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 07/01/2009.

	(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	$1,364,150	0.3%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: This filing does not solely apply to certain territories or classes.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Change the Owners Insurance Company monoline deviation from -10.0% to -5.0%. Change the rates for Farm Equipment, the Implement Dealers Floater, and the Implement Dealers Stock Floater +5.0%.

*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

Emily Schmit - Manager CP&L Actuarial
Official – Title

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JUL 14 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective: **11-1-09**

(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 Dwelling Fire	____	____
11. Inland Marine (Personal)	**124,566**	**-8.4%**
12. Homeowners	____	____
13. Commercial Multi-Peril	____	____
14. Crop Hall	____	____
15. 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): **We are adopting ISO's 10/08 loss costs filing designation #PM-2009-RLA1. We are also revising our company loss cost multiplier from 1.473 to 1.493.**

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

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

H29219D

Central Mutual Insurance Company
Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
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 07/01/2009.

	(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	$2,380,798	0.3%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: This filing does not solely apply to certain territories or classes.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Change the Owners Insurance Company monoline deviation from -10.0% to -5.0%. Change the rates for Farm Equipment, the Implement Dealers Floater, and the Implement Dealers Stock Floater +5.0%.

*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

Emily Schmit - Manager CP&L Actuarial
Official – Title

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JUL 14 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 12-27-2009

	(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	$97,987	-0.7%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	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):
A change has been made to the minimum premium, policy term charge and to rates for coverage on jewelry.
An optional deductible of $1,000 has been added for jewelry.

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

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JUL 17 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Shelter Mutual Insurance Company
Name of Company

Brian Marcks, Coord Ins Dept Affairs
Official - Title

H29219D