

SERFF Tracking Number: LDDX-125290822 State: Arkansas  
Filing Company: Old Republic Insurance Company State Tracking Number: AR-PC-07-026082  
Company Tracking Number: DONAR0179301F01  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability  
Product Name: Side A Only Directors & Officers  
Project Name/Number: Side A Only Directors & Officers /DONAR0179301F01

## Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Side A Only Directors & Officers SERFF Tr Num: LDDX-125290822 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: AR-PC-07-026082

Sub-TOI: 17.1006 Directors & Officers Liability Co Tr Num: DONAR0179301F01 State Status:

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Author: SPI ORChicago Disposition Date: 09/20/2007

Date Submitted: 09/13/2007 Disposition Status: Approved

Effective Date Requested (New): 10/31/2007

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

## General Information

Project Name: Side A Only Directors & Officers

Status of Filing in Domicile: Pending

Project Number: DONAR0179301F01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/20/2007

State Status Changed: 09/13/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company submits the following endorsement for your approval. It will be attached to our previously approved ExcessFirst policy ORUG-80. It does not have a rate impact.

We request an effective date of October 31, 2007 or the earliest date possible.

## Company and Contact

### Filing Contact Information

Johnathan Hagen, State Filings Analyst  
307 N. Michigan Avenue

jhagen@oldrepublic.com  
(312) 346-8100 [Phone]

SERFF Tracking Number: LDDX-125290822 State: Arkansas  
Filing Company: Old Republic Insurance Company State Tracking Number: AR-PC-07-026082  
Company Tracking Number: DONAR0179301F01  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability  
Product Name: Side A Only Directors & Officers  
Project Name/Number: Side A Only Directors & Officers /DONAR0179301F01

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  
-----

SERFF Tracking Number: LDDX-125290822 State: Arkansas  
Filing Company: Old Republic Insurance Company State Tracking Number: AR-PC-07-026082  
Company Tracking Number: DONAR0179301F01  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability  
Product Name: Side A Only Directors & Officers  
Project Name/Number: Side A Only Directors & Officers /DONAR0179301F01

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$50.00	09/13/2007	15605516

SERFF Tracking Number: LDDX-125290822 State: Arkansas  
Filing Company: Old Republic Insurance Company State Tracking Number: AR-PC-07-026082  
Company Tracking Number: DONAR0179301F01  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability  
Product Name: Side A Only Directors & Officers  
Project Name/Number: Side A Only Directors & Officers /DONAR0179301F01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/20/2007	09/20/2007

*SERFF Tracking Number:* LDDX-125290822      *State:* Arkansas  
*Filing Company:* Old Republic Insurance Company      *State Tracking Number:* AR-PC-07-026082  
*Company Tracking Number:* DONAR0179301F01  
*TOI:* 17.1 Other Liability - Claims Made Only      *Sub-TOI:* 17.1006 Directors & Officers Liability  
*Product Name:* Side A Only Directors & Officers  
*Project Name/Number:* Side A Only Directors & Officers /DONAR0179301F01

## **Disposition**

Disposition Date: 09/20/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* LDDX-125290822      *State:* Arkansas  
*Filing Company:* Old Republic Insurance Company      *State Tracking Number:* AR-PC-07-026082  
*Company Tracking Number:* DONAR0179301F01  
*TOI:* 17.1 Other Liability - Claims Made Only      *Sub-TOI:* 17.1006 Directors & Officers Liability  
*Product Name:* Side A Only Directors & Officers  
*Project Name/Number:* Side A Only Directors & Officers /DONAR0179301F01

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	AMEND SECTION IV. (E)(2)	Approved	Yes

SERFF Tracking Number: LDDX-125290822 State: Arkansas  
 Filing Company: Old Republic Insurance Company State Tracking Number: AR-PC-07-026082  
 Company Tracking Number: DONAR0179301F01  
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability  
 Product Name: Side A Only Directors & Officers  
 Project Name/Number: Side A Only Directors & Officers /DONAR0179301F01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	AMEND SECTION IV. (E)(2)	D6050	(9/2007)	Endorsement/Amendment/Conditions		0.00	D6050.PDF



**AMEND SECTION IV. (E)(2)**

It is understood and agreed that Section IV. Conditions (E) (2) is deleted in its entirety and replaced as follows:

- (2) Upon written request from the **Insured Persons**, the Insurer will advance on a current basis any **Defense Expenses** incurred by **Insured Persons** resulting from a **Claim** covered under this Policy. In the event of such advancement, the **Insured Persons** agree that they shall repay the Insurer, severally according to their interests, any **Loss**, including **Defense Expenses**, paid to or on behalf of the **Insured Persons** if it is finally determined that the **Loss** incurred is not covered under this Policy.

All other terms and conditions of this policy remain unchanged.

This endorsement is a part of the policy and takes effect on the effective date of the policy, unless another effective date is shown below.

<i>Must be Completed</i>	
ENDT NO.	POLICY NO.

<i>Complete Only When This Endorsement is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ISSUED TO	EFFECTIVE DATE OF THIS ENDORSEMENT

**D6050 (9/2007)**

Countersigned by \_\_\_\_\_  
Authorized Representative

*SERFF Tracking Number:* LDDX-125290822      *State:* Arkansas  
*Filing Company:* Old Republic Insurance Company      *State Tracking Number:* AR-PC-07-026082  
*Company Tracking Number:* DONAR0179301F01  
*TOI:* 17.1 Other Liability - Claims Made Only      *Sub-TOI:* 17.1006 Directors & Officers Liability  
*Product Name:* Side A Only Directors & Officers  
*Project Name/Number:* Side A Only Directors & Officers /DONAR0179301F01

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125290822 State: Arkansas  
Filing Company: Old Republic Insurance Company State Tracking Number: AR-PC-07-026082  
Company Tracking Number: DONAR0179301F01  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability  
Product Name: Side A Only Directors & Officers  
Project Name/Number: Side A Only Directors & Officers /DONAR0179301F01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 09/20/2007

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

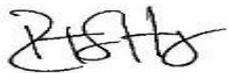
## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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: 60%; 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>			
Old Republic Insurance Group	0150			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Old Republic Insurance Company	PA	24147	25-0410420	

<b>5. Company Tracking Number</b>	DONAR0179301F01
-----------------------------------	-----------------

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

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

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	17.1 Other Liability - Claims Made Only
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	17.1006 Directors & Officers Liability
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	ExcessFirst
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 10/31/07      Renewal: 10/31/2007
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	n/a
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	n/a
<b>18.</b>	<b>Company's Date of Filing</b>	09/13/07
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	DONAR0179301F01
------------	--	-----------------

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

Old Republic Insurance Company submits the following endorsement for your approval. It will be attached to our previously approved ExcessFirst policy ORUG-80. It does not have a rate impact.

We request an effective date of October 31, 2007 or the earliest date possible.

<b>22.</b>	<b>Filing Fees</b> (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]
<b>Check #:</b> <b>Amount:</b>	
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

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