TEXAS DEPARTMENT OF INSURANCE
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Texas Department of Insurance
Property/Casualty Rate Filing Exhibit

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

Territory Exhibit – Display of counties affected by 15% territory rule

County/ Territory	*<insert coverage /form here>*	*<insert coverage /form here>*	*<insert coverage /form here>*	*<insert coverage /form here>*	*<insert coverage /form here>*

Attach additional pages as needed.