

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 and forms.

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
1. All coverages/forms combined						
2. Fee income						
3. Statewide total						

Attach additional Exhibit C pages as needed.

Line _____