

[Company Letterhead]

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Re: NOTICE OF STATE-MANDATED PREMIUM INCREASE

Policy Number: [Policy Number]

Effective Date: [Effective Date]

Dear [Policyholder Name],

This letter is to inform you of a change to your insurance premium effective [Date]. Your premium will increase by \$[Amount] per [Billing Period].

This adjustment is a direct result of a state-mandated rate change approved by the [State Name] Department of Insurance. This increase is being applied to all policies of this type within the state to ensure that the insurance pool remains adequately funded to cover projected claims and administrative costs according to state solvency requirements.

Summary of Changes:

- Current Premium: \$[Amount]
- New Premium: \$[Amount]
- Mandated Change Percentage: [Percentage]%

This change is required by law and is not a reflection of your individual claims history or risk profile. Your coverage limits and policy benefits remain unchanged.

If you have questions regarding this mandate, you may contact our Customer Service Department at [Phone Number]. You may also contact the [State Name] Department of Insurance at [State Agency Phone Number] or visit their website at [State Agency Website].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name/Department]

[Insurance Company Name]