

Insurer Name _____

OKLAHOMA LOSS COST RATE EXHIBIT

Exhibits Must Be Furnished to Support Each Entry

NAIC Number _____

Adopting (Bureau) _____ Loss Cost

Reference Filing # _____ Filing Date _____

Form OKLCF-A-2 Revised (01/2008)

LINE OF INSURANCE By Coverage	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		(11)	(12)
	Requested % Rate Level Change	Written Premium Latest Year	Estimated Annual Income Effect	Rate Change History	Experience Period	Expected Loss & LAE Ratio	Loss Cost Modification Factor	Company Formula Loss Cost Multiplier	Company Selected Loss Cost Multiplier	Expense Constant		Company Current Loss Cost Multiplier	Investment Income Percentage
										(a)	(b)		
										Formula	Selected		
Total Overall Effect (include all rate and rule revisions)													

Specify any changes in underwriting practice made or contemplated.

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

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

Comments (cite applicable column above)

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.

Year	Policy Count /	Exposures
*		
*		
*		
*		
*		

Year	Avg. Premium /	Avg. Loss Costs
*		
*		
*		
*		
*		

EXPENSE EXHIBIT SUMMARY

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

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

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