2009 NCCI loss costs.

We hereby certify that the only changes made from our previously filed manual are the NCCI changes as adopted and filed under our Rates Tab.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

* 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 - AVP, Compliance
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	10,471,22,	+2.5

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-2009-01 IL Law-Only Filing due to the Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center Fee Schedules - Voluntary Advisory Loss Costs, Rates, and Rating Values

We request an effective date of April 1, 2009 to coincide with the NCCI loss cost filing approved under Circular IL-2009-03.

We will apply our LCM, 1.72, to the April 1, 2009 NCCI loss costs.

We hereby certify that the only changes made from our previously filed manual are the NCCI changes as adopted and filed under our Rates Tab.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Old Republic Insurance Company
Name of Company

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

H29219D

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 10 2009
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 July 10, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	$27,799,574	+7.0%
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): We are revising our rates, deviating from the National Council on Compensation Insurance (NCCI) 1/1/09 rates. Preferred classes (listed on the cover letter) are deviated +10% from NCCI advisory rates. All other classes are deviated +17% from NCCI advisory rates.

*Adjusted to reflect all prior rate changes.

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

Owners Insurance Company
Name of Company

Jennifer L. Smith, Assistant Manager
Official – Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 04/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	6,480,917	+2.4%
16. Other _____ Line of Insurance		

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adopt 4/1/09 Advisory Rates

Law only Filing

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

PACIFIC EMPLOYERS INSURANCE COMPANY
Name of Company

Steve Kreider – WC Associate Product Manager
Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(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)	$511,483	1.1%

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): NCCI

Please refer to the enclosed Actuarial Memorandum.

*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

Dan Francis, Sr. Regulatory Filing Analyst
Official – Title

DIVISION OF ... STATE OF ILLINOIS
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JUN 01 2009
SPRINGFIELD, ILLINOIS

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SPRINGFIELD

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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 6/1/2009 NB & RB

(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)	$3,792,473	2.0%

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): NCCI

Please refer to the enclosed Actuarial Memorandum.

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

Peerless Insurance Company
Name of Company

Dan Francis, Sr. Regulatory Filing Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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SPRINGFIELD

F 540 UNIFORM

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 0 1 2009
SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4-1-09 New & Renewal.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	$43,356,282	+3.3%
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adopt NCCI Rate Revision of 4-1-09 without deviation.

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

PEKIN INSURANCE COMPANY
Name of Company

R.M. MCGANN - Director of Pricing & Regulatory Filings, Assistant Secretary
Official – Title

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SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective **April 1, 2009 New and Renewal**

	(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)	**$1,079,563**	**+2.5%**

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of April 1, 2009 NCCI loss costs law only filing.

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STATE OF ILLINOIS/IDFPR
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APR 01 2009
SPRINGFIELD, ILLINOIS

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

Penn Millers Insurance Company
Name of Company

Stephanie Smith - Business Analyst II
Official - Title

H29219D

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7-1-2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
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	-0.7%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: The LCM for Class Code 8045 will be reduced slightly from 1.427 to 1.222 with this filing. All other classes will have the loss cost multiplier remain at 1.644.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Cost Revisions - announced in Circular IL-2009-03.

Law only Filing

*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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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JUL 01 2009
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SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 5/15/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,942,768	+23.0
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)

Adopts the April 2009 NCCI revised rates and miscellaneous values with a deviation of 1.20

* 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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 1 5 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation (Line of Insurance)	$590,633	+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):
Adopt NCCI Advisory Rates and Rating Values referenced in Circular #IL-2009-03. Law only Filing

* 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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Denise A. Hill, VP, Corporate Compliance Officer
Official - Title

H29219D

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective April 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	$3,172,105	2.5%
16. Other _____ Line of Insurance		

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

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Protective Insurance Company is a member of NCCI. We wish to adopt the approved advisory rates referenced in NCCI Circular IL-2009-03. Law only Filing

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

Protective Insurance Company
Name of Company

Jeremy Jaynes - Compliance Analyst
Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

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

FORM (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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APR 0 1 2009
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective APRIL 1, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other WORKERS COMPENSATION	$691,941	+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): Law only Filing ADOPTING LOSS COST AND RATING VALUES EFFECTIVE APRIL 1, 2009 AS PER NCCI CIRCULAR IL-2009-01 AND APPROVAL CIRCULAR IL-2009-03. WE WILL NOT BE AMENDING OUR CURRENTLY APPROVED LOSS COST MULTIPLIER OF 1.375 AND EXPENSE CONSTANT OF $280.00

*Adjusted to reflect all prior rate changes.

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

PUBLIC SERVICE MUTUAL INSURANCE COMPANY
Name of Company

ANITA FITCH - WORKERS COMPENSATION ANALYST
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/01/2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation (Line of Insurance)	$2,033,534	+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 Law-Only Filing Reflecting the Implementation of the ASTC Fee Schedule - effective 6/1/2009 for Rockwood Casualty Insurance Company

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUN 01 2009
SPRINGFIELD, ILLINOIS

Rockwood Casualty Insurance Company - FED
TAX ID 25-1620138
Name of Company

Andra M. Snyder, Regulatory Compliance Officer
Official - Title

H29219D

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

INSURANCE
IDFPR
APR 2009
ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	29,129,700 (exact)	+2.5%
	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): NCCI Law-Only Filing Effective 4-1-2009

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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APR 01 2009
SPRINGFIELD, ILLINOIS

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

SeaBright Insurance Company
Name of Company

SVP Underwriting
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 1-1-09.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	28,078,973	+ 3.8%
16. Other _____ Line 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) Voluntary Advisory Rate & Rating Values Effective 1.1.09

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

SEABRIGHT INSURANCE
Name of Company

[signature] - Underwriting Director
Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JAN 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective New and Renewal 5-1-2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	167,751 (2008 DWP)	+ 2.5%

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, Inc. rate and rating value change. Law only Filing

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

Standard Mutual Insurance Company
Name of Company

Larry L. Boehm
Larry L. Boehm, Assistant Underwriting Manager
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 4/1/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	$3,991,383	+2.5%
16. Other _____ Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

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

Applicable to all territories and classifications

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is to adopt the NCCI Loss Costs referenced in approval circular IL-2009-03. Law only Filing.

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

StarNet Insurance Company
Name of Company

Stacye E. Adams – Sr. Compliance & Regulatory Specialist
Official — Title

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

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	31722329	+2.5%
	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 rates referenced in IL-2009-01 on 7/1/2009

Law only Filing

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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JUL 15 2009
SPRINGFIELD, ILLINOIS

Technology Insurance Company
Name of Company

Submitted by: James Shoenfelt, ACAS
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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APR 01 2009
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/01/2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation (Line of Insurance)	2,213,027	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 Law-Only Filing Reflecting the Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules
Voluntary Advisory Rates and Advisory Loss Costs Effective April 1, 2009

* 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 New York
Name of Company

Faye V. Storch
Senior Business Analyst
Official - Title

H29219D

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APR 16 2009
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation (Line of Insurance)	585,962	2.5%

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):

Adoption of NCCI IL WC Law Only Filing Reflecting the Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules-Voluntary Advisory Rates Effective April 1, 2009 Law only Filing

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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APR 01 2009
SPRINGFIELD, ILLINOIS

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
Name of Company

Gloria A. Goldbranson, FLMI - Compliance Support Leader
Official - Title

H29219D

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective April 1, 2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	$ 119,340	3.1%
16. Other _____ Line of Insurance		

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%. NCCI Law only Filing

* 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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
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 7/1/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	4673711	+2.5%
	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 rates referenced in IL-2009-01 on 7/1/2009

Law only Filing

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUL 15 2009
SPRINGFIELD, ILLINOIS

Wesco Insurance Company
Name of Company

Submitted by: James Shoenfelt, ACAS
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(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)	$3,408,603	3.7%

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): NCCI

Please refer to the enclosed Actuarial Memorandum.

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

West American Insurance Company
Name of Company

Dan Francis, Sr. Regulatory Filing Analyst
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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JUN 01 2009
SPRINGFIELD, ILLINOIS

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DIVISION OF INSURANCE
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DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
SEP 01 2009
SPRINGFIELD, ILLINOIS

	(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	+2.5

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 +2.5%. Adopting April 1, 2009 advisory rates for the law only change.
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.

Westfield Insurance Co.
Name of Company

Rhonda Roberts
Production Specialist
Product Management
Official - Title

H29219D

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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SEP 01 2009
SPRINGFIELD, ILLINOIS

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SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
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	+2.5

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 +2.5% and a previously filed deviation of 1.25 from the NCCI rates. Adopting April 1, 2009 advisory rates law only change.
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.

STATE OF ILLINOIS
FILED
SEP 01 2009
SPRINGFIELD, ILLINOIS

Westfield National Insurance Co.
Name of Company

Rhonda Roberts
Production Specialist
Product Management
Official - Title

H29219D

Form (RF-3) ILLINOIS

SUMMARY SHEE

Change in Company's premium or rate level produced by rate revision effective 04/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler & Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation	17,138,231	2.4%
16. Other		

Does filing only apply to certain territory(ies) 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 Law only filing

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

Westport Insurance Corporation
Name of Company

Linda Snook, Compliance Specialist
Official -- Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 5 1 09 .

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,510,742	+2.5%
16. Other _____ Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
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) Following NCCI Loss Costs effective 4 1 09 -- Implementation of Hospital Outpatient and Ambulatory Surgical Treatment Center Fee Schedule-No change to LCM-WFCC effective 5 1 09

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

Work First Casualty Company
Name of Company

Kathy T. Forno,HIA,ACP Manager, State Filings
Official — Title