

Exhibit C – Statewide Average Rate Level Information

Company name: _____

Company NAIC number: _____

Line: _____

Rate Change Information

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

| (A) Coverage/form | (B) Latest year direct written premiums | (C) Approved loss cost level change or base rate change | (D) Percentage change resulting from revised loss cost multiplier | (E) Percentage change resulting from other updates | (F) Overall rate change | (G) Indicated rate change |
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| 1. All coverages/forms combined | | | | | | |
| 2. Effect of changes in fee income on total rate change | | | | | | |
| 3. Total statewide change | | | | | | |

Attach additional Exhibit C pages as needed.

Company name: _____

Company NAIC number: _____

Line: _____

Rate Change Information – Six-Year History

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