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

FILED
OCT - 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 10-1-09.

	(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	$5,539,616.00	+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):

to adopt the captioned Loss Cost Revision as contained in NCCI Circular Number IL-2009-03. All other rules and rating plans filed by Arch will remain unchanged.

*Adjusted to reflect all prior rate changes.

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

Arch Insurance Company
Name of Company

Tara Martin-Administrative Assistant
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)	-8,608	+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 the NCCI Loss Costs IL-2009-03 maintaining current multipliers.

FILED

JUL 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

Atlantic Specialty Insurance Company
Name of Company

Cheryl R. Turner

Cheryl R. Turner, Assistant Vice President Workers Compensation

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 Upon Approval 5/26/09

(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)	235000	28.3%

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):
File to use NCCI loss costs effective 4/1/2009; Filing Circular IL-2009-01; Approval 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.

Benchmark Insurance Company
Name of Company

Official – Title

Vincent Ha Consulting Actuary

FILED

MAY 26 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
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 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)	2,225,336	1.8%

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):
Adoption of latest NCCI loss cost

*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

Larry Jackson, AVP Research & Development
Official – Title

FILED
JUL 1 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

RECEIVED
APR 27 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 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. Workers Compensation	634,925	6.6%
16. Other _____ Line of Insurance		

FILED
JUL 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) Adopt NCCI's 4/1/09 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.

Companion Commercial
Name of Company

David Ziegler - Actuarial Assistant
Official — Title

RECEIVED
APR 27 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 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. Workers Compensation	2,319,026	7.1%
16. Other _____ Line of Insurance		

FILED
JUL 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) Adopt NCCI's 4/1/09 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.

Companion P+C
Name of Company

David Ziegler - Actuarial Assistant
Official — Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective June 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	499,405 (CY2008)	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):
To adopt NCCI's 4/1/2009 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.

Crum & Forster Indemnity Company
Name of Company

Regulatory Compliance Analyst
Official – Title

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

RECEIVED
JUN 10 2009
STATE OF ILLINOIS
DEPARTMENT 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	1,791,000	3.7%
16. Other _____ Line of Insurance		

FILED
JUL 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) Adoption of NCCI approved Workers Compensation loss costs and rating values per NCCI Circular IL-2009-01, with revised loss cost multipliers.

* Adjusted to reflect all prior rate changes

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

RECEIVED
JUN 04 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Discover Property Casualty Company
Name of Company

Carol Letendre, Regulatory Manager
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)	$733,982	+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 the NCCI Loss Costs IL-2009-03 maintaining current multipliers. We have an exception Minimum Premium of $500 for code 9015.

FILED

JUL 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

Employers Fire Insurance Company
Name of Company

Cheryl R. Turner

Cheryl R. Turner, Assistant Vice President Workers Compensation

Official -Title

RECEIVED
MAY - 4 2009
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 07/01/09

(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)	$10,427,104	+2.9%

FILED
JUL 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):
This filing is to adopt the approved 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.

Erie Insurance Exchange
Name of Company

Ross Fonticella

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

RECEIVED
MAY - 4 2009
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 07/01/09

(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 Multiple		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$1,690,089	+3.5%

FILED
JUL 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):
This filing is to adopt the approved 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.

Erie Insurance Flagship City
Name of Company

Ron Fonticella

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

RECEIVED
MAY - 4 2009
IDFPR (MPG)
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 07/01/09

(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)	$1,577,178	+4.7%

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):
This filing is to adopt the approved 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.

Erie Insurance Company
Name of Company

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

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

RECEIVED
MAY - 4 2009
IDFPR (MPO)
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 07/01/09

(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)	$1,779,325	+4.1%

FILED
JUL 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):
This filing is to adopt the approved 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.

Erie Insurance Company of New York
Name of Company

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

RECEIVED
MAY - 4 2009
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 07/01/09

(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)	$71,572	+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):
This filing is to adopt the approved 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.

Erie Insurance Property & Casualty
Name of Company

Ross Fontucella

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

FILED
JUL 0 1 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 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	597,000	-0.9%
16.	Other _____ Line of Insurance		

FILED
JUL 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) Adoption of NCCI approved Workers Compensation loss costs and rating values per NCCI Circular IL-2009-01, with revised loss cost multipliers.

* Adjusted to reflect all prior rate changes

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

Fidelity and Guaranty Insurance Company
Name of Company

Carol Letendre, Regulatory Manager
Official - Title

RECEIVED
JUN 04 2009
STATE OF ILLINOIS
DEPARTMENT 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	10,000	-6.6%
16. Other _____ Line of Insurance		

FILED
JUL 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) Adoption of NCCI approved Workers Compensation loss costs and rating values per NCCI Circular IL-2009-01, with revised loss cost multipliers.

* Adjusted to reflect all prior rate changes

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

Fidelity and Guaranty Insurance Underwriters
Name of Company

Carol Letendre, Regulatory Manager
Official - Title

RECEIVED
JUN 04 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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	2,213,158	+3.15%
	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): Rate revision. We consider our rates to be independent, based upon both NCCI and our own experience. Law only Filing

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

Hastings Mutual Insurance Company
Name of Company

Product Manager
Official – Title

Section 754

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

RECEIVED
JUN 0 9 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 July 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	$14,500,000	+ 3.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: Yes: 7380, 8742, 8810, 8824, 8825, 8826, 8829, 8832, 8833, 8835, 8842, 8864, 8868, 9015, 9040

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of 01/01/2009 NCCI Advisory Rates with the exception of NHRMA Mutual class code 9929 rate of $3.26. We will not be adopting the law only filing from NCCI 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.

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

NHRMA Mutual Insurance Company
Name of Company

Lloyd Wiesemann
Official – Title

Lloyd Wiesemann
Vice President, Insurance Services

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective June 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)	5,187,625 (CY2008)	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):
To adopt NCCI's 4/1/2009 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.

The North River Insurance Company
Name of Company

Regulatory Compliance Analyst
Official – Title

RECEIVED
JUN 10 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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

RECEIVED
MAY 22 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 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)	$1,759,883	+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 the NCCI Loss Costs IL-2009-03 maintaining current multipliers.

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

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

OneBeacon America Insurance Company
Name of Company

Cheryl R. Turner

Cheryl R. Turner, Assistant Vice President Workers Compensation

Official -Title

H29219D

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)	$173,407	+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 NCCI Loss Costs IL-2009-03 maintaining current multipliers.

FILED

JUL 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

OneBeacon Insurance Company
Name of Company

Cheryl R. Turner

Cheryl R. Turner, Assistant Vice President Workers Compensation
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 May 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 Workers' Comp (Line of Insurance)	$100,000 estimated	+ 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 Approval Circular IL-2009-03 – 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.

Safety First Insurance Company
Name of Company

Marilyn Tinnell, CPCU - Compliance Manager
Official – Title

FILED
MAY 15 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RECEIVED
JUN 05 2009
STATE OF ILLINOIS
DEPARTMENT 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 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 Workers' Comp (Line of Insurance)	$1,500,000 estimated	+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 Approval Circular IL-2009-03 – 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.

Safety National Casualty Corporation
Name of Company

Marilyn Tinnell, CPCU - Compliance Manager
Official – Title

RECEIVED
JUN 05 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

FILED
MAY 15 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

FORM (RF-3)

SUMMARY SHEET

FILED

JUL - 1 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percentage 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	$13,850,592	+2.5%
	Life 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): Adoption of NCCI rates from circular IL-2009-01 reflecting implementation of new medical fee schedules.

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

Society Insurance, a mutual company
Name of Company

Chad Thurn - Staff Underwriting Manager
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 08/01/2009.

	(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	6,334,113	2.56
	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 4/1/2009 (law only) rates with exception for 8 classifications which we are filing final rates. The deviations used to obtain these 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.

FILED

AUG 0 1 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Star Insurance Company
Name of Company

Compliance Analyst AMANDA Webster
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

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)	$32,489,704	+2.3%

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): Adopting NCCI's 4/1/2009 loss costs and miscellaneous rating values due to the implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules..

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

State Farm Fire and Casualty Company
Name of Company

Gregory S. Girard, Actuary & Assistant Secretary Treasurer
Official – Title

FILED

SEP 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 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	4,695,000	6.9%
16. Other _____ Line of Insurance		

FILED
JUL 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) Adoption of NCCI approved Workers Compensation loss costs and rating values per NCCI Circular IL-2009-01, with revised loss cost multipliers.

* Adjusted to reflect all prior rate changes

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

United States Fidelity and Guaranty Company
Name of Company

Carol Letendre, Regulatory Manager
Official - Title

RECEIVED
JUN 04 2009
STATE OF ILLINOIS
DEPARTMENT 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 June 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	5,459,274 (CY2008)	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):
To adopt NCCI's 4/1/2009 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.

United States Fire Insurance Company
Name of Company

Regulatory Compliance Analyst
Official – Title

RECEIVED
JUN 10 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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