Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/1/2009 NB & RB

(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	$905,964	12.0%
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): ISO

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

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

American Fire and Casualty Company
Name of Company

Amy LaCroix, Technician, Regulatory Filing
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

(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	505,629	-1.2%
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):
Adopt LC in ISO filing designation CF-2009-RPTLC with no other changes.
Line 9 above is Monoline & Package added together.

*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

Joan Walters – Compliance Analyst II
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

(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	-17	-1.2%
10. Extended Coverage	-19	-1.2%
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):
Adopt LC in ISO filing designation CF-2009-RPTLC with no other changes.

*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

Joan Walters – Compliance Analyst II
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

(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	9,487	-1.2%
10. Extended Coverage	16,075	-1.2%
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): Adopt LC in ISO filing designation CF-20097-RPTLC with no other changes.

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

Amerisure Mutual Insurance Company
Name of Company

Joan Walters – Compliance Analyst II
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

(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	1,018,147	-1.2%
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):
Adopt LC in ISO filing designation CF-20097-RPTLC with no other changes.
Line 9 above is Monoline & Package added together.

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

Amerisure Mutual Insurance Company
Name of Company

Joan Walters – Compliance Analyst II
Official – Title

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MAY 12 2009
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

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 August 1, 2009.

	(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	59,530	+2.0%
10.	Extended Coverage	91,272	+2.0%
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: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Increase loss cost multipliers and apply a package modification factor to qualifing risk

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

Iowa American Insurance
Name of Company

Beverly Barber - Compliance
Official – Title

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DIVISION OF INSURANCE
SPRINGFIELD

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 August 1, 2009.

	(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	500,190	+2.0%
10.	Extended Coverage	378,247	+2.0%
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: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Increase loss cost multipliers and apply a package modification factor to qualifing risk.

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

Iowa Mutual Insurance
Name of Company

Beverly Barber - Compliance
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/1/2009 NB & RB

(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	$1,301,728	12.0%
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): ISO

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

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

The Ohio Casualty Insurance Company
Name of Company

Amy LaCroix, Technician, Regulatory Filing
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/09.

(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	3,633,138	-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: NA

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt Terrorism Loss Costs as determined by Insurance Services Office Inc. File designation CF-2009-RPTLC.

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

Sentry Insurance a Mutual Company
Name of Company

Lance Broecker - Compliance Development Analyst
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/09.

(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	1,054,018	-0.7%
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: NA

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt Terrorism Loss Costs as determined by Insurance Services Office Inc. File designation CF-2009-RPTLC.

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

Sentry Select Insurance Company
Name of Company

Lance Broecker - Compliance Development Analyst
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/09.

(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	1,054,018	-0.7%
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: NA

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt Terrorism Loss Costs as determined by Insurance Services Office Inc. File designation CF-2009-RPTLC.

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

Sentry Select Insurance Company
Name of Company

Lance Broecker - Compliance Development Analyst
Official - Title

H29219D

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: September 22, 2009

(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	28	240.8%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	1,055	-15.2%
10. Extended Coverage	813	27.2%
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other: Line of Insurance		

Does filing only apply to certain territory(ies) or certain classes? YES ~~NO~~
If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization,specify organization): move to ISO's remainder of state PC relativities; match ISO's form relativities (already matched for all but 1 territory); rebase cov A PSR curves & move toward ISO relativities; match ISO's deductible relativities; introduce wind/hail deductibles (matching ISO's relativities); deviate somewhat from ISO loss costs to address our experience

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

State Automobile Mutual Insurance Company
Name of Company

Carole B. Schumacher, Senior Actuarial Analyst
Official - Title

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JUN 15 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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: September 22, 2009

(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	2,399	240.8%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	88,129	-15.2%
10. Extended Coverage	52,938	27.2%
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other: Line of Insurance		

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

Brief description of filing. (If filing follows rates of an advisory organization,specify organization): move to ISO's remainder of state PC relativities; match ISO's form relativities (already matched for all but 1 territory); rebase cov A PSR curves & move toward ISO relativities; match ISO's deductible relativities; introduce wind/hail deductibles (matching ISO's relativities); deviate somewhat from ISO loss costs to address our experience

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

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

State Auto Property and Casualty Insurance Company
Name of Company

Carole B. Schumacher, Senior Actuarial Analyst
Official - Title

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/1/09 New Business, 9/1/09 Renewal Business

(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	616,242	+ 9.8%
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 advisory organization, specify organization): Revising Loss Adjustment factors, Protection Class factors, Age of Dwelling factors, and Liability base rates.

* Adjusted to reflect all prior rate changes.

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

Trustgard Insurance Company
Name of Company

Brett C. Helf, Product Manager
Official - Title

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JUN 19 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

GRAN - 126186445

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/1/2009 NB & RB

(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	$2,316,440	12.0%
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): ISO

Please refer to the enclosed Actuarial Memorandum.

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

West American Insurance Company
Name of Company

Amy LaCroix, Technician, Regulatory Filing
Official – Title