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 WRITTEN

(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		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$2,895,059	2.2%

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): NCCI

Please refer to the enclosed Actuarial Memorandum. NCCI Law only Filing

*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

Dan Francis, Regulatory Filing Analyst
Official – Title

FILED
SEP 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

F 540 UNIFORM

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective October 15, 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		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation (Line of Insurance)	52,987	-5.51%

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): Revising Company LCM's & Deviation

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

AmTrust Ins. Co.-Kansas
Name of Company

Jon Zetlau- Bureau/Forms Compliance Manager
Official – Title

FILED

OCT 15 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

FILED
SEP 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 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		
14.	Crop Hail		
15.	Other Workers' Compensation	16,287	-11.3%
	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): Change to Loss Cost Multiplier Only

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

Federated Rural Electric Ins. Exchange
Name of Company

Annette Alexander - Actuarial 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 1-1- ~~7/1/2009~~ 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		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	5,650,702	+1.6%

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):
File to adopt NCCI Employers Liability Basic Limits:
$100,000 Bodily Injury By Accident
$100,000 Bodily Injury By Disease
$500,000 Bodily Injury By Disease - Policy Limit
In addition, we request to adopt the corresponding Increased Limits Table of Factors for higher limits of Employers Liability and the Minimum Premium for Increased Limits.

*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

Bonnie Roeder — State Filings Analyst
Official – Title

FILED
JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FILED
NOV 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective November 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 & Allied Lines		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril*		
14. Crop Hall		
15. Workers Compensation	5,851,106	7.9%
16. 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): We are adopting NCCI loss costs and miscellaneous values from NCCI circular IL-2008-07. We are revising company loss cost multipliers.

* 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

Mark Denny - Pricing Analyst IV
Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective ~~7/1/2009~~ 1-1-2010

(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		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	135,710,514	+1.6%

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):
File to adopt NCCI Employers Liability Basic Limits:
$100,000 Bodily Injury By Accident
$100,000 Bodily Injury By Disease
$500,000 Bodily Injury By Disease - Policy Limit
In addition, we request to adopt the corresponding Increased Limits Table of Factors for higher limits of Employers Liability and the Minimum Premium for Increased Limits.

*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

Bonnie Roeder — State Filings Analyst
Official – Title

FILED
JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-2010 ~~7/1/2009~~

(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		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	53,417,444	+1.6%

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):
File to adopt NCCI Employers Liability Basic Limits:
$100,000 Bodily Injury By Accident
$100,000 Bodily Injury By Disease
$500,000 Bodily Injury By Disease - Policy Limit
In addition, we request to adopt the corresponding Increased Limits Table of Factors for higher limits of Employers Liability and the Minimum Premium for Increased Limits.

*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

Bonnie Roeder — State Filings Analyst
Official – Title

FILED
JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-2010 ~~7/1/2009~~

(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		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	7,067,301	+1.6%

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):
File to adopt NCCI Employers Liability Basic Limits:
$100,000 Bodily Injury By Accident
$100,000 Bodily Injury By Disease
$500,000 Bodily Injury By Disease - Policy Limit
In addition, we request to adopt the corresponding Increased Limits Table of Factors for higher limits of Employers Liability and the Minimum Premium for Increased Limits.

*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

Bonnie Roeder — State Filings Analyst
Official – Title

FILED
JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective ~~7/1/2009~~ 1-1-2010

(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		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	10,035,405	+1.6%

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):
File to adopt NCCI Employers Liability Basic Limits:
$100,000 Bodily Injury By Accident
$100,000 Bodily Injury By Disease
$500,000 Bodily Injury By Disease - Policy Limit
In addition, we request to adopt the corresponding Increased Limits Table of Factors for higher limits of Employers Liability and the Minimum Premium for Increased Limits.

*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

Bonnie Roeder — State Filings Analyst
Official – Title

FILED
JAN 01 2010
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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 WRITTEN

(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		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$2,999,962	2.4%

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): NCCI

Please refer to the enclosed Actuarial Memorandum. NCCI Law only Filing

*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

Dan Francis, Regulatory Filing Analyst
Official – Title

FILED

SEP 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

F 540 UNIFORM

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 WRITTEN

(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		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$584,946	2.3%

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): NCCI

Please refer to the enclosed Actuarial Memorandum. NCCI Law only Filing

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

Ohio Security Insurance Company
Name of Company

Dan Francis, Regulatory Filing Analyst
Official – Title

FILED
SEP 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

F 540 UNIFORM

FILED

NOV 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective ~~July 1, 2007~~ 11-1-09

(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 & Allied Lines		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril*		
14. Crop Hall		
15. Workers Compensation	905,090	-4.1%
16. 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): We are adopting NCCI loss costs and miscellaneous values from NCCI circular IL-2008-07. We are revising company loss cost multipliers.

* 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

Mark Denny - Pricing Analyst IV
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 WRITTEN

(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		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation (Line of Insurance)	$4,380,357	2.2%

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): NCCI

Please refer to the enclosed Actuarial Memorandum. NCCI Law Only Filing

*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

Dan Francis, Regulatory Filing Analyst
Official – Title

FILED

SEP 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

F 540 UNIFORM