

**Exhibit B – SERFF Rate Data**

**Company name:** \_\_\_\_\_  
**Company NAIC number:** \_\_\_\_\_  
**Line:** \_\_\_\_\_

Company name	Prior effective date (new)	Prior effective date (renewal)	Prior overall rate change

Company name	Overall indicated change (%)	Overall rate impact (%)	Change in written premium for the program	Number of policyholders affected for the program	Written premium for the program	Maximum percentage change for the filing	Minimum percentage change for the filing

**Attach additional pages as needed.**