Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 50%

(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	61,583	-50%
7. Surety	834260	-50%
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:
Lake County, DuPage County, Cook County, and Kane County

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Decrease minimum premium from $100 to $50 for four counties (Lake, DuPage, Cook, and Kane), as the loss ratio has been favorable.

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

DIVISION OF INSURANCE
STATE OF ILLINOIS
RECEIVED
JAN 28 2005
SPRINGFIELD, ILLINOIS

West Bend Miutual Insurance Co
Name of Company

Gerald A. Olson-Vice President (NSI)
Official - Title

H29219D