Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/19/2010 New & 10/13/2010 Ren

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	$11,397,720	3.0%
2. Automobile Physical Damage Private Passenger Commercial	$8,665,288	0.1%
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:
Applies to all territories except the territory factor change only applies to territory 7,17,21,23,28,49,63,73,74,87,89 and 92.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Filing revision to Connections Auto program consisting of territory factors and base rate changes.

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

Allmerica Financial Alliance Insurance Company
Name of Company

Mandi AL-Beik - Associate State Filing Analyst
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10-14-10.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	$7,135,637	3.0%
Commercial		
2. Automobile Physical Damage		
Private Passenger	$3,591,276	3.0%
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):
With this filing, Allstate is proposing a revision to the Rate Adjustment Factors for Bodily Injury, Property Damage, Medical, Uninsured/Underinsured Motorist, Collision, and Comprehensive coverages

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

Allstate Indemnity Company
Name of Company

Andi M. Colosi – State Filings Project Manager
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10-14-10.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	$97,868,529	0.0%
Commercial		
2. Automobile Physical Damage		
Private Passenger	$157,270,501	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 _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: This filing applies to policyholders who are eligible for Level 1 of The Good Hands People Discount.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing, Allstate is modifying its rating plan for Bodily Injury, Property Damage, Medical, Collision, and Comprehensive coverages in the state of Illinois for Allstate Insurance Company. The overall rate change associated with this filing is 0.0%.

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

Allstate Insurance Company
Name of Company

Andi M Colosi – State Filings Project Manager
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10-14-10.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	$82,068,207	0.0%
Commercial		
2. Automobile Physical Damage		
Private Passenger	$82,068,207	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 _____ Line of Insurance		

Does filing only apply to certain territory (territories)or certain classes?
If so, specify: This filing applies to policyholders who are eligible for Level 1 of The Good Hands People Discount.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing, Allstate is modifying its rating plan for Bodily Injury, Property Damage, Medical, Collision, and Comprehensive coverages in the state of Illinois for Allstate Property and Casualty Insurance Company. The overall rate change associated with this filing is 0.0%.

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

Allstate Property & Casualty Insurance Company
Name of Company

Andi M. Colosi – State Filings Project Manager
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 10/01/2010 New Business +12/1/10 Renewals

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger	$2,000,000 (est)	-0.01%
	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 Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: 2A-2E, 2H-2L, 2P-2T, 2W-2Z, 3A, 3D, 3G, 3H, 3M in the following terr: 4,11,14,33,42,44,45,49,51,53,54,55,56,63,72,73,74,75,76,77,80,81,82,90

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Modifies Class and Territory relativities based on competitor market data

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

American Alliance Casualty Company
Name of Company

Shelly McClaskey - Underwriting Manager
Official – Title

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 12/1/10 N & 2/1/11 R

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	$1,451,285	11.40%
Commercial		
2. Automobile Physical Damage		
Private Passenger	$1,269,003	-1.50%
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):
Increased base BI , PD, Collision and Med Pay rates and decreased the Comprehensive rates in all territories for an overall premium effect of +5.4%.

* Adjust to reflect all prior rate changes.

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

Columbia Mutual Insuance Co.
Name of Company

Dennis McVay, CPCU
Director, Research & Development
Official - Title

RECEIVED

SEP 13 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMERY SHEET

Change in Company's premium or rate level produced by rate revision effective ~~11/1/09~~ 1/1/2011 New Business

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or-)**
1. Automobile Liability private Passenger Commercial	$6,448,299	-18
2. Automobile Physical Damage Private Passenger Commercial	$2,149,433	-18
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler or 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: Illinois Taxi all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify): Filing is for a reduction of Taxi Cab rates for Delphi Casualty Company in Illinois. The reduction is approximately 18%

- Adjusted to reflect all prior rate changes.
- Change in company's premium level which will result from application of new rates. We expect to write approximately an additional $200,000 in taxi business.

Delphi Casualty Company
Name of Company

Thomas L. Shea
Commercial Underwriting Manager

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective: 9/16/10New Business
10/31/2010 Renewals

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger	5,169,000	+ 8%
2. Automobile Physical Damage Private Passenger	4,188,000	+ 7%
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. Worker's Compensation		
16. Other Line of Insurance		

Does filing only apply to certain territory(territories) or certain classes? If so, specify: It applies to all driver class 3 single female.

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

Changed base rates for driver class 3 ..

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

Direct Auto Insurance Company

Name of Company

Rosa Alvarado

Official and Title Underwriting Supervisor

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective. 12/1/2010

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	$ 881,890	+2.7%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	$ 563,329	-1.6%
	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):
Revisions to base rates, model year factors, and renewal premium capping factors

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

Erie Insurance Company
Name of Company

Keith Holler
VP Actuarial

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective. 12/1/2010

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	$ 24,402,051	+2.5%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	$ 18,017,344	-1.6%
	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):
Revisions to base rates, model year factors, and renewal premium capping factors

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

Erie Insurance Exchange
Name of Company

Keith Holler
VP Actuarial

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 11/01/2010.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger	$206,404	+1.3%
	Commercial		
2	Automobile Physical Damag Private Passenger	$160,273	-6.1%
	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: The filing applies statewide.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): We are adopting ISO's loss cost revision (PP-2010-BRLA1) physical damage rating factor revision (PP-2010-REL1) and liability increased limits factor revision (PP-2010-IRLA1)

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

Pharmacists Mutual Insurance Company
Name of Company

Kris Laubenthal - Rate Analyst
Official – Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision, effective 09/17/2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1 Automobile Liability		
◆ Private Passenger	29,191,798	2.60%
◆ Commercial		
2 Automobile Physical Damage		
◆ Private Passenger	18,251,993	-5.08%
◆ 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 Ins.)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Filing applies to all territories and all driver classes.

Brief description of filing. (If filing follows rate of an advisory organization, specify organization(s).)

Revised rates for private passenger automobile liability and physical damage by adjusting base rates.

* Current annual premium for Progressive Direct business in the State of Illinois adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates. Compared to previous rate revision

Progressive Direct Insurance Company
Name of Company

Mark Arnell - Illinois Product Manager
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision, effective 09/17/2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1 Automobile Liability		
◆ Private Passenger	33,016,912	-1.27%
◆ Commercial		
2 Automobile Physical Damage		
◆ Private Passenger	18,358,949	-8.89%
◆ 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 Ins.)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Filing applies to all territories and all driver classes.

Brief description of filing. (If filing follows rate of an advisory organization, specify organization(s).)

Revised rates for private passenger automobile liability and physical damage by adjusting base rates.

* Current annual premium for Progressive Universal business in the State of Illinois adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates. Compared to previous rate revision

Progressive Universal Insurance Company
Name of Company

Mark Arnell - Illinois Product Manager
Official - Title

Form (RF-3)

SUMMARY SHEET

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

12/01/2010
New Business

12/28/2010
Renewal
Business

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or -)**
1.	Automobile Liability		
	Private Passenger	$3,141,699	-4.8%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	$3,355,279	-10.2%
	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:
Filing affects all areas of state.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Implemented the following revisions resulting in an overall rate decrease of 7.6%. Revised Base Rates, Rate Caps, Deductible Relativities, Territory Relativities, Tier Factors, Tier Assignment, BI Limit Factors, PD Limit Factors, Operator Driving Experience Factors, High Power/High Value Vehicle Factors, Multi-Car Factors now vary by number of youthful operators, Age/Gender/Marital Status Factors, Accident Factors, Conviction Factors, Annual Mileage Factors, Policy Advantage Factors as well as the following Discounts; Premier Driver, Away At School, Good Student, and New Vehicle.

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

USAA GENERAL INDEMNITY COMPANY
Name of Company

John Mancini, Executive Director Regulatory Compliance
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 09/29/2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	$4,634,954	+2.7%
2. Automobile Physical Damage Private Passenger Commercial	$1,129,742	+3.0%
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: No

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

In this filing, we are revising our Illinois Viking Insurance Company of Wisconsin "Dairyland Auto" automobile program rates.

The Monthly 03NS and the Six Month 09NS products will have identical rates with the exception of term, paid in full discount and the quarterly discount and the renewal effective dates. The purpose of continuing with two identical products is to give the insured the option of the payment term that best fits their individual needs.

With this rate revision, we are changing our base rates. These new rates should help to maintain our products pricing at an adequate and more accurate rate level, thus allowing our company to grow profitably in the future. The long-term success of this program depends on these changes.

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

Viking Insurance Company of Wisconsin
Name of Company

Joshua Garbe - IL Product Manager / Sr. Product Analyst
Official – Title