

<i>SERFF Tracking Number:</i>	<i>LDDX-125873439</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>DOEAR0202301F01</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1006 Directors &amp; Officers Liability</i>
<i>Product Name:</i>	<i>Excess Directors &amp; Officers</i>		
<i>Project Name/Number:</i>	<i>Excess Directors &amp; Officers /DOEAR0202301F01</i>		

## Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Excess Directors & Officers

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1006 Directors & Officers Liability

SERFF Tr Num: LDDX-125873439

SERFF Status: Closed

Co Tr Num: DOEAR0202301F01

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Edith Roberts, Brittany Yielding

Author: SPI ORChicago

Date Submitted: 10/24/2008

Disposition Date: 11/04/2008

Disposition Status: Approved

Effective Date Requested (New): 12/01/2008

Effective Date Requested (Renewal):

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Excess Directors & Officers

Project Number: DOEAR0202301F01

Reference Organization:

Reference Title:

Filing Status Changed: 11/04/2008

State Status Changed: 11/04/2008

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company submits the following new form for your approval. It will be attached to our previously approved Excess Directors & Officers policy, ORUG-87. There is no rate impact.

D7030-C (10/2008) - Amend Section II. A. And B. Version C

(Optional form - Broadens coverage, no rate impact)

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Alternative version of the "limit shaving" endorsement. This Version C does not include "Limit Reduction Agreement" as

SERFF Tracking Number: LDDX-125873439 State: Arkansas  
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 Product Name: Excess Directors & Officers  
 Project Name/Number: Excess Directors & Officers /DOEAR0202301F01

a defined term.

We request an effective date of 12/01/2008 or earliest date possible.

## Company and Contact

### Filing Contact Information

Connie Aragonas, State Filing Analyst caragonas@oldrepublic.com  
 307 N. Michigan Avenue (312) 762-4535 [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	
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## 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	10/24/2008	23462728

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Product Name: Excess Directors & Officers  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/04/2008	11/04/2008

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*Product Name:* Excess Directors & Officers  
*Project Name/Number:* Excess Directors & Officers /DOEAR0202301F01

## **Disposition**

Disposition Date: 11/04/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125873439 State: Arkansas  
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 Company Tracking Number: DOEAR0202301F01  
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 Product Name: Excess Directors & Officers  
 Project Name/Number: Excess Directors & Officers /DOEAR0202301F01

<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 II. A. and B. Version C	Approved	Yes

SERFF Tracking Number: LDDX-125873439 State: Arkansas  
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 Company Tracking Number: DOEAR0202301F01  
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability  
 Product Name: Excess Directors & Officers  
 Project Name/Number: Excess Directors & Officers /DOEAR0202301F01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amend Section II. A. and B. Version C	D7030-C	(10/2008)	Endorsement/Amendment/Conditions New		0.00	D7030-C.PDF



**AMEND SECTION II. A. AND B. VERSION C**

It is understood and agreed that:

1. Sections II. A. and B. are amended to read in their entirety as follows:

A. Liability for any covered **Loss** on account of **Claims** first made in the **Policy Period** shall attach to the Insurer only after:

1. the insurers of the **Underlying Policies**, and/or
2. the **Company** and/or the **Insured Persons**, either (i) pursuant to a compromise of good faith coverage issues under the **Underlying Policies**, or (ii) by reason of the financial insolvency of the insurer(s) of the **Underlying Policies**,

shall have paid in legal currency covered **Loss** equal to the full amount of the **Underlying Limit** for such **Policy Period**, and the **Company** and/or the **Insured Persons** shall have paid the uninsured retention, if any, applicable under the **Primary Policy**. The Insurer shall then be liable to pay only covered **Loss** in excess of such **Underlying Limit** up to its **Limit of Liability** as set forth in Item 3. of the Declarations, which shall be the maximum aggregate liability of the Insurer under this policy with respect to all **Claims** first made in the **Policy Period** against all **Insured Persons** and, if applicable, the **Company**, irrespective of the time of payment by the Insurer.

B. In the event and only in the event of the reduction or exhaustion of the **Underlying Limit** by reason of the insurers of the **Underlying Policies** and/or the **Company** and/or the **Insured Persons**, paying in legal currency **Loss** covered under the respective **Underlying Policy** as provided in Section II. A. above, this policy shall: (i) in the event of reduction, pay excess of the reduced **Underlying Limit**, and (ii) in the event of exhaustion, continue in force as primary insurance; provided always that in the latter event this policy shall only pay excess of the retention, if any, applicable under the **Primary Policy**, which retention shall be applied to any subsequent **Loss** in the same manner as specified in the **Primary Policy**.

2. Any payment of covered **Loss** by the **Company** and/or the **Insured Persons** as provided in Section II. A. 2. above with respect to any **Claim** shall reduce or exhaust the **Underlying Limit** only with respect to any such **Claim** and shall not reduce or exhaust the **Underlying Limit** with respect to any other **Claim**.

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

3. If with respect to any covered **Claim** the **Underlying Limit** is reduced or exhausted by payments by the **Company** and/or **Insured Persons** as provided in Section II. A. 2. above, then as a condition to coverage under this policy for such **Claim** the **Company** and **Insured Persons** shall give to the Insurer any information reasonably requested by the Insurer relating to such payment or the reasons for such payment.
  
4. For purposes of this Endorsement, "**Underlying Policies**" shall include any Side A Excess DIC policy which is excess of this policy if and to the extent that such Side A Excess DIC policy drops down pursuant to its difference-in-conditions provision and pays **Loss** within the **Underlying Limit**.

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

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*Product Name:* Excess Directors & Officers  
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## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125873439 State: Arkansas  
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Company Tracking Number: DOEAR0202301F01  
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## Supporting Document Schedules

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

**Review Status:**

Approved 11/04/2008

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

AR - NAIC FORM FILING SCHEDULE.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	

<b>5. Company Tracking Number</b>	DOEAR0202301F01
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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
	Connie Aragones 307 N. Michigan Avenue Chicago IL 60601	State Filing Analyst	800-621-0365 Ext. 4535	312-762-4950	caragones@oldrepublic.com

<b>7.</b> Signature of authorized filer	<i>Connie Aragones</i>
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<b>8.</b> Please print name of authorized filer	Connie Aragones
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**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>	n/a
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Excess Directors & Officers
<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: 12/1/2008      Renewal: 12/1/2008
<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>	October 24, 2008
<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>	DOEAR0202301F01
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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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Old Republic Insurance Company submits the following new form for your approval. It will be attached to our previously approved Excess Directors & Officers policy, ORUG-87. There is no rate impact.

D7030-C (10/2008) - Amend Section II. A. And B. Version C  
(Optional form - Broadens coverage, no rate impact)

Alternative version of the "limit shaving" endorsement. This Version C does not include "Limit Reduction Agreement" as a defined term.

We request an effective date of 12/01/2008 or 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]
	<p><b>Check #:</b> EFT <b>Amount:</b> 50.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>

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

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	DOEAR0202301F01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Amend Section II. A. and B. Version C	D7030-C (10/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		