

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 2/1/2014

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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	\$580,771	+20%
14. Crop Hail	_____	_____
15. 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): _____
Revision of farm-ranch property and liability territory modification factors.

*Adjusted to reflect all prior rate changes.

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

The Charter Oak Fire Insurance Company
Name of Company

Diane L. Smith, Senior Regulatory Analyst
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 2/1/2014

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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	\$908,138	+20%
14. Crop Hail	_____	_____
15. 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): _____
Revision of farm-ranch property and liability territory modification factors.

*Adjusted to reflect all prior rate changes.

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

The Travelers Indemnity Company
Name of Company

Diane L. Smith, Senior Regulatory Analyst
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 2/1/2014

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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	\$808,724	+20%
14. Crop Hail	_____	_____
15. 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): _____
Revision of farm-ranch property and liability territory modification factors. _____

*Adjusted to reflect all prior rate changes.

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

The Travelers Indemnity Company of America
Name of Company

Diane L. Smith, Senior Regulatory Analyst
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 2/1/2014

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
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	\$294,080	+20%
14. Crop Hail	_____	_____
15. 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): _____
Revision of farm-ranch property and liability territory modification factors.

*Adjusted to reflect all prior rate changes.

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

The Travelers Indemnity Company of Connecticut
Name of Company

Diane L. Smith, Senior Regulatory 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 02/01/2014

	(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	\$2,686,807	4%
14.	Crop Hail		
15.	Other		

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):

Rates for new coverages, updated rates for existing coverages,

minimum premiums for existing coverages

*Adjusted to reflect all prior rate changes.

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

Triangle Insurance Company, Inc.

Name of Company

Kim Olson, Manager, Products & Compliance

Official - Title