

Company NAIC number \_\_\_\_\_

### Rate change information

| 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 |
|---------------------------------|---------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------|---------------------------------------------------|-------------------|---------------------|
|                                 |                                                               |                                  |                                                                 |                                                   |                   |                     |
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|                                 |                                                               |                                  |                                                                 |                                                   |                   |                     |
| 1. All coverages/forms combined |                                                               |                                  |                                                                 |                                                   |                   |                     |
| 2. Fee income                   |                                                               |                                  |                                                                 |                                                   |                   |                     |
| 3. <b>Statewide total</b>       |                                                               |                                  |                                                                 |                                                   |                   |                     |

1 of 2

Line \_\_\_\_\_