



TEXAS DEPARTMENT OF INSURANCE

Regulatory Policy Division - Property and Casualty Actuarial Office (105-5F)
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Texas Department of Insurance
Property/Casualty Rate Filing Exhibit

Company Name: _____
Company NAIC Number: _____
Company Filing Number: _____
Line: _____
Page: _____ **of:** _____

Exhibit WC– Workers’ Compensation

Section 1

Overall Deviation Change:	
1. Current Average Rate Deviation or LCM	
2. Revised Average Deviation or LCM	
Rate Change due to Change in Average Deviation or LCM	%

Section 2

Policy Year Accumulated Earned Schedule Rating Modification at Company Level:	
Policy Year Valued as of 12/31/XXXX (4a)	Average Schedule Rating Modification (4b)
20__	%
20__	%
20__	%
20__	%
20__	%