



TEXAS DEPARTMENT OF INSURANCE

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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 B – SERFF Rate Data

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	Minimum Percentage Change for the Filing	Maximum Percentage Change for the Filing

Attach additional pages as needed.