RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.) 1. This filing transmittal is part of Company Tracking #											
2. This filing corresponds to form filing number											
(Company tracking number of form filling, if applicable)											
□ Rate Increase □ Rate Decrease □ Rate Neutral (0%)											
3. Filing Method (Prior Approval, File & Use, Flex Band, etc.)											
4a. Rate Change by Company (As Proposed) Company Overall Written # of Written Maximum Minimum											
Company		Indicated	% Rate	premium	# 01 policyholders		premium	waxiiiiuiii %			
Name		Change	76 Kale Impact	change	affected		for this	Change		% Change (where	
		(when	impact	for this	for this		program	(where		required)	
		applicable)		program	program		program	required)		required)	
		арриоаыс)		program	program						
4b. Rate Change by Company (As Accepted) For State Use Only											
Company		Overall % Overall			Written # of		Written	Maximum		Minimum	
Name		Indicated	% Rate	premium			premium	%		% Change	
		Change	Impact	change	affected		for this	Change			
		(when		for this	for this		program				
		applicable)		program	program						
5. Overall Rate Information (Complete for Multiple Company Filings only)											
	Overall management and material section (COMPANY U			JSE		STATE USE	
5a	Overall percentage rate indication (when applicable)										
5b	Overall percentage rate impact for this filing										
5c	Effect of Rate Filing – Written premium change for										
	this program L. Effect of Rate Filing – Number of policyholders										
5d	5d affected affected										
6.	Overal	l percentage	of last rate	revision							
7.											
8.	Filing Method of Last filing										
(Prior Approval, File & Use, Flex Band, etc.)											
	Rule #	or Page # Su	bmitted	Replac	ement			Prev	ious	state	
9.		or Review			or withdrawn?				filing number,		
0.								if required by state			
					[]New						
01					[] Replacement [] Withdrawn						
	1				[] New						
00				[] Replacement							
02	[] Withdrawn										
				[]New	r						
03					[] Replacement						
				[] With	drawn						