Texas Department of Insurance
Property & Casualty Program - Actuarial Division, Mail Code 105-5F
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-475-3017 telephone • 512-463-6122 fax

Texas Department of Insurance
Property/Casualty Rate Filing Exhibits

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

Exhibit C - Statewide Average Rate Level Information (Page 1 of 2)

Complete the following Exhibit on a statewide, all classes combined, basis.

(A) Coverage/Form	(B) Latest Year Direct Written Premiums *	(C) Approved Loss Cost Level Change	(D) Percentage Change Resulting From Revised Loss Cost Multiplier	(E) Proposed Rate Level Change Percent
1. All Coverages/Forms Combined **				
2. Rate Level Change Resulting from Discount /Surcharge				
3. **Total Statewide Average Rate Change**				

* ***If there are no direct written premiums in latest year, use an estimate of anticipated premium distribution by coverage/form. Attach documentation.***

** ***All coverages/forms must be included.***

Attach additional Exhibit C pages as needed.

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Page:_____ **of:**_____

Exhibit C - Statewide Average Rate Change History (Page 2 of 2)

Effective Date (New)	Effective Date (Renewal)	Rate Impact	Description

Attach additional Exhibit C pages as needed.