

SERFF Tracking Number: LDDX-125328924 State: Arkansas
Filing Company: Old Republic General Insurance Corporation State Tracking Number: AR-PC-07-026481
Company Tracking Number: GL AR0181107F01
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Old Republic Independent GL Forms
Project Name/Number: Old Republic Independent GL Forms /GL AR0181107F01

Filing at a Glance

Company: Old Republic General Insurance Corporation

Product Name: Old Republic Independent GL SERFF Tr Num: LDDX-125328924 State: Arkansas
Forms

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: AR-PC-07-026481
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: GL AR0181107F01 State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montes, Edith
Roberts, Brittany Yielding
Author: SPI ORChicago Disposition Date: 10/29/2007
Date Submitted: 10/18/2007 Disposition Status: Approved
Effective Date Requested (New): 11/01/2007 Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: Old Republic Independent GL Forms
Project Number: GL AR0181107F01
Reference Organization:
Reference Title:
Filing Status Changed: 10/29/2007
State Status Changed: 10/19/2007
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

Old Republic General Insurance Corporation wishes to file replacement endorsement O.C.I.P. And C.C.I.P.-Wrap Up Exclusion CG EN GN 0023 10 07. This endorsement replaces endorsement CG EN GN 0023 09 06. A typographical error was noted in the form language. The phrase "into which you enter" was changed to "that you enter".

This is the only change to the endorsement. We have also included a mark up of the change for your review. We request an effective date of November 1, 2007 or the earliest possible date of approval.

SERFF Tracking Number: LDDX-125328924 State: Arkansas
 Filing Company: Old Republic General Insurance Corporation State Tracking Number: AR-PC-07-026481
 Company Tracking Number: GLAR0181107F01
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
 Product Name: Old Republic Independent GL Forms
 Project Name/Number: Old Republic Independent GL Forms /GLAR0181107F01

Company and Contact

Filing Contact Information

Johnathan Hagen, State Filings Analyst jhagen@oldrepublic.com
 307 N. Michigan Avenue (312) 346-8100 [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	

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	16190461

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/29/2007	10/29/2007

SERFF Tracking Number: LDDX-125328924 *State:* Arkansas
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Project Name/Number: Old Republic Independent GL Forms /GL AR0181107F01

Disposition

Disposition Date: 10/29/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125328924 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum, Markup	Approved	Yes
Form	O.C.I.P. AND C.C.I.P. - WRAP UP EXCLUSION	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	O.C.I.P. AND C.C.I.P. - WRAP UP EXCLUSION	CG EN GN 0023	10 07	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 CG EN GN 0023 Previous Filing #:		CG EN GN 0023.PDF

OLD REPUBLIC GENERAL INSURANCE CORPORATION

O.C.I.P. AND C.C.I.P. – WRAP UP EXCLUSION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

This policy does not apply to any work performed by or on behalf of you under any Owner Controlled Insurance Program (O.C.I.P.) or Contractor Controlled Insurance Program (C.C.I.P.), otherwise referred to as Wrap Up Program, that you enter into except as respects excess coverage for the "Products-Completed Operations Hazard" for "your work."

Named Insured			
Policy Number		Endorsement No.	
Policy Period	to	Endorsement Effective Date:	
Producer's Name:			
Producer Number:			

AUTHORIZED REPRESENTATIVE

DATE

SERFF Tracking Number: LDDX-125328924 *State:* Arkansas
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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/29/2007

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: Filing Memorandum, Markup **Review Status:** Approved 10/29/2007

Comments:

Attachments:

Filing Memorandum.PDF

Markup.PDF

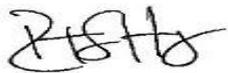
Property & Casualty Transmittal Document

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	GL AR0181107F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Johnathan Hagen 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4534	312-762-4950	jhagen@oldrepublic.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Johnathan Hagen		

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

9.	Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only
10.	Sub-Type of Insurance (Sub-TOI)	17.2001 Commercial General Liability
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Commercial General Liability
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: 11/01/07 Renewal: 11/01/07
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	n/a
17.	Reference Organization # & Title	n/a
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

**Old Republic General Insurance Corporation
Commercial General Liability Program
Form Filing Memorandum**

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OLD REPUBLIC GENERAL INSURANCE CORPORATION

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Named Insured			
Policy Number		Endorsement No.	
Policy Period		to	Endorsement Effective Date:
Producer's Name:			
Producer Number:			

AUTHORIZED REPRESENTATIVE

DATE