

Filing at a Glance

Company: Old Republic General Insurance Corporation

Product Name: WC Item Filings	SERFF Tr Num: LDDX-125247284	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-025623
Sub-TOI: 16.0004 Standard WC	Co Tr Num: WC AR0172307R01	State Status:
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: SPI ORChicago	Disposition Date: 07-30-2007
	Date Submitted: 07-30-2007	Disposition Status: Approved
Effective Date Requested (New): 07-01-2007		Effective Date (New): 07-30-2007
Effective Date Requested (Renewal):		Effective Date (Renewal):

General Information

Project Name: WC Item Filings	Status of Filing in Domicile: Authorized
Project Number: WC AR0172307R01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07-30-2007	
State Status Changed: 07-30-2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Old Republic General Insurance Corporation wishes to adopt NCCI Item Filing E-1400 effective July 1, 2007.	

Company and Contact

Filing Contact Information

Patricia Wynne, Compliance Coordinator	pwynne@oldrepublic.com
307 N. Michigan Avenue	(312) 762-4540 [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: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic General Insurance Corporation	\$25.00	07-30-2007	14837855

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): 07-30-2007

Effective Date (Renewal):

Status: Approved

Comment: We have approved an effective date of 7/30/2007 which is different from the requested effective date of 7/1/07. All WC filings are prior approval and cannot be applied retroactively.

FYI-I notice that you have filed several filings adopting various NCCI items. We will always accept these filings separately but it is not necessary to make a filing for the item. You may make them together and there is only one fee required if they are done together.

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 General Insurance Corporation	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Created by SERFF on 07-30-2007 11:54 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 General Insurance Corporation	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: <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					

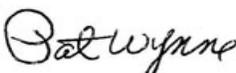
3. Group Name	Group NAIC #
Old Republic Insurance Group	0150

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

5. Company Tracking Number	WC AR0172307R01
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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	
8. Please print name of authorized filer	Patricia Wynne

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: 7/1/07 Renewal: 7/1/07
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	E-1400 Exclusion of Catastrophe Losses From Experience Rating
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 AR0172307R01
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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 General Insurance Corporation wishes to adopt NCCI Item Filing E-1400 effective July 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.)