Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 12/1/2009

(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 Manufactured Homeowner (Line of Insurance)	$1,081,004	+8.04%

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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): In this filing we are increasing Flat Base Rate for Owner Byline and Seasonal Byline programs. We are also combining Flate Base Rates for the Single-Sectional and Doublewide programs to the Owner Package program.

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

American Family Home
Name of Company

Traci Burbage – State Filer
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 12/1/2009

(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 Manufactured Homeowner (Line of Insurance)	$516,621	+15.04%

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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): In this filing we are increasing Flat Base Rate for Owner Byline, Seasonal Byline, Owner Package (Single-Sectional, Doublewide and Senior Doublewide) and Rental programs. We are also increasing the Unprotected Factor for Owner Package Doublewide and Senior Doublewide for Territories 50 & 52. Please refer to the Cover Letter for more detailed description of changes.

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

American Modern Select Insurance Company
Name of Company

Tamara Harty/Filing Analyst
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective **12-1-09**

(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 **Businessowners** Line of Insurance	**255,877**	**-12.2**

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
Applies to all Businessowners sublines, territories, coverages, classes, etc. Not applicable to company independent Restaurant Program (FRP)

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):
Revise Company LCM. Revised and new company exception pages. Adding company relativity factors for BPP based on Bldg Age and BPP Limit of Insurance. Revising company class factors and Bldg Age factors for bldgs. Add new company Liability factors based on premium basis.

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

Continental Western Insurance Company
Name of Company

Vicki Jacobs
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective **12-1-09**

(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 **Businessowners** Line of Insurance	**231,815**	**-13.9%**

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
Applies to all Businessowners Restaurant Program sublines, territories, coverages, classes, etc

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):
Revise Company Restaurant Program LCM. Revised and new company exception pages. Revise company Rest Program Class Factors. New and revised rating factors for BOP also apply to Restaurant Program.

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

Continental Western Insurance Company
Name of Company

Vicki Jacobs
Official - Title

H29219D

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

FORM (RF-3)

SUMMARY SHEET

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

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other BUSINESSOWNERS	384109	-6.07
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Filing to adopt current ISO, revise LCM and update Businessowners rates/rules to Division 10 and match current ISO

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

Discover Property & Casualty Insurance Company
Name of Company

Mark Holmes - Property Division
Official – Title

Form (RF-3)

SUMMARY SHEET

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Worker's Compensation		
16. Other Farm Line of Insurance	$ 301,315	7.50%

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

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

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

Madison Mutual Insurance Company
Name of Company

Ed Sprehe - Underwriting Manager
Official - Title

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ILLINOIS SUMMARY SHEET

FORM RF-3

LOB: **Commercial Property**

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

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	**1,208,746**	**-11.8%**
10. Extended Coverage	**864,471**	**24.5%**
11. Inland Marine	**16,757**	**-3.5%**
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other **Earthquake** Line of Insurance	**29,068**	**122.1%**

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of ISO's loss costs and rules with new loss cost multipliers.

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

Universal Underwriters Insurance Company
Name of Company

Gabriel Coon - Actuarial Analyst II
Official - Title

Printing 8/95

— Revised Date —

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 October 15, 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 Other Liability	$132,948	-14%
	Life of Insurance		

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Does filing only apply to certain territory (territories) or certain Classes? If so, specify: Territory factor changes are part of this filing with Cook County territory factor decreasing by 10% and the rest of the state factor increasing by 2.5%.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Revision to our Small Firms Program. We are revising the territory factor, base rate structure experience modification factor, and deductible factors.

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

XL Specialty Insurance Company
Name of Company

Boyd Adams, Assistant Vice President
Official – Title