

Exhibit C – Statewide Average Rate Level Information

Company name	
Company NAIC number	
ine	

Rate change information

Complete this exhibit on a statewide, all classes combined basis. Include all coverages and forms.

A. Coverage/form	B.Latest year direct written premiums (fee income for line 2)	C. Base rate or loss cost change	D.Percentage change resulting from revised loss cost multiplier	E. Percentage change resulting from other updates	F. Overall change	G. Indicated change
1. All coverages/forms combined						
2. Fee income						
3. Statewide total						

ompany name	
ompany NAIC number	
ine	

Rate change information – Six-year history

Effective date (new)	Effective date (renewal)	Rate change	Description	TDI file number

Attach additional Exhibit C pages as needed.