

SERFF Tracking Number: LDDX-125887027 State: Arkansas
Filing Company: Old Republic General Insurance Corporation State Tracking Number: EFT \$25
Company Tracking Number: WC AR0202407R01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Old Republic Independent WC Rating Plan
Project Name/Number: Old Republic Independent WC Rating Plan/WC AR0202407R01

Filing at a Glance

Company: Old Republic General Insurance Corporation

Product Name: Old Republic Independent WC SERFF Tr Num: LDDX-125887027 State: Arkansas
Rating Plan

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WC AR0202407R01

State Status: Fees received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Author: SPI ORChicago

Disposition Date: 11/05/2008

Date Submitted: 11/04/2008

Disposition Status: Approved

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

Effective Date (New): 12/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Old Republic Independent WC Rating Plan

Status of Filing in Domicile:

Project Number: WC AR0202407R01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/05/2008

State Status Changed: 11/04/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Old Republic General Insurance Corporation's Managed Care Arrangement Premium Credit Program

Company and Contact

Filing Contact Information

Sandra Mack, Senior Compliance Analyst
307 N. Michigan Avenue

smack@oldrepublic.com
(312) 762-4537 [Phone]

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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

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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	11/04/2008	23692435

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/05/2008	11/05/2008

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Disposition

Disposition Date: 11/05/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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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	Managed Care Arrangement Premium Credit Program	Approved	Yes

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Rate Information

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Managed Care Arrangement Premium (11/08) Credit Program	AR-WC-MC	New	AR-WC-MC (11_08).PDF

OLD REPUBLIC GENERAL INSURANCE CORPORATION
WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY
ARKANSAS

SPECIAL RULES
MANAGED CARE ARRANGEMENT PREMIUM CREDIT PROGRAM

A. ELIGIBILITY

1. Old Republic General Insurance Corporation has either contracted with a certified managed care organization; or
2. The employer has obtained certification of its internal managed care system, and has posted Notice (FORM H) in accordance with the Arkansas Workers' Compensation Commission Rule 7.

B. ARKANSAS MANAGED CARE ARRANGEMENT PREMIUM CREDIT

A premium credit of 5% shall be allowed in conjunction with the Arkansas Managed Care Arrangement Premium Credit Program described under the Basic Manual, Special Rules.

C. ARKANSAS MANAGED CARE ARRANGEMENT MANDATORY ENDORSEMENT

Attach the following mandatory endorsement:

WC 03 04 04 Arkansas Managed Care Endorsement

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/05/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 11/05/2008

Bypass Reason: Not applicable

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 11/05/2008

Bypass Reason: Not applicable

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: 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					

3. Group Name	Group NAIC #			
	0150			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Old Republic General Insurance Corporation	IL	24139	36-6067575	

5. Company Tracking Number	WC AR0202407R01
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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
	Sandra Mack, FLMI, AIRC, ALHC, ACS 307 N. Michigan Avenue Chicago IL 60601	Senior Compliance Analyst	800-621-0365 Ext. 4537	312-762-4950	smack@oldrepublic.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Sandra Mack, FLMI, AIRC, ALHC, ACS		

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)	
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: December 1, 2008 Renewal: December 1
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	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

20.	This filing transmittal is part of Company Tracking #	WC AR0202407R01
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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's Managed Care Arrangement Premium Credit Program

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.)