Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/25/09.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | $110,363,944 | 0.0% |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | $94,845,601 | 0.0% |
| 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 _____ 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): With this filing, Allstate is removing the Non-Verifiable Surcharge from the premium calculation steps for Bodily Injury, Property Damage, Medical, Collision, and Comprehensive coverages in the state of IL.

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

Allstate Fire and Casualty Insurance Company
Name of Company

Andi M. Colosi, State Filings Project Manager
Official - Title

H29219D

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/25/09.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | $110,878,322 | 0.0% |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | $97,928,590 | 0.0% |
| 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 _____ 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): With this filing, Allstate is removing the Non-Verifiable Surcharge from the premium calculation steps for Bodily Injury, Property Damage, Medical, Collision, and Comprehensive coverages in the state of IL.

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

Allstate Property & Casualty Insurance Company
Name of Company

Andi M. Colosi, State Filings Project Manager
Official - Title

H29219D

Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7-13-09 New
9-16-09 Renewal

| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|---|
| 1. | Automobile Liability | | |
| | Private Passenger | 350,406 | + 16.8% |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | 227,732 | + 6.9% |
| | 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 _____ 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):
Rule-rate revision for our Series 5000 program

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

American Select Ins. Co.
Name of Company

Tom Onesti, Financial Analyst
Official - Title

H29219D

**FORM (RF-3) ESTIMATED**

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 05/11/2009.

| (1 Coverage | (2) Annual Premium Volume (Illinois Patriot)* | (3) Percent Change(+or-)** |
|---|---|---|
| 1. Auto Liability | | |
| Private Passenger | $616,337 | -0.66% |
| Commercial | N/A | N/A |
| 2. Auto Physical Damage | | |
| Private Passenger | $279,595 | -0.68% |
| Commercial | N/A | N/A |
| 3. Liability Other Than Auto | N/A | N/A |
| 4. Burglary & Theft | N/A | N/A |
| 5. Glass | N/A | N/A |
| 6. Fidelity | N/A | N/A |
| 7. Surety | N/A | N/A |
| 8. Boiler & Machinery | N/A | N/A |
| 9. Fire | N/A | N/A |
| 10. Extended Coverage | N/A | N/A |
| 11. Inland Marine | N/A | N/A |
| 12. Homeowners | N/A | N/A |
| 13. Commercial Multi-Peril | N/A | N/A |
| 14. Crop Hail | N/A | N/A |
| 15. Other _____ (Line of Insurance) | N/A | N/A |

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

Brief description of filing.(If filing follows the rates of an advisory organization's specify organization): New territories were added, surcharge for drivers who have never been licensed was reduced.

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

American Service Insurance Company, Inc.
Name of Company

A

Christine A. Milewczyk Compliance Specialist

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 02/01/2009.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|---|---|---|
| 1. | Automobile Liability Private Passenger | 986,063 | 0.00 |
| | Commercial | | |
| 2 | Automobile Physical Damag Private Passenger | 995,060 | 0.00 |
| | 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 Life of Insurance | | |

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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Restructuring of our Policy Tiers and Insurance Score Intervals

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

Consumers Insurance USA, Inc.
Name of Company

Anne Roquette Products Manager
Official – Title

Form (RF-3)

# 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 | 163,528,781 | 3.3% |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | 110,185,703 | 0.0% |
| 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 _____ 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):
As of June 1, 2009, we are revising our base rates. In addition, we are eliminating the availability of the $750 and $1,250 Comprehensive and Collision deductibles to new policies and changes to existing policies. We are also introducing $725 and $1225 Deductible options.

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

Illinois Farmers Insurance Company
Name of Company

Cynthia Guan - Sr. Auto Product Manager
Official - Title

H29219D

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<br>Private Passenger<br>Commercial | **$2,128,870.00** | **+2.0%** |
| 2. | Automobile Physical Damage<br>Private Passenger<br>Commercial | **$1,965,111.00** | **+1.72%** |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary & Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler & Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine _____ | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Worker's Compensation | | |
| 16. | Other: | | |

Line of Insurance

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): **IMT Insurance Company is filing a Personal Auto rate change, resulting in a liability rate increase of 8.59%. We have also added a few new zip codes to the Territory Pages. No other changes were made, other than those indicated. We ask that the filing be approved effective October 1, 2009 for new and renewal business.**

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

IMT Insurance Company
Name of Company

Jason Thompson, BA, MA Filing Analyst, Research & Development
Official - Title

## SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: **9/1/09**

| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|---|
| 1. | Automobile Liability<br>Private Passenger<br>Commercial | $70,165 | -1.0% |
| 2. | Automobile Physical Damage<br>Private Passenger<br>Commercial | $35,779 | -5.7% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary & Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler & Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine _____ | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Worker's Compensation | | |
| 16. | Other: | | |

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? **NO** MOTORCYCLE

If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): **Wadena Insurance is filing to revise some of our Power Sports rating factors. We have revised the base rate for Custom Equipment by -56%. The references that have change include: Ref 4 – Engine Size Matrix, Ref 5 – Insurance Score, and Ref 14 – Vehicle Type Factor.**

*Adjusted to reflect all prior rate changes.

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

IMT Insurance Company
Name of Company

Jason Thompson, BA, MA Filing Analyst, Research & Development
Official - Title

RECEIVED
MAY - 6 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 May 4, 2009.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | 564,875 | -7.10% |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | 472,132 | -6.65% |
| 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 _____ Line of Insurance | | |

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

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revising base rates and factors for market, territory, driver age point matrix and model year.

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

Infinity Auto Insurance Company
Name of Company

Charles E. Tucker Jr, Assistant Vice President
Official -- Title

Form (RF-3)

# 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 | 35,849,938 | 0.0% |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | 13,271,935 | 0.0% |
| 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 _____ 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):
As of June 1, 2009, we are eliminating the availability of the $750 and $1,250 Comprehensive and Collision deductibles to new policies and changes to existing policies. We are also introducing $725 and $1225 Deductible options.

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

Mid-Century Insurance Company
Name of Company

Cynthia Guan - Sr. Auto Product Manager
Official - Title

H29219D

Form (RF-3)

## SUMMARY SHEET

Change in company's premium or rate level produced by rate revision effective : **06/01/09** New Business **07/15/09** Renewal Business

| (1) Coverage | (2) Annual Premium volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1 Automobile Liability | | |
| Private Passenger | 1,371,677 | -0.042% |
| Commercial | | |
| 2 Automobile Physical Damage | | |
| Private Passenger | 1,377,841 | -0.027% |
| 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 | | |
| Line of Insurance | 2,749,518 | -0.035% |

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):

Revision of Select Risk Rating Factors under the PPA Supplemental Manual.

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

Millers Classified Insurance Company
FEIN # 37-1111076
Name of Company

Regina M. Wethington, A.A.M.
State Filing Coordinator
Official-Title

Form (RF-3)

SUMMARY SHEET

Change in company's premium or rate level produced by rate revision effective : **06/01/09** New Business **07/15/09** Renewal Business

| (1) Coverage | (2) Annual Premium volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1 Automobile Liability | | |
| **Private Passenge** | 1,078,899 | -0.006% |
| Commercial | | |
| 2 Automobile Physical Damage | | |
| **Private Passenge** | 1,042,001 | +0.005% |
| 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 | | |
| Line of Insurance | 2,120,900 | -0.203% |

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):

Revision of Select Risk Rating Factors under the PPA Supplemental Manual.

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

Millers First Insurance Company
FEIN # 37-0420520
Name of Company

Regina M. Wethignton, A.A.M.
State Filing Coordinator
Official-Title

ILLINOIS

SUMMARY SHEET (Form RF-3)

Change in Company's premium or rate level produced by rate revision effective June 29, 2009

| (1) Coverage | (2) Estimated Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | $61,515,940 | 4.8% |
| Commercial | $2,146,284 | 0.0% |
| 2. Automobile Physical Damage | | |
| Private Passenger | $42,375,548 | 0.0% |
| Commercial | $1,470,930 | 0.0% |
| 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 _____ Line 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):
Revised BIPD base rates for the auto program.

* 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

STEVE HARR, ACTUARY AND ASSISTANT SECRETARY-TREASURER
Official - Title

ILLINOIS

SUMMARY SHEET (Form RF-3)

Change in Company's premium or rate level produced by rate revision effective June 29, 2009

| (1) Coverage | (2) Estimated Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | $958,913,472 | 4.5% |
| Commercial | $31,002,654 | 0.0% |
| 2. Automobile Physical Damage | | |
| Private Passenger | $720,819,452 | 0.0% |
| Commercial | $29,764,612 | 0.0% |
| 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 _____ Line 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):
Revised BIPD base rates for the auto program.

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

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
Name of Company

STEVE HARR, ACTUARY AND ASSISTANT SECRETARY-TREASURER
Official - Title

Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/21/2009

| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|---|
| 1. | Automobile Liability | | |
| | Private Passenger | $706,555 | 35.0% |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | $694,150 | 7.0% |
| | 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 _____ 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):
Revised base rates for BI, PD, UM, UMPD, Med Pay, Comp and Coll. Removal of the Web Origination Discount.

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

Warner Insurance Company
Name of Company

Jill A. Wood , Asst. State Filings Admninistrator
Official - Title

H29219D

Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07-13-09 New
9-16-09 Renewal

| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|---|
| 1. | Automobile Liability | | |
| | Private Passenger | 1,701,143 | + 3.8% |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | 1,102,562 | + 2.0% |
| | 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 _____ 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):
Rule-Rate revision for our Personal Auto program

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

Westfield Insurance Co.
Name of Company

Tom Onesti, Financial Analyst
Official - Title

H29219D

Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7-13-09 New
9-16-09 Renewal

| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|---|
| 1. | Automobile Liability | | |
| | Private Passenger | 309,801 | + 2.2% |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | 215,119 | + 4.1% |
| | 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 _____ 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):
Rule-rate revision for our Wespak Estate program

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

Westfield Insurance Co.
Name of Company

Tom Onesti, Financial Analyst
Official - Title

H29219D

Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7-13-09 New
9-16-09 Renewal

| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|---|
| 1. | Automobile Liability | | |
| | Private Passenger | 1,712,776 | + 2.2% |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | 1,017,713 | + 4.2% |
| | 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 _____ 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):
Rule-rate revision for our Wespak program

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

Westfield National Ins. Co.
Name of Company

Tom Onesti, Financial Analyst
Official - Title

H29219D