

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2010

(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	268,437	0.3%
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: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Implementing Insurance Services Office CF-2009-RLA1 (State Loss Costs).

*Adjusted to reflect all prior rate changes.

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

American Casualty Company
 Name of Company

Robert Anderson, Actuarial Consulting Director
 Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2010

(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	175,342	-9.6%
10. Extended Coverage	38,894	+0.5%
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): file to adopt loss cost
Designation Number CF-2009-RLA1

*Adjusted to reflect all prior rate changes.

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

American Modern Home

Name of Company

D. Eugene Stetler, Senior Vice President

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 04/01/2010

	(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	-36	-8.5%
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: All Territory/Classes/Groups identified in ISO circular Designation

No. CF-2009-RLA1

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): ISO, Inc.

*Adjusted to reflect all prior rate changes.

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

AMERISURE INSURANCE COMPANY

Name of Company

COMPLIANCE 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 04/01/2010.

	(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	25,562	-6.5%
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: All Territory/Classes/Groups identified in ISO circular Designation No. CF-2009-RLA1

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): ISO, Inc.

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

AMERISURE MUTUAL INS. CO.
 Name of Company
COMPLIANCE ANALYST
 Official – Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2010

(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	565,140	1.7%
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: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Implementing Insurance Services Office CF-2009-RLA1 (State Loss Costs).

*Adjusted to reflect all prior rate changes.

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

Continental Casualty Company
 Name of Company

Robert Anderson, Actuarial Consulting Director
 Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2010

(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	662,128	-0.9%
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: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Implementing Insurance Services Office CF-2009-RLA1 (State Loss Costs).

*Adjusted to reflect all prior rate changes.

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

Continental Insurance Company
Name of Company

Robert Anderson, Actuarial Consulting Director
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 04/01/2010.

	(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	\$1,422,588	+0.5%
10.	Extended Coverage	Incl	Incl
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: All classes, all territories (including Fire/EMS-Pak Program)

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Revise Company loss cost multipliers; revise Company exceptions to include Age of Building and Limit of Insurance relativity factors

*Adjusted to reflect all prior rate changes.

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

Continental Western Insurance Company
 Name of Company
Teresa Wineland - Sr. Research/Statistical Analyst
 Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2010

(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	663,155	+0.9
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: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Submission of revised Loss Costs Multpliers _____

*Adjusted to reflect all prior rate changes.

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

Employers Insurance Company of Wausau
Name of Company

Polly Becker State Filings Analyst
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

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

(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	6,501	0.04%
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): _____
We are filing to adopt Insurance Services Office Commercial Property Multistate Loss Costs Revision.

*Adjusted to reflect all prior rate changes.

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

Everest National Insurance Company
Name of Company

Mitchell Merberg, Vice President
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 6/1/2010

(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	362,277	-46.90%
10. Extended Coverage	174,638	2.60%
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): We are filing to adopt current ISO loss cost and PMFs. Also we are updating our Loss Cost Multipliers

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

FCCI Insurance Company
Name of Company

Sherry E. Smith, Sr. Regulatory Compliance Specialist
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 6/1/2010

(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	2,803	-10.1
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: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Submission of revised Loss Costs Multipliers _____

*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

Polly Becker State Filings 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 04/01/2010.

	(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	47008	+2.80
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

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Harco National Insurance Company is filing to adopt ISO Loss Cost Rate Revision CF-2009-RLA1 effective 04/01/2010.

*Adjusted to reflect all prior rate changes.

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

Harco National Insurance Company

Name of Company

Marja Simon, Compliance Specialist

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2010

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**. Includes rows for Automobile Liability Private, Automobile Physical Damage, Liability Other Than Auto, Burglary and Theft, Glass, Fidelity, Surety, Boiler and Machinery, Fire (59,454), Extended Coverage, Inland Marine, Homeowners, Commercial Multi-Peril, Crop Hail, and Other.

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):
Submission of revised Loss Costs Multpliers

*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

Polly Becker State Filings Analyst
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2010

(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	121,804	+15.5
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: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Submission of revised Loss Costs Multpliers

*Adjusted to reflect all prior rate changes.

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

Liberty Mutual Insurance Company
Name of Company

Polly Becker State Filings Analyst
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2010

(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	76,192	-48.8
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: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Submission of revised Loss Costs Multpliers _____

*Adjusted to reflect all prior rate changes.

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

LM Insurance Corporation

Name of Company

Polly Becker

State Filings Analyst

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 6/1/2010

(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	10,955	-42.30%
10. Extended Coverage	8,608	11.50%
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): We are filing to adopt current ISO loss cost and PMFs. Also we are updating our Loss Cost Multipliers

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

Monroe Guaranty Ins. Co.
Name of Company

Sherry E. Smith, Sr. Regulatory Compliance Specialist
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 03-01-2010

(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	189,789	-16.30%
10. Extended Coverage	170,461	+ 7.23%
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 Property

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting ISO loss cost filings CF-2009

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

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STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

National Fire and Casualty
 Company

Name of Company

Douglas Huckbody, VP-
 Underwriting

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2010

(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	3,199,260	-0.3%
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: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Implementing Insurance Services Office CF-2009-RLA1 (State Loss Costs).

*Adjusted to reflect all prior rate changes.

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

National Fire Insurance Company
Name of Company

Robert Anderson, Actuarial Consulting Director
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 6/1/2010

(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	35,321	-44.40%
10. Extended Coverage	28,610	7.50%
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): We are filing to adopt current ISO loss cost and PMFs. Also we are updating our Loss Cost Multipliers

*Adjusted to reflect all prior rate changes.

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

National Trust Insurance Company
Name of Company

Sherry E. Smith, Sr. Regulatory 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 2-15-10 New & 4-15-10 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	\$9,948,600	-10.5%
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

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): ISO Commercial Fire Loss Cost Revision

*Adjusted to reflect all prior rate changes.

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

PEKIN INSURANCE COMPANY
Name of Company
Edward A. Mulvey, Vice President of Underwriting
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2010

(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	23,645	+3.8%
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):

Loss Cost and LCM Revision

* Adjusted to reflect all prior rate changes.

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

Pennsylvania Manufacturers'
Association Insurance Company
Name of Company

Sharon E. Ellison
Sr. Regulatory Analyst

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2010

(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	168,613	-9.60%
10. Extended Coverage	266,675	8.40%
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, we are adopting Loss Costs
for all Fire and Allied Lines territories. This applies to Riverport Insurance Company. Overall increase +0.4%.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting
the ISO Fire and Allied Loss Cost revision GL-2009-RLA1 effective April 1, 2010. Our percentage of change number is based on
the overall impact of the ISO rate level change.

*Adjusted to reflect all prior rate changes.

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

Riverport Insurance Company
Name of Company

Terri Zachman, Product Development Analyst
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/1/2010

(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	6,306,196	-2.6%
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):

Please see explanatory memo.

* Adjusted to reflect all prior rate changes.

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

Selective Insurance Company of
South Carolina (SICSC)
Name of Company

LIBIN GUO Actuarial Analyst
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/1/2010

(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	476,375	-0.2%
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):

Please see explanatory memo. _____

* Adjusted to reflect all prior rate changes.

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

Selective Insurance Company of
the Southeast (SICSE)
Name of Company

LIBIN GUO Actuarial Analyst
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2010

(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	198,798	+ 0.4
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:

Applies to all territories, all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of Fire and Allied Lines Advisory Prospective Loss Costs Revision contained in filing designation number CF-2009-RLA1

* Adjusted to reflect all prior rate changes.

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

Sompo Japan Insurance Company of America
Name of Company

Mary Lynn Teel, State Filings Analyst
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2010

(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	212,310	1.7%
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: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Implementing Insurance Services Office CF-2009-RLA1 (State Loss Costs).

*Adjusted to reflect all prior rate changes.

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

Transportation Insurance Company
Name of Company

Robert Anderson, Actuarial Consulting Director
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2010

(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	647,930	2.4%
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: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Implementing Insurance Services Office CF-2009-RLA1 (State Loss Costs).

*Adjusted to reflect all prior rate changes.

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

Valley Forge Insurance Company
Name of Company

Robert Anderson, Actuarial Consulting Director
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2010

(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	0	+51.2
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: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Submission of revised Loss Costs Multpliers _____

*Adjusted to reflect all prior rate changes.

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

Wausau General Insurance Company
Name of Company

Polly Becker State Filings Analyst
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2010

(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	682,400	+0.8
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: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Submission of revised Loss Costs Multipliers _____

*Adjusted to reflect all prior rate changes.

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

Wausau Underwriters Insurance Company
Name of Company

Polly Becker State Filings Analyst
Official - Title