

Insurer Name _____

NAIC Number _____

OKLAHOMA RATE EXHIBIT
Exhibits Must Be Furnished To Support Each Entry

Form A-2 Revised (01/2008)

LINE OF INSURANCE By Coverage	(1) Requested % Rate Level Change	(2) Written Premium Latest Year	(3) Estimated Annual Income Effect	(4) Rate Change History	(5) Experience Period	(6) Expected Loss & LAE Ratio	(7) Actual Experience Period Loss & LAE Ratio	(8) Adjusted Loss & LAE Ratio	
								(a)	(b)
								Prospective Loss & LAE Ratio	Indicated Change
Total Overall Effect (include all rate and rule revisions)									

Specify any changes in underwriting practice made or contemplated.

To any Oklahoma Insured:
Maximum % of Rate Increase _____
Maximum % of Rate Decrease _____

Year	Policy Count	Avg. Premium
*		
*		
*		
*		
*		
*		
		Current Year Projected

Comments (cite applicable column above)

RATE FACTORS		
Year	Sch Rating Avg	Schedule Rating On File
*		Max. Debit
*		Max. Credit
*		Rate Factors On File
*		Min. Factor
*		Max. Factor

EXPENSE EXHIBIT SUMMARY

Commissions	_____
Other Acquisitions	_____
General Expenses	_____
Taxes, License and Fees	_____
Profit (Reflecting Investment Income)	_____
Total	_____
Expected Loss and LAE Ratio	_____
Investment Income LAE	_____

****SEE INSTRUCTIONS FOR EACH
COLUMN – PROVIDING AN ACCURATE
AND COMPLETE EXHIBIT ELIMINATES
DELAYS.****

* Provide the most current year (the last five years data)

Note: The Schedule Rating and Rate Factors sections of the above box refer to what is available in the program, whether being changed with this filing or not.