Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5-13-10.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | $120,858,351 | -0.3% |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | $91,296,538 | -0.9% |
| 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): With this filing, Allstate will be revising the rates for Bodily Injury, Property Damage, Medical, Collision, and Comprehensive coverages for Allstate Fire and Casualty Insurance Company in Illinois.

* 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

Paul Calcagno - Assistant State Filer
Official - Title

H29219D

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/27/2010.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | 120858351 | -2.4 |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | 91296538 | -2.7 |
| 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 will be revising the rates for Bodily Injury, Property Damage, Medical, Collision, and Comprehensive coverages for Allstate Fire and Casualty Insurance Company in Illinois. We are updating Tier Factors, the Future Effective Date Discount, and the Preferred Package Discount. The overall rate change associated with this filing is -2.5%.

The required filers are attached. We are targeting an implementation date for all business effective on or after May 27th, 2010.

* 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

Paul Calcagno - State Filing Manager
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 5/25/10

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | 1,511,975 | +0.98% |
| 2. Automobile Physical Damage Private Passenger Commercial | 1,538,690 | +0.99% |
| 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: all territories

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing we are reivsing our territorial base rates. The revisions contained within this filing result in an overall rate impact of +1.00%, and an overall premium impact of $745,356.

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

The First Liberty Insurance Corporation
Name of Company

Adam Malo - Industry Filing Analyst
Official – Title

Form ( RF-3 ) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective June 1, 2010

| ( 1 ) Coverage | ( 2 ) Annual Premium Volume ( Illinois ) * | ( 3 ) Percent Change ( + or - ) ** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | 1,851,597 | 5.9% |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | 1,349,749 | 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 | | |

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 advisor organization, specify organization ): Revising Platinum and Preferred base rates for Bodily Injury and Property Damage in all territories.

* Adjusted to reflect all prior rate changes.

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

Grange Mutual Casualty Company
Name of Company

Brett C. Helf, Product 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 06/15/2010.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|---|---|---|
| 1. | Automobile Liability Private Passenger | 598,305 | +8.1% |
| | Commercial | | |
| 2 | Automobile Physical Damag Private Passenger | 624,657 | +2.3% |
| | 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:

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Revised Base Rates, Increased Limit Factors and Deductible Factors based on loss history and a competitive analysis. Updated Model year factors for 2011 model year

*Adjusted to reflect all prior rate changes.

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

GuideOne America Insurance Company
Name of Company

David Bierma - Actuarial Analyst II
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 06/15/2010.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|---|---|---|
| 1. | Automobile Liability Private Passenger | 418,949 | +8.1% |
| | Commercial | | |
| 2 | Automobile Physical Damag Private Passenger | 408,090 | +2.1% |
| | 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 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): Revised Base Rates, Increased Limit Factors and Deductible Factors based on loss history and a competitive analysis. Updated Model year factors for 2011 model year

*Adjusted to reflect all prior rate changes.

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

GuideOne Elite Insurance Company
Name of Company

David Bierma - Actuarial Analyst II
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 06/15/2010.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|---|---|---|
| 1. | Automobile Liability Private Passenger | 129,047 | +7.8% |
| | Commercial | | |
| 2 | Automobile Physical Damag Private Passenger | 120,159 | +1.7% |
| | 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:

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Revised Base Rates, Increased Limit Factors and Deductible Factors based on loss history and a competitive analysis. Updated Model year factors for 2011 model year

*Adjusted to reflect all prior rate changes.

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

GuideOne Mutual Insurance Company
Name of Company

David Bierma - Actuarial Analyst II
Official – Title

CORRECTION



ESTIMATED FIGURES:

Change in Company's premium or rate level produced by rate revision effective 5/1/2010-NEW
5/15/2010 - RENEWAL

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or –)** |
|---|---|---|
| 1. Automobile Liability Private Passenger | 9,000,000 | +12% |
| Commercial | | |
| 2. Automobile Physical Damage Private Passenger | 2,300,000 | NO CHANGE |
| 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:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
INCREASING LIABILITY BI AND UM - 10% ALL TERRITORIES
" " PD - 15% ALL TERRITORIES

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

INTERSTATE BANKERS CAS CO.
Name of Company

[illegible] V.P.
Official — Title

Authority - Implementing Articles VII-A and XXVI of the Illinois Insurance Code (Ill. Rev. Stat. 1989, ch. 73, par. 735A) and authorized by Section 401(a) of the Illinois Insurance Code (Ill. Rev. Stat. 1989, ch. 73, par. 1013).

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/25/10

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | 278,763 | +1.00% |
| 2. Automobile Physical Damage Private Passenger Commercial | 257,506 | +1.07% |
| 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: all territories

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing we are reivsing our territorial base rates. The revisions contained within this filing result in an overall rate impact of +1.00%, and an overall premium impact of $745,356.

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

Liberty Insurance Corporation
Name of Company

Adam Malo - Industry Filing Analyst
Official – Title

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/25/10

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | 36,133,020 | +1.00% |
| 2. Automobile Physical Damage Private Passenger Commercial | 35,069,883 | +0.99% |
| 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: all territories

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing we are reivsing our territorial base rates. The revisions contained within this filing result in an overall rate impact of +1.00%, and an overall premium impact of $745,356.

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

Liberty Mutual Fire Insurance Company
Name of Company

Adam Malo - Industry Filing Analyst
Official – Title

Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/14/2010

| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|---|
| 1. | Automobile Liability | | |
| | Private Passenger | 8,995,575 | +12.7% |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | 7,156,730 | +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):
This filing consists of revised base rates for Liability, Medical Payments, Uninsured Motorists, Collision and Comprehensive coverages. Accidental Death rates have been revised. Emergency Road Service rates have been revised. Uninsured Motorists Property Damage rates have been revised. Rental Reimbursement rates have been revised. Optional Liability limits factors, split and combined limits, have been revised. Medical Payment limit factors have been revised. Collision Cost Symbol factors have been revised. Model Year factors have been added. Collision and Comprehensive deductible factors have been revised. Rate Class factors have been revised. The rate factors for Classic Car coverage have been revised. The Collision and Comprehensive Utility / Camping Trailer factors have been revised. Cost Symbol factors have been revised for Utility / Camping Trailers. Snowmobile rates for Medical Payments, Collision and Comprehensive coverages have been revised. Safe Driver Discount percentages have been revised. Passive Restraint Discount percentages have been revised. Editorial changes have been made to the General Rules and Rate Pages.

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

Shelter General Insurance Co.
Name of Company

Brian Marcks - Coordinator of Ins. Dept. Affairs
Official - Title

H29219D

Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective on new and renewal policies dated July 1, 2010 and later.

| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|---|
| 1. | Automobile Liability | | |
| | Private Passenger | $61,806,436 | 0.0% |
| | Commercial | $ 882,240 | 0.0% |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | $41,433,619 | 0.0% |
| | Commercial | $ 295,637 | 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):
Introduction of a new make and model rating program for motorcycle insurance. The overall rate impact on motorcycles is -0.7%

*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

David L. Menning, Actuary and Assistant Secretary-Treasurer
Official - Title

H29219D

Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective on new and renewal policies dated July 1, 2010 and later.

| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|---|
| 1. | Automobile Liability | | |
| | Private Passenger | $989,366,107 | 0.0% |
| | Commercial | $ 13,987,855 | 0.0% |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | $738,567,104 | 0.0% |
| | Commercial | $ 7,386,382 | 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):
Introduction of a new make and model rating program for motorcycle insurance. The overall rate impact on motorcycles is -0.7%

*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

David L. Menning, Actuary and Assistant Secretary-Treasurer
Official - Title

H29219D

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective 04-18-10

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | $2,844,982 | +4.70% |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | $2,093,711 | +4.39% |
| 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):
Revision to Travelers Multivariate Adjustment Factor Rules and base rate changes. The overall rate impact of this change is +4.57%.

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

Travelers Commercial Insurance Company
Name of Company

Vice President
Official - Title

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective 04-18-10

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | $44,779,381 | +4.65% |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | $31,676,075 | +4.24% |
| 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):
Revision to Travelers Multivariate Adjustment Factor Rules and base rate changes. The overall rate impact of this change is +4.48%.

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

The Travelers Home and Marine Insurance Company
Name of Company

Vice President
Official - Title

Form (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision
effective: Renewal 7-10-2010
New Business 5-10-2010

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|---|
| 1. Automobile Liability | | |
| Private Passenger | 4,359,317 | 11.9% |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | 2,187,435 | -2.7% |
| Commercial | | |
| 3. Liability Other Than Auto (Motorcycle) | | |
| 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):
Revising base rates and other rating variable factors.
Changes include: Base Rates, Driver Class factors, Credit Tier 94 factors, Liability Only factors, Underwriting Tier factors, Territory factors, Limit factors, Deductible factors, Premium Payer Discount, Lessor Liability Endorsement Policy Fees, Zip Codes.

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

Victoria Select Insurance Company
Name of Company

Lisa R. Livengood, State Filings Specialist
Official - Title