

SERFF Tracking Number: LDDX-125448689 State: Arkansas  
First Filing Company: Old Republic Insurance Company, ... State Tracking Number: EFT \$25  
Company Tracking Number: WC AR01861CGR01  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: WC Item Filings  
Project Name/Number: WC Item Filings/WC AR01861CGR01

## Filing at a Glance

Companies: Old Republic Insurance Company, Old Republic General Insurance Corporation

Product Name: WC Item Filings

SERFF Tr Num: LDDX-125448689 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WC AR01861CGR01

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: SPI ORChicago

Disposition Date: 01/24/2008

Date Submitted: 01/23/2008

Disposition Status: Approved

Effective Date Requested (New): 01/23/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: WC Item Filings

Status of Filing in Domicile:

Project Number: WC AR01861CGR01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/24/2008

State Status Changed: 01/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company & Old Republic General Insurance Corporation wish to adopt NCCI Item Filing B-1405 - Revision of Rule 3-A-24-a as a result of the Terrorism Risk Insurance Program Reauthorization Act of 2007 (Circular # CIF-2007-09).

We request an effective date of January 23, 2008 or the earliest date possible.

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## 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 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	

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 Insurance Company	\$25.00	01/23/2008	17626295

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/24/2008	01/24/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	01/23/2008	01/23/2008	SPI ORChicago	01/23/2008	01/23/2008

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## Disposition

Disposition Date: 01/24/2008  
Effective Date (New): 01/01/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/23/2008

Submitted Date 01/23/2008

Respond By Date

Dear Johnathan Hagen,

This will acknowledge receipt of the captioned filing.

This filing can be approved retroactively to 1/1/2008 if you wish to do that. Normally filings cannot be approved retroactively but the Commissioner is allowing the terrorism filings. I will approve it as soon as I get your response.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/23/2008

Submitted Date 01/23/2008

Dear Carol Stiffler,

### Comments:

In response to your objection:

### Response 1

Comments: We would like to request an effective date of 1/1/08.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

*SERFF Tracking Number:* LDDX-125448689                      *State:* Arkansas  
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*TOI:* 16.0 Workers Compensation                      *Sub-TOI:* 16.0004 Standard WC  
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No Rate/Rule Schedule items changed.

If you have any further questions or concerns please let us know.

Sincerely,  
SPI ORChicago

<i>SERFF Tracking Number:</i>	<i>LDDX-125448689</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Old Republic Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b> Approved	01/24/2008
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b> Approved	01/24/2008
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	01/24/2008
<b>Comments:</b>			
<b>Attachment:</b>			
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: 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Old Republic Insurance Group	0150

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Old Republic Insurance Company	PA	24147	25-0410420	
Old Republic General Insurance Corporation	IL	24139	36-6067575	

<b>5. Company Tracking Number</b>	WC AR01861CGR01
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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

<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>	Type of Insurance (TOI)	16.0 Workers Compensation
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
<b>11.</b>	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing Title)	Workers Compensation
<b>13.</b>	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)
<b>14.</b>	Effective Date(s) Requested	New: 01/23/08      Renewal: 01/23/08
<b>15.</b>	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	Reference Organization (if applicable)	NCCI
<b>17.</b>	Reference Organization # & Title	B-1405 - Revision of Rule 3-A-24-a as a result of the Terrorism Risk Insurance Program Reauthorization Act of 2007
<b>18.</b>	Company's Date of Filing	01/23/08
<b>19.</b>	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input 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>	WC AR01861CGR01
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<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]
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We request an effective date of January 23, 2008 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.)