

SERFF Tracking Number: LDDX-125493488 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: WC AR0189001F01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0003 Excess WC
Product Name: Excess Workers Compensation Filings
Project Name/Number: Excess Workers Compensation Filings/WC AR0189001F01

Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Excess Workers Compensation SERFF Tr Num: LDDX-125493488 State: Arkansas

Filings

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0003 Excess WC

Co Tr Num: WC AR0189001F01

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: SPI ORChicago

Disposition Date: 02/19/2008

Date Submitted: 02/19/2008

Disposition Status: Approved

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

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Excess Workers Compensation Filings

Status of Filing in Domicile:

Project Number: WC AR0189001F01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/19/2008

Deemer Date:

State Status Changed: 02/19/2008

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company (ORIC) submits for approval the following mandatory endorsement which is revised to comply with the enacted Federal Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA).

Mandatory Endorsements:

EC 007 (01/08) - Terrorism Risk Insurance Program Reauthorization Act Endorsement replaces EC 007 (06/04)

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Terrorism Risk Insurance Act Endorsement.

We request and effective date of 01/01/08 or the earliest date possible.

Company and Contact

Filing Contact Information

Jodi Woods, State Filings Analyst jwoods@oldrepublic.com
 307 N. Michigan Avenue (312) 762-4532 [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

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	02/19/2008	18037785

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/19/2008	02/19/2008

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Disposition

Disposition Date: 02/19/2008

Effective Date (New): 01/01/2008

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	F215 Expedited Filing Transmittal Document for Terrorism Risk Insurance	Approved	Yes
Form	Terrorism Risk Insurance Program Reauthorization Act Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Risk Insurance Program Reauthorization Act Endorsement	EC 007	01 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 EC 007 Previous Filing #:		EC 007 .PDF

OLD REPUBLIC INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ CAREFULLY.

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

“Act of Terrorism” means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

“Insured Loss” means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

“Insurer Deductible” means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

“Program Year” refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses, as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.
3. The premiums charged for the coverage for Insured Losses under this policy are included in the amounts shown in Item 8. of the Information Page or in the Schedules in the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement and the Foreign Terrorism Premium Endorsement, attached to this policy.

This endorsement will not vary, alter or extend any agreement, provision, condition or declaration of the Policy other than as stated above.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium \$
Insurance Company	Countersigned by	_____

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Rate Information

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	F215 Expedited Filing Transmittal Document for Terrorism Risk Insurance	Approved	02/19/2008

Comments:

Attachment:

F215 Expedited Filing Transmittal Document for Terrorism Risk Insurance.PDF

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Old Republic Insurance Company	PA	0150-24147	25-0410420

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Jodi Woods Old Republic Insurance Company 307 N Michigan Ave Chicago, IL 60601	800-621-0365 ext. 4532	312-762-4950	jwoods@oldrepublic.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	Excess Workers Compensation
Filing Type ** see note below	Form
This application is used with:	Excess Workers Compensation
Effective Date Requested	01/01/08 or earliest possible date
Filing date	02/19/08
Company Tracking Number	WC AR0189001F01
Date filing approved in domiciliary state, if applicable	Not Filed

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Terrorism Risk Insurance Program Reauthorization Act Endorsement	EC 007 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	EC 007 06 04	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Jodi Woods

Print Name:

State Filing Analyst

Title: