

SERFF Tracking Number: LDDX-125328132 State: Arkansas
Filing Company: Old Republic General Insurance Corporation State Tracking Number: AR-PC-07-026480
Company Tracking Number: CA AR0181007F01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Old Republic Independent CA Forms
Project Name/Number: Old Republic Independent CA Forms/CA AR0181007F01

Filing at a Glance

Company: Old Republic General Insurance Corporation

Product Name: Old Republic Independent CA Forms SERFF Tr Num: LDDX-125328132 State: Arkansas

TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: AR-PC-07-026480
Sub-TOI: 20.0003 Other	Co Tr Num: CA AR0181007F01	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI ORChicago	Disposition Date: 10/24/2007
	Date Submitted: 10/18/2007	Disposition Status: Approved
Effective Date Requested (New): 12/01/2007		Effective Date (New): 12/01/2007
Effective Date Requested (Renewal):		Effective Date (Renewal): 12/01/2007

General Information

Project Name: Old Republic Independent CA Forms

Project Number: CA AR0181007F01

Reference Organization:

Reference Title:

Filing Status Changed: 10/24/2007

State Status Changed: 10/19/2007

Corresponding Filing Tracking Number:

Filing Description:

Old Republic General Insurance Corporation wishes to file supplement form Auto Medical Payments Coverage Selection/Rejection Form CA SR MP 0039 04 07.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We request an effective date of December 1, 2007.

Company and Contact

Filing Contact Information

SERFF Tracking Number: LDDX-125328132 State: Arkansas
Filing Company: Old Republic General Insurance Corporation State Tracking Number: AR-PC-07-026480
Company Tracking Number: CA AR0181007F01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Old Republic Independent CA Forms
Project Name/Number: Old Republic Independent CA Forms/CA AR0181007F01

Jodi Woods, State Filings Analyst jwoods@oldrepublic.com
307 N. Michigan Avenue (312) 762-4532 [Phone]
Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

Old Republic General Insurance Corporation CoCode: 24139 State of Domicile: Illinois
307 N. Michigan Avenue Group Code: 150 Company Type:
Chicago, IL 60601 Group Name: State ID Number:
(312) 762-4500 ext. [Phone] FEIN Number: 36-6067575

SERFF Tracking Number: LDDX-125328132 State: Arkansas
Filing Company: Old Republic General Insurance Corporation State Tracking Number: AR-PC-07-026480
Company Tracking Number: CA AR0181007F01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Old Republic Independent CA Forms
Project Name/Number: Old Republic Independent CA Forms/CA AR0181007F01

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic General Insurance Corporation	\$50.00	10/18/2007	16181132

SERFF Tracking Number: LDDX-125328132 State: Arkansas
Filing Company: Old Republic General Insurance Corporation State Tracking Number: AR-PC-07-026480
Company Tracking Number: CA AR0181007F01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Old Republic Independent CA Forms
Project Name/Number: Old Republic Independent CA Forms/CA AR0181007F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/24/2007	10/24/2007

SERFF Tracking Number: LDDX-125328132 *State:* Arkansas
Filing Company: Old Republic General Insurance Corporation *State Tracking Number:* AR-PC-07-026480
Company Tracking Number: CA AR0181007F01
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other
Product Name: Old Republic Independent CA Forms
Project Name/Number: Old Republic Independent CA Forms/CA AR0181007F01

Disposition

Disposition Date: 10/24/2007

Effective Date (New): 12/01/2007

Effective Date (Renewal): 12/01/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125328132 State: Arkansas
 Filing Company: Old Republic General Insurance Corporation State Tracking Number: AR-PC-07-026480
 Company Tracking Number: CA AR0181007F01
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Old Republic Independent CA Forms
 Project Name/Number: Old Republic Independent CA Forms/CA AR0181007F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Auto Medical Payments Coverage Selection Rejection Form	Approved	Yes

SERFF Tracking Number: LDDX-125328132 State: Arkansas
 Filing Company: Old Republic General Insurance Corporation State Tracking Number: AR-PC-07-026480
 Company Tracking Number: CA AR0181007F01
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Old Republic Independent CA Forms
 Project Name/Number: Old Republic Independent CA Forms/CA AR0181007F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Auto Medical Payments Coverage Selection Rejection Form	CA SR MP 0039 04 07	04 07	Election/Re New jection/Sup plemental Application s		0.00	CA SR MP 0039 04 07.PDF

OLD REPUBLIC GENERAL INSURANCE CORPORATION
Auto Medical Payments Coverage
 Selection/Rejection Form

This information describes the Auto Medical Payments Coverage Selection/Rejection options available to you. Personal Injury Protection (No - Fault) Coverage Selection/Rejection options, if applicable, are described and completed on separate forms.

The states shown below require your selection/rejection to be in writing.

For states not shown below your policy will be issued to:

1. include or omit Auto Medical Payments Coverage as requested on your Application or Bid Specifications.
2. omit Auto Medical Payments Coverage in states where it is not available.
3. coincide with Auto Medical Payments Coverage Selection/Rejection choices you complete on a separate form required by the state.

Colorado	<input type="checkbox"/> I REJECT Auto Medical Payments Coverage.	
	<input type="checkbox"/> I SELECT Auto Medical Payments Coverage:	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$ _____ (Other)
Maine	Policies insuring 4 or fewer vehicles registered or principally garaged in Maine (excluding policies covering a garage, automobile sales agency, repair shop, service station or public parking places):	
	SELECT Auto Medical Payments Coverage Limit: (\$2,000 is the minimum limit)	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$ _____ (Other)
	Policies, other than policies described above:	
	<input type="checkbox"/> I REJECT Auto Medical Payments Coverage.	
	<input type="checkbox"/> I SELECT Auto Medical Payments Coverage:	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$ _____ (Other)

**Auto Medical Payments Coverage
Selection/Rejection Form**

Massachusetts	<input type="checkbox"/> I REJECT Auto Medical Payments Coverage.	
	<input type="checkbox"/> I SELECT Auto Medical Payments Coverage:	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$ _____ (Other)
Nevada	Note: Nevada has a separate form (UA 125) to complete for Uninsured/Underinsured Motorists Coverage and Medical Payments Coverage SELECTION or REJECTION.	
New Hampshire	For commercial policies covering more than 4 autos or any commercial policy covering a garage, auto sales agency, repair shop, service station, public parking place operations hazard or trucking operations:	
	<input type="checkbox"/> I REJECT Auto Medical Payments Coverage.	
	<input type="checkbox"/> I SELECT Auto Medical Payments Coverage:	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$ _____ (Other)
	Policies, other than policies described above, covering Private Passenger Autos:	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$ _____ (Other)
Rhode Island	<input type="checkbox"/> I REJECT Auto Medical Payments Coverage.	
	<input type="checkbox"/> I SELECT Auto Medical Payments Coverage:	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$ _____ (Other)
South Dakota	If the named insured of the policy includes an <u>individual</u> (natural person), in South Dakota with respect to a private passenger type auto not intended to be used for commercial purposes and owned by a natural person, Medical Payments Coverage must be SELECTED with a \$2,000 limit:	<input type="checkbox"/> \$2,000
	Policies, other than policies described above:	
	<input type="checkbox"/> I REJECT Auto Medical Payments Coverage.	
	<input type="checkbox"/> I SELECT Auto Medical Payments Coverage:	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$ _____ (Other)

**Auto Medical Payments Coverage
Selection/Rejection Form**

Virginia (Medical Expense Benefits and Income Loss Benefits)	<input type="checkbox"/> I REJECT Medical Expense Benefits.	
	<input type="checkbox"/> I SELECT Medical Expense Benefits Limit:	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$ _____ (Other)
	<input type="checkbox"/> I REJECT Income Loss Benefits.	
	<input type="checkbox"/> I SELECT Income Loss Benefits:	<input type="checkbox"/> \$10,000
Wisconsin	<input type="checkbox"/> I REJECT Auto Medical Payments Coverage.	
	<input type="checkbox"/> I SELECT Auto Medical Payments Coverage:	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$ _____ (Other)

NAMED INSURED:

POLICY NUMBER:

EFFECTIVE DATE:

Name: _____

Title: _____
as the NAMED INSURED or an authorized representative of the NAMED INSURED makes the choice(s) of Coverage(s) as indicated on this form.

Date: _____ **Signature:** _____

SERFF Tracking Number: LDDX-125328132 *State:* Arkansas
Filing Company: Old Republic General Insurance Corporation *State Tracking Number:* AR-PC-07-026480
Company Tracking Number: CA AR0181007F01
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other
Product Name: Old Republic Independent CA Forms
Project Name/Number: Old Republic Independent CA Forms/CA AR0181007F01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125328132 State: Arkansas
Filing Company: Old Republic General Insurance Corporation State Tracking Number: AR-PC-07-026480
Company Tracking Number: CA AR0181007F01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Old Republic Independent CA Forms
Project Name/Number: Old Republic Independent CA Forms/CA AR0181007F01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/24/2007

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

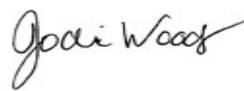
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #			
Old Republic Insurance Group	0150			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Old Republic General Insurance Corporation	IL	24139	36-6067575	

5. Company Tracking Number	CA AR0181007F01
-----------------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jodi L. Woods 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4532	312-762-4950	jwoods@oldrepublic.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Jodi L. Woods		

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	20.0 Commercial Auto
10.	Sub-Type of Insurance (Sub-TOI)	20.0003 Other
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Commercial Auto Program
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 12/01/07 Renewal: 12/01/07
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	10/18/07
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	CA AR0181007F01
------------	--------------------------------------------------------------	-----------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	------------------------------------------------------------------------------------------------------------------------

Old Republic General Insurance Corporation wishes to file supplement form Auto Medical Payments Coverage Selection/Rejection Form CA SR MP 0039 04 07.

We request an effective date of December 1, 2007.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Amount:	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)