

Filing at a Glance

Company: Old Republic Insurance Company
Product Name: WC Item Filings
TOI: 16.0 Workers Compensation
Sub-TOI: 16.0004 Standard WC
Filing Type: Rule

SERFF Tr Num: LDDX-125245369 State: Arkansas
SERFF Status: Closed State Tr Num: AR-PC-07-025621
Co Tr Num: WC AR0176801R01 State Status:
Co Status: Reviewer(s): Betty Montesi, Carol
Stiffler, Brittany Yielding
Author: SPI ORChicago Disposition Date: 07-30-2007
Date Submitted: 07-26-2007 Disposition Status: Approved
Effective Date Requested (New): 01-01-2008 Effective Date (New): 01-01-2008
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: WC Item Filings
Project Number: WC AR0176801R01
Reference Organization:
Reference Title:
Filing Status Changed: 07-30-2007
State Status Changed: 07-30-2007
Corresponding Filing Tracking Number:
Filing Description:

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

Deemer Date:

Old Republic Insurance Company wishes to adopt NAIC Item Filing B-1404 effective January 1, 2008.

Company and Contact

Filing Contact Information

Patricia Wynne, Compliance Coordinator pwyne@oldrepublic.com
307 N. Michigan Avenue (312) 762-4540 [Phone]
Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

Old Republic Insurance Company CoCode: 24147 State of Domicile: Pennsylvania
307 N. Michigan Avenue Group Code: 150 Company Type:
Chicago, IL 60601 Group Name: State ID Number:
(312) 762-4800 ext. [Phone] FEIN Number: 25-0410420

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$25.00	07-26-2007	14795034

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07-30-2007	07-30-2007

Disposition

Disposition Date: 07-30-2007

Effective Date (New): 01-01-2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Old Republic Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Created by SERFF on 07-30-2007 11:56 AM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Old Republic Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-30-2007
Comments:			
Attachment:			
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF			
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	07-30-2007
Bypass Reason:	N/A		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	07-30-2007
Bypass Reason:	N/A		
Comments:			

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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

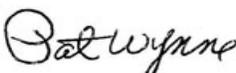
3. Group Name	Group NAIC #
Old Republic Insurance Group	0150

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Old Republic Insurance Company	PA	24147	25-0410420	

5. Company Tracking Number	WC AR0176801R01
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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
	Patricia Wynne 307 N. Michigan Avenue Chicago IL 60601	Compliance Coordinator	800-621-0365 Ext. 4540	312-762-4950	pwynne@oldrepublic.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Patricia Wynne
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Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	16.0 Workers Compensation
10.	Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Workers Compensation Program
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: 1/1/08 Renewal: 1/1/08
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	B-1404 Basic Manual Revision to Appendix E-Table of Classifications by Hazard Group
18.	Company's Date of Filing	7/26/07
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	WC AR0176801R01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Old Republic Insurance Company wishes to adopt NAIC Item Filing B-1404 effective January 1, 2008.

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.)