

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 12/01/2014 new, 02/01/2015 renewal.

	(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	1,255,999	+6.7
14.	Crop Hail		
15.	Other		

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 ISO loss cost BP-2014-RLA1

*Adjusted to reflect all prior rate changes.

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

Capitol Indemnity Corporation

Name of Company

Jennifer Arndt - Senior Product Analyst

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 2/1/2015

(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	\$282,759	+15%
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

Jane Swanson, Senior Regulatory Analyst
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 1/1/2015

(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	\$ 185,234	3.9%
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): We are filing to adopt the latest Commercial Package Policy Package Modification Factors in ISO Reference Filing # MLA-2014-RLA1 with no change to our loss cost multiplier.

*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

Michele Raeihle - Vice President and Actuary
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 01/01/2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger	0	
	Commercial	0	
2.	Automobile Physical Damag Private Passenger	0	
	Commercial	0	
3.	Liability Other Than Auto	0	
4.	Burglary and Theft	0	
5.	Glass	0	
6.	Fidelity	0	
7.	Surety	0	
8.	Boiler and Machinery	0	
9.	Fire	0	
10.	Extended Coverage	0	
11.	Inland Marine	4,221,186	0%
12.	Homeowners	0	
13.	Commercial Multi-Peril	810,007	0%
14.	Crop Hail	0	
15.	Other Commercial Umbrella	72,291	-24%
	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):

Reduce overall Commercial Umbrella rates by changing the base rate criteria from county population to class of business and including the first 5 locations in the base rate. Reduce the per additional location charge.

*Adjusted to reflect all prior rate changes.

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

Jewelers Mutual Insurance Company
 Name of Company
Mark Willson, VP and General Counsel
 Official – Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 1/1/2015

(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	\$ 342,657	3.9%
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): We are filing to adopt the latest Commercial Package Policy Package Modification Factors in ISO Reference Filing # MLA-2014-RLA1 with no change to our loss cost multiplier.

*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

Michele Raeihle - Vice President and Actuary
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 2/1/2015

(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	\$742,774	+15%
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

Jane Swanson, Senior Regulatory Analyst
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 2/1/2015

(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	\$858,693	+15%
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

Jane Swanson, Senior Regulatory Analyst
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 2/1/2015

(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	\$179,258	+15%
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

Jane Swanson, Senior Regulatory Analyst
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2015

(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	\$ 817,144	3.9%
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): We are filing to adopt the latest Commercial Package Policy Package Modification Factors in ISO Reference Filing # MLA-2014-RLA1 with no change to our loss cost multiplier.

*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

Michele Raeihle - Vice President and Actuary
Official – Title