

SERFF Tracking Number: *HNDY-125554949* State: *Arkansas*  
Filing Company: *Ohio Indemnity Company* State Tracking Number: *EFT \$50*  
Company Tracking Number: *CPI-AR-2008-DIS*  
TOI: *33.0 Other Lines of Business* Sub-TOI: *33.0002 Other Commercial Lines*  
Product Name: *Creditor Placed Insurance*  
Project Name/Number: *Terrorism Disclosure 2008/CPI-AR-2008-DIS*

## Filing at a Glance

Company: Ohio Indemnity Company

Product Name: Creditor Placed Insurance

TOI: 33.0 Other Lines of Business

Sub-TOI: 33.0002 Other Commercial Lines

Filing Type: Form

Effective Date Requested (New):

Effective Date Requested (Renewal): On Approval

State Filing Description:

SERFF Tr Num: HNDY-125554949 State: Arkansas

SERFF Status: Closed

Co Tr Num: CPI-AR-2008-DIS

Co Status:

Authors: Iris Nance, Nancy

Sherman, Sherry Bixler

Date Submitted: 03/18/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 03/21/2008

Disposition Status: Approved

Effective Date (New): 03/21/2008

Effective Date (Renewal): 03/21/2008

## General Information

Project Name: Terrorism Disclosure 2008

Project Number: CPI-AR-2008-DIS

Reference Organization:

Reference Title:

Filing Status Changed: 03/21/2008

State Status Changed: 03/21/2008

Corresponding Filing Tracking Number:

Filing Description:

New Terrorism Disclosure Form as required by the Federal Terrorism Risk Insurance Program Reauthorization Act of 2007.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

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 Project Name/Number: *Terrorism Disclosure 2008/CPI-AR-2008-DIS*

**Filing Contact Information**

Sherry Bixler, Operations Assistant sbixler@ohioindemnity.com  
 250 E. Broad Street, 10th Floor (614) 220-5236 [Phone]  
 Columbus, OH 43215 (614) 228-5552[FAX]

**Filing Company Information**

Ohio Indemnity Company CoCode: 26565 State of Domicile: Ohio  
 250 East Broad Street Group Code: -99 Company Type:  
 10th Floor  
 Columbus, OH 43215 Group Name: State ID Number:  
 (800) 628-8581 ext. [Phone] FEIN Number: 31-0620146  
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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 fee per submission.  
 \$50.00 x one submission = \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ohio Indemnity Company	\$50.00	03/18/2008	18761081

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## **Correspondence Summary**

### **Dispositions**

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	03/21/2008	03/21/2008

*SERFF Tracking Number:*      *HNDY-125554949*                      *State:*                      *Arkansas*  
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*Product Name:*              *Creditor Placed Insurance*  
*Project Name/Number:*      *Terrorism Disclosure 2008/CPI-AR-2008-DIS*

## **Disposition**

Disposition Date: 03/21/2008

Effective Date (New): 03/21/2008

Effective Date (Renewal): 03/21/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:*      *HNDY-125554949*                      *State:*                      *Arkansas*  
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*Product Name:*                      *Creditor Placed Insurance*  
*Project Name/Number:*      *Terrorism Disclosure 2008/CPI-AR-2008-DIS*

<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>Supporting Document</b>	Explanatory Memorandum	Approved	Yes
<b>Supporting Document</b>	Expedited Transmittal Document	Approved	Yes
<b>Form</b>	Terrorism Disclosure Form	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 Disclosure Form	OIC-DIS2003	01-2008	Disclosure/ Replaced Notice	Replaced Form #:0.00 OIC-DIS2003 (01-2003) Previous Filing #:		OIC-DIS2003 (01-2008).pdf

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "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 -- to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceed \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \_\_\_\_\_, and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Name of Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/21/2008

**Comments:**

**Attachment:**

AR NAIC Transmittal Doc.pdf

**Satisfied -Name:** Explanatory Memorandum **Review Status:** Approved 03/21/2008

**Comments:**

**Attachment:**

CPI Terrorism Disclosure Filing Memorandum.pdf

**Satisfied -Name:** Expedited Transmittal Document **Review Status:** Approved 03/21/2008

**Comments:**

**Attachment:**

CPI AR Trans Doc.pdf

## Property & Casualty Transmittal Document

<p><b>1. Reserved for Insurance Dept. Use Only</b></p>	<p><b>2. Insurance Department Use only</b></p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input 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 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 #

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

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

PC TD-1 pg 2 of 2

## 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>	
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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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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input 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		

PC FFS-1

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	

# **Ohio Indemnity Company**

## **Filing Memorandum**

### **2008 Terrorism Disclosure Notice Form**

#### **Creditor Placed Insurance Program**

The purpose of this filing is to file our Terrorism Disclosure Notice Form as required by the Federal Terrorism Risk Insurance Program Reauthorization Extension Act of 2007.

We previously filed our Terrorism Disclosure Notice Form, OIC-DIS2003 (01/2003), in compliance with the Terrorism Risk Insurance Act of 2002. Since the expiration of this Act on December 31, 2007, we are now filing the new Terrorism Disclosure Form, OIC-DIS2008 (01/2008), as required by the Reauthorization Act, to be issued with all CPI policies.

Our policy does not exclude losses due to acts of terrorism, nor do we identify or attribute a separate portion of the premium for this coverage. Thus, there is no premium impact with this filing. Our disclosure form is identical to the sample provided in the Reauthorization Act for notification to policyholders when such losses are not excluded in their policy. It is our understanding that this form must be filed for informational purposes with each Department of Insurance.

The new form and the NAIC Expedited Filing Transmittal Document for Terrorism Risk Insurance Forms are included in this filing.

**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 type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Ohio Indemnity Company	OH	26565	31-0620146

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Sherry Bixler 250 East Broad Street 10 <sup>th</sup> Floor Columbus, Ohio 43215	614-220-5236	614-228-5552	<a href="mailto:Sherry.bixler@ohioindemnity.com">Sherry.bixler@ohioindemnity.com</a>

**Filing information**

<b>Line of Insurance</b> (see attachment)	33 –Other Lines of Business
<b>Company Program Title</b> (Marketing title) (if applicable)	Creditor Placed Insurance Program
<b>Filing Type</b> ** see note below	Informational Purposes Only - Policyholder Disclosure Form
<b>This application is used with:</b>	
<b>Effective Date Requested</b>	Upon Approval
<b>Filing date</b>	03/18/2008
<b>Company Tracking Number</b>	CPI-AR-2008-DIS
<b>Date filing approved in domiciliary state, if applicable</b>	n/a

	<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	Policyholder Disclosure Notice	OIC-DIS2003 (01/2008)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	OIC-DIS2003 (01/2003)	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a 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:

- X Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- X Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

*Iris A. Nance*  
Signature

Iris A. Nance  
Print Name:

Specialty Products Manager  
Title: