Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 15, 2011.

(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	$142,310	-0.8
4. Burglary and Theft	$1,787	+16.3
5. Glass		
6. Fidelity	$6,116	+16.3
7. Surety		
8. Boiler and Machinery		
9. Fire	$64,426	16.3
10. Extended Coverage	$54,195	+16.3
11. Inland Marine	$542,585	+12.1
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 implement the commercial package modification factor changes made under ISO revision designation no. ML-2010-RLA1 effective **January 15, 2011**.

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

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
Name of Company

Robert Goddard, Senior Compliance Analyst
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's Premium or rate level produced by rate revision effect 4/1/2011

(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	39,379	-52.2%
5. Glass		
6. Fidelity	92,816	-17.6%
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:
See Cover Letter

Brief description of filing. (If filing follows rates of an advisary organization, specify organization):
See Cover Letter

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

West Bend Mutual Insurance Company
Name of Company

Lois Ebersold, Sr. Product Development Specialist
Official - Title

H29219D