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 ~~+4.2%~~

(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)	54,304,816	+4.2%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes, although the resulting impact is not uniform by classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the NCCI loss costs referenced in NCCI Approval Circular IL-2008-13; adjust loss cost multipliers; adopt terrorism coverage

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

Accident Fund Insurance Company of America
Name of Company

Judy Thomas, CWCP, Regulatory Compliance Specialist
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 05-01-09 ~~+8.7~~%

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	3,809,846	+3.7%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes, although the resulting impact is not uniform by classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the NCCI loss costs referenced in Approval Circular IL-2008-13; adjust loss cost multipliers; adopt terrorism coverage

*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

Accident Fund General Insurance Company
Name of Company

Judy Thomas, CWCP, Regulatory Compliance Specialist
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 +2.8%

(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)	4,958,294	+2.8%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes, although the resulting impact is not uniform by classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the NCCI loss costs referenced in Approval Circular IL-2008-13; adjust loss cost multipliers; adopt terrorism coverage

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

Accident Fund National Insurance Company
Name of Company

Judy Thomas, CWCP, Regulatory Compliance Specialist
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
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SPRINGFIELD, ILLINOIS

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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 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)	$18,302,208	10.2%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI changes in circular IL-2008-07 .

*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

Allied P&C Insurance Company
Name of Company

Marie T. Safreed, State Filing Specialist
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 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)	$6,111,799	9.5%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI changes in circular IL-2008-07.

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

DIVISION OF PROPERTY & CASUALTY
STATE OF ILLINOIS/IDFPR
FILED
JUL 01 2009
SPRINGFIELD, ILLINOIS

AMCO Insurance Company
Name of Company

Marie T. Safreed, State Filing Specialist
Official – Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 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	+2.1% +
16. Other _____ Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JAN 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 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 January 1, 2009.

* 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 D. Sine, Senior State Filing Analyst
Official — Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/2009

(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)	2,184,859	0.0%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of latest NCCI loss cost and revision of loss cost multplier

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

Brotherhood Mutual Insurance Company
Name of Company

Don Glick, AVP Research & Development
Official – Title

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

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

Form (RF-3)

SUMMARY SHEET

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. Other **WC** (Line of Insurance)	**$3,342,545.**	**+3.84%**

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 loss costs and Rating Value Revision effective January 1, 2009.
Revising Company loss cost multipliers.

* 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

Sharon Winter, Statistical & Research Analyst
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 March 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)	887,641 (CY2007)	3.8%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
To adopt NCCI's 1/1/2009 loss costs

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

Crum & Forster Indemnity Company
Name of Company

Sharon D. Smith
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

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)	$360,530	10.7%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI changes in circular IL-2008-07.

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

Depositors Insurance Company
Name of Company

Marie T. Safreed, State Filing Specialist
Official – Title

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

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2009

	(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	$1,288,731	0.0%
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): Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2008-07 effective Jan. 1, 2009. Our filing (WC IL 0812 LCST) to be effective March 1, 2009.

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

Great American Alliance Insurance Company
Name of Company

Donna Lansing, Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2009

	(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	$9,595	0.8%
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 Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2008-07 effective Jan. 1, 2009. Our filing (WC IL 0812 LCST) to be effective March 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
MAR 01 2009
SPRINGFIELD, ILLINOIS

Great American Assurance Company
Name of Company

Donna Lansing, Product Analyst
Official - Title

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

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2009

	(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	$945	5.0%
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):
Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2008-07 effective January 1, 2009. Our filing (WC IL 0812 LCST) to be effective March 1, 2009.

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

Great American Insurance Company
Name of Company

Donna Lansing, Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2009

	(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	$1,962,984	3.3%
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 Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2008-07 effective January 1, 2009. Our filing (WC IL 0812 LCST) to be effective March 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
MAR 0 1 2009
SPRINGFIELD, ILLINOIS

Great American Insurance Company of New York
Name of Company

Donna Lansing, Product Analyst
Official - Title

Filing Date: 12/11/2008

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-Apr-09

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 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	13,685,098	3.9%

DIVISION OF INSURANCE
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Does this 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):

Hartford Accident and Indemnity Company will deviate -30%from the group rates.
including a loading for our own expenseswith an expense multiplier of 1.003.

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

Hartford Accident and Indemnity Company
Name of Company
Madhu Rao
Sr. Actuarial Analyst
Official-Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 0 1 2009

SPRINGFIELD, ILLINOIS

Filing Date: 12/11/2008

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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JAN 0 2 2009

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 1-Apr-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	9,505,133	3.9%

Does this 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):

Hartford Casualty Insurance Company will deviate -05%from the group rates.
including a loading for our own expenseswith an expense multiplier of 1.361.

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

Hartford Casualty Insurance Company
Name of Company
Madhu Rao
Sr. Actuarial Analyst
Official-Title

Filing Date: 12/11/2008

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-Apr-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	16,299,366	4.0%

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STATE OF ILLINOIS/IDFPR
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APR 01 2009
SPRINGFIELD, ILLINOIS

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED
JAN 02 2009
SPRINGFIELD, ILLINOIS

Does this 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):

Hartford Fire Insurance Company will deviate -10%from the group rates.
including a loading for our own expenseswith an expense multiplier of 1.29.

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

Hartford Fire Insurance Company
Name of Company
Madhu Rao
Sr. Actuarial Analyst
Official-Title

Filing Date: 12/11/2008

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

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-Apr-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	11,416,471	3.9%

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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JAN 02 2009
SPRINGFIELD, ILLINOIS

Does this 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):

Hartford Insurance Company Of Illinois will deviate -20%from the group rates.
including a loading for our own expenseswith an expense multiplier of 1.146.

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

Hartford Insurance Company Of Illinois
Name of Company
Madhu Rao
Sr. Actuarial Analyst
Official-Title

Filing Date: 12/11/2008

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

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-Apr-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	29,633,635	4.0%

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Does this 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):

Hartford Insurance Company of the Midwest will deviate -15%from the group rates.
including a loading for our own expenseswith an expense multiplier of 1.218.

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

Hartford Insurance Company of the Midwest
Name of Company
Madhu Rao
Sr. Actuarial Analyst
Official-Title

Filing Date: 12/11/2008

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-Apr-09

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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	(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	22,803,056	3.9%

Does this 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):

Hartford Underwriters Insurance Company will deviate 10%from the group rates.
including a loading for our own expenseswith an expense multiplier of 1.576.

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

Hartford Underwriters Insurance Company
Name of Company

Madhu Rao
Sr. Actuarial Analyst
Official-Title

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	770,[illegible]74	+3.5%
16. Other _____ Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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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)

At this time, the Manufacturers Alliance Insurance Company (NAIC #36897) files to adopt the loss costs approved in NCCI's filing #IL-2008-13 for use against our approved 1.920 LCM.

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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Manufacturers Alliance Insurance Company

Name of Company

Linda R. Greer- WC Product Analyst

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 March 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)	5,578,816 (CY2007)	3.8%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
To adopt NCCI's 1/1/2009 loss costs

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

The North River Insurance Company
Name of Company

Sharon D. Smith
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAR 0 1 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	3,458,753	+3.5%
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 **No**

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

At this time, the Pennsylvania Manufacturers' Association Insurance Company (NAIC #12262) files to adopt the loss costs approved in NCCI's filing #IL-2008-13 for use against our approved 1.540 LCM.

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

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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SPRINGFIELD, ILLINOIS

Pennsylvania Manufacturers' Association Insurance Company

Name of Company

Linda R. Greer- WC Product Analyst

Official — Title

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	110,868	+3.5%
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 **No**

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

At this time, the Pennsylvania Manufacturers Indemnity Company (NAIC #41424) files to adopt the loss costs approved in NCCI's filing #IL-2008-13 for use against our approved 1.250 LCM.

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

DIVISION OF INSURANCE
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Pennsylvania Manufacturers Indemnity Company

Name of Company

Linda R. Greer- WC Product Analyst

Official — Title

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

Filing Date: 12/11/2008

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-Apr-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	4,378,625	3.9%

Does this 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):

Sentinel Insurance Company, Ltd. will deviate -25%from the group rates.
including a loading for our own expenseswith an expense multiplier of 1.075.

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

Sentinel Insurance Company, Ltd.
Name of Company
Madhu Rao
Sr. Actuarial Analyst
Official-Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
APR 0 1 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
	Commercial		0
2	Automobile Physical Damag		
	Private Passenger		0
	Commercial		0
3.	Liability Other Than Auto		0
4.	Burglary and Theft		0
5.	Glass		0
6.	Fidelity		0
7.	Surety		0
8.	Boiler and Machinery		0
9.	Fire		0
10.	Extended Coverage		0
11.	Inland Marine		0
12.	Homeowners		0
13.	Commercial Multi-Peril		0
14.	Crop Hail		0
15.	Other wc	4,229,194	2.6
	Life of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): We are adopting the NCCI 01/01/2009 rates with exception for 8 classifications which we are filing final rates. The deviations used to obtain the final rates are the same as previously approved by your department.

*Adjusted to reflect all prior rate changes.

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

Star Insurance Company
Name of Company

Compliance Analyst
Official – Title

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

Filing Date 12/11/2008

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ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-Apr-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	56,436,569	4.0%

Does this 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):

Twin City Fire Insurance Company will deviate 00%from the group rates.
including a loading for our own expenseswith an expense multiplier of 1.433.

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

Twin City Fire Insurance Company
Name of Company
Madhu Rao
Sr. Actuarial Analyst
Official-Title

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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 March 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	9,094,565 (CY2007)	3.8%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
To adopt NCCI's 1/1/2009 loss costs

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

United States Fire Insurance Company
Name of Company

Sharon D. Smith
Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAR 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 5-1-09 ~~+2.9%~~

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	49,594,061	+2.9%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes, although the resulting impact is not uniform by classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the NCCI loss costs referenced in Approval Circular IL-2008-13; adjust loss cost multipliers; adopt terrorism coverage

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

United Wisconsin Insurance Company
Name of Company

Judy Thomas, CWCP, Regulatory Compliance Specialist
Official – Title

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

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