Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective ~~+2.4%~~ 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 Worker's Compensation (Line of Insurance)	4,301,449	+2.4%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Law only Filing
Adopt loss costs per NCCI circular IL-2009-01 effective 8/1/09 for new and renewal policies only

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

Accident Fund General Insurance Company
Name of Company

Fawn Dunbar, Actuarial Analyst
Official – Title

FILED
AUG 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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APR 15 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 +~~2.4~~% 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 Worker's Compensation (Line of Insurance)	50,080,369	+2.4%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Law only Filing
Adopt loss costs per NCCI circular IL-2009-01 effective 8/1/09 for new and renewal policies only

*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

Fawn Dunbar, Actuarial Analyst
Official – Title

FILED
AUG 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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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 +2.4% 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 Worker's Compensation (Line of Insurance)	7,777,761	+2.4%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Law only Filing
Adopt loss costs per NCCI circular IL-2009-01 effective 8/1/09 for new and renewal policies only.

*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

Fawn Dunbar, Actuarial Analyst
Official – Title

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APR 15 2009
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DIVISION OF INSURANCE
SPRINGFIELD

FILED
AUG 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective **August 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	$133,392	+ 2.5%
16. Other _____ Line of Insurance		

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AUG 0 1 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

NO

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

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-01 and IL-2009-03

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

American Automobile Insurance Company
Name of Company

William S. Pavkovitz
Senior Vice President – Chief Compliance Officer
Official — Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11-01-2009

	(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)	$4,868,262	+2.2

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):
Adopting 4-1-09 NCCI law only filing effective 11-1-09. Correction of Effective Date

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

FILED

NOV 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

American Economy Insurance Company
Name of Company

Eric B. Ummel

Eric B. Ummel
Vice President, Commercial Lines Product Management
Official - Title

H29219D

FILED

DEC 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3) SUMMARY SHEET

Change in Company's premium o[illegible] produced by rate revision effective December 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)	$266,538	+2.6%

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 NCCI's April 1, 2009 loss costs adjusted by our loss cost multipliers. Multipliers are 1.985 for the hardware class 8010. 1.898 for wholesale class 8018, 1.812 for Implement Dealers class 8116 and 2.400 for all other classes of business.

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

American Hardware Mutual Ins. Co.
Name of Company

Evelyn Bachman, Filing/Manual Coord.
Official - Title

H29219D

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective **August 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	$3,190,406	+ 2.5%
16. Other _____ Line of Insurance		

FILED
AUG 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

NO

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

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-01 and IL-2009-03

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

The American Insurance Company
Name of Company

Senior Vice President – Chief Compliance Officer
Official — Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11-01-2009

(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)	$5,150,732	+2.2

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):
Adopting 4-1-09 NCCI law only filing effective 11-1-09. Correction of Effective date

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

FILED

NOV 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

American States Insurance Company
Name of Company

Eric B. Ummel

Eric B. Ummel
Vice President, Commercial Lines Product Management
Official - Title

H29219D

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective **August 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	$49,869	+ 2.5%
16. Other _____ Line of Insurance		

FILED
AUG 0 1 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

NO

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

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-01 and IL-2009-03

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

Associated Indemnity Corporation
Name of Company

William S. Paukovitz
Senior Vice President – Chief Compliance Officer
Official — Title

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. Worker's Compensation	51,000,000	0.0%
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):
We are adopting NCCI's 01/01/2009 rates and modifying our company specific rate deviations.

Due to our deviations, the overall impact will be 0.0%.

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

COUNTRY Mutual Insurance Company
Name of Company

Richard A. Smith
Chief Property/Casualty Actuary
Official and Title

FILED
JUL 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective **August 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	$721,884	+ 2.5%
16. Other _____ Line of Insurance		

FILED

AUG 0 1 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

NO

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

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-01 and IL-2009-03

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

Fireman's Fund Insurance Company
Name of Company

William S. Pavkovitz
Senior Vice President – Chief Compliance Officer
Official — Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11-01-2009

	(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)	$3,800,065	+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):
Adopting 4-1-09 NCCI law only filing effective 11-1-09. Correction of Effective date

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

FILED

NOV 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

First National Insurance Company of America
Name of Company

Eric B. Ummel

Eric B. Ummel
Vice President, Commercial Lines Product Management
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11-01-2009

	(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)	$1,780,314	+2.2

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):
Adopting 4-1-09 NCCI law only filing effective 11-1-09. Corrected Effective Date

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

General Insurance Company of America
Name of Company

FILED

NOV 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Eric B. Ummel

Eric B. Ummel
Vice President, Commercial Lines Product Management
Official - Title

H29219D

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

FILED

AUG 0 1 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 August 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	777,704	+11.6%
	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): Adopt the NCCI current loss cost and revise the company loss cost multipliers to a single multiplier.

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

Iowa American Insurance
Name of Company

Beverly Barber - Compliance
Official – Title

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

FILED

AUG 01 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 August 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	3,339,505	+11.6%
	Life of Insurance		

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

Law only Filing

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adopt the NCCI current loss cost and revise the company loss cost multipliers to a single multiplier.

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

Iowa Mutual Insurance
Name of Company

Beverly Barber - Compliance
Official – Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective **August 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	$2,961,064	+ 2.5%
16. Other _____ Line of Insurance		

FILED
AUG 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

NO

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

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-01 and IL-2009-03

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

National Surety Corporation
Name of Company

William S. Paukovitz
Senior Vice President – Chief Compliance Officer
Official — Title

RECEIVED
MAY - 8 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 08/01/2009

	(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)	6,232	-27.0%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Transition from NCCI rates to NCCI Loss Costs; initial submission of LCM; adoption of NCCI Law-Only loss costs from 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.

FILED
AUG 0 1 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Sompo Japan Fire & Marine Insurance Company of America
Name of Company

Sheila Barclift, State Filings Mgr.
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 08/01/2009

	(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)	1,791,654	-24.8%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Transition from NCCI rates to NCCI Loss Costs; initial submission of LCM; adoption of NCCI Law-Only loss costs from 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.

FILED
AUG 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Sompo Japan Isurance Company of America
Name of Company

Sheila Barclift, State Filings Mgr.
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 ~~+2.4%~~ 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 Worker's Compensation (Line of Insurance)	51,915,150	+2.4%

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Law only Filing
Adopt loss costs per NCCI circular IL-2009-01 effective 8/1/09 for new and renewal policies only.

*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

Fawn Dunbar, Actuarial Analyst
Official – Title

FILED
AUG 01 2009
STATE OF ILLINOIS
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