

<i>SERFF Tracking Number:</i>	<i>LBRM-125556316</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The Ohio Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-01470</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>HO Residence Held In Trust</i>		
<i>Project Name/Number:</i>	<i>HO Residence Held In Trust/2008-01470</i>		

Filing at a Glance

Companies: The Ohio Casualty Insurance Company, West American Insurance Company, American Fire and Casualty Company

Product Name: HO Residence Held In Trust	SERFF Tr Num: LBRM-125556316	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num: 2008-01470	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Authors: Carol Roof, Nancy Greene, Jodi Guggenberger	Disposition Date: 03/31/2008
	Date Submitted: 03/31/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New):
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: HO Residence Held In Trust	Status of Filing in Domicile: Not Filed
Project Number: 2008-01470	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 03/31/2008	
State Status Changed: 03/31/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	
Form OCH-0543 (06-07) – Residence Held In Trust was previously filed with your Department for implementation with our P.A.R.I.S. systems roll-out, which was a new rating policy issuance system. With this new rating system, a corporate decision was made not to charge for this coverage and at that time we made the ISO endorsement a proprietary endorsement to reflect that there would be no premium charge for this coverage. We have now discovered that Item D. Section II – Exclusions did not correctly reference the policy coverage form. Item D., Section II – Exclusions	

SERFF Tracking Number: LBRM-125556316 State: Arkansas
 First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-01470
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: HO Residence Held In Trust
 Project Name/Number: HO Residence Held In Trust/2008-01470

has subsequently been corrected.

Company and Contact

Filing Contact Information

Jodi Guggenberger, Jodi.Guggenberger@libertymutual.com
 9450 Seward Road (800) 843-6446 [Phone]
 Fairfield, OH 45014 (513) 603-2160[FAX]

Filing Company Information

The Ohio Casualty Insurance Company	CoCode: 24074	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 31-0396250	

West American Insurance Company	CoCode: 44393	State of Domicile: Indiana
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 31-0624491	

American Fire and Casualty Company	CoCode: 24066	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 59-0141790	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form filing
Per Company:	No

SERFF Tracking Number: *LBRM-125556316* *State:* *Arkansas*
First Filing Company: *The Ohio Casualty Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008-01470*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *HO Residence Held In Trust*
Project Name/Number: *HO Residence Held In Trust/2008-01470*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Ohio Casualty Insurance Company	\$50.00	03/31/2008	19150323
West American Insurance Company	\$0.00	03/31/2008	
American Fire and Casualty Company	\$0.00	03/31/2008	

SERFF Tracking Number: LBRM-125556316 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-01470
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: HO Residence Held In Trust
Project Name/Number: HO Residence Held In Trust/2008-01470

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	03/31/2008	03/31/2008

SERFF Tracking Number: LBRM-125556316 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-01470
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: HO Residence Held In Trust
Project Name/Number: HO Residence Held In Trust/2008-01470

Disposition

Disposition Date: 03/31/2008

Effective Date (New):

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

SERFF Tracking Number: LBRM-125556316 State: Arkansas
 First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-01470
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: HO Residence Held In Trust
 Project Name/Number: HO Residence Held In Trust/2008-01470

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Supporting Document	Certificate of Compliance	Approved	Yes
Form	Residence Held in Trust	Approved	Yes

SERFF Tracking Number: LBRM-125556316 State: Arkansas
 First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-01470
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: HO Residence Held In Trust
 Project Name/Number: HO Residence Held In Trust/2008-01470

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Residence Held in Trust	OCH-054306	06 07	Endorsement/Amendment/Conditions	Replaced Form #:54.00 OCH-0543 (06-07) Previous Filing #: AR-PC-07-026523	54.00	OCH 0543 06 07.pdf

POLICY NUMBER:

HOMEOWNERS
OCH-0543 (06-07)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RESIDENCE HELD IN TRUST

SCHEDULE*

Enter Name of Grantor and Beneficiary.

*Entries may be left blank if shown elsewhere in this policy.

A. Definitions

1. With respect to the coverages provided by this endorsement, the word "trustee" is defined as follows:

"Trustee" means the trustee shown in the Declarations as the "named insured".

2. If one or more persons are named in the Schedule above and also occupy the insured dwelling, Definition 5, which defines "insured", paragraphs a. and b. are extended to include such person(s) with respect to the coverages in the policy that are listed under B. Coverages below.

In addition to such persons who also reside in the dwelling and are named in the Schedule, the definition of "insured" is also extended to include any of the following residents of their household:

- a. A spouse;
 - b. A relative; or
 - c. Any person under the age of 21 and in the care of a person noted above.
3. Definition 6, which defines "insured location" is deleted and replaced by the following:
6. "Insured Location" means:
- a. With respect to the trust and the "trustee", the following real property but only if legal title to such property is held solely by the trust:
 - (1) The "residence premises";
 - (2) The part of other premises, other structures and grounds used by you as a residence; and
 - (a) Which is shown in the Declarations; or
 - (b) Which is acquired by the trust during the policy period for use as a residence by the "trustee" or a person described in 2. above;
 - (3) Any premises used by the "trustee" or a person described in 2. above in connection with a premises described in (1) and (2) above;

- (4) Vacant land, other than farm land;
 - (5) Land on which a one through four family dwelling is being built as a residence to be occupied by the "trustee" or a person described in 2. above; or
 - (6) Individual or family cemetery plots or burial vaults; and
- b. With respect to a person described in 2. above, the following real property:
- (1) Any premises used by such person in connection with a premises described in a.(1) and (2) above;
 - (2) Vacant land, other than farm land, owned or rented to such person;
 - (3) Land owned by or rented to such person on which a one through four family dwelling is being built as a residence to be occupied by that person;
 - (4) Individual or family cemetery plots or burial vaults; or
 - (5) Any part of a premises occasionally rented to such person for other than "business" use.
- c. With respect to the "trustee" or a person described in 2. above, any part of a premises:
- (1) Not owned by such person; and
 - (2) Where such person is temporarily residing.

B. Coverages

The following coverages apply to the person(s) named in the Schedule above provided such person(s) also occupies the insured dwelling:

- a. Coverage C - Personal Property;
- b. Coverage D - Loss of Use, Paragraphs 1. and 3., Additional Living Expense;
- c. Coverage E - Personal Liability; and
- d. Coverage F - Medical Payments To Others.

If we decide to cancel or not to renew this policy, the persons named in the Schedule, if any, will be notified in writing.

C. Section II - Liability Coverages

The following is added:

When the "trustee" does not regularly reside on the "residence premises":

- 1. The coverages provided under Coverage E - Personal Liability and Coverage F - Medical Payments To Others for the "trustee" only apply with respect to "bodily injury" or "property damage" arising out of the ownership, maintenance or use of the "residence premises"; and
- 2. There is no coverage under this policy for any resident of the "trustee's" household.

D. Section II – Exclusions

1. Coverage E – Personal Liability And Coverage F – Medical Payments To Others

The following exclusion is added:

"Bodily injury" or "property damage" arising out of any act or decision or failure to act or decide by the "trustee" in administering the trust shown in the Declarations, other than as provided in Section II – Liability Coverages above.

2. Coverage E – Personal Liability

Paragraph 6. is deleted and replaced by the following:

6. "Bodily injury" to the "trustee", an "insured" as defined under Definitions **5.a.** or **b.** in the policy form and **A.2.** above or any person acting on their behalf.

This exclusion also applies to any claim made or suit brought against the "trustee" or an "insured" as defined under Definitions **5.a.** or **b.** in the policy form and **A.2.** above or any person acting on their behalf:

a. To repay; or

b. Share damages with;

another person who may be obligated to pay damages because of "bodily injury" to an "insured".

All other provisions of this policy apply.

OCH-0543 (06-07)

SERFF Tracking Number: LBRM-125556316 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-01470
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: HO Residence Held In Trust
Project Name/Number: HO Residence Held In Trust/2008-01470

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/31/2008

Comments:

Attachment:

HO Transmittal ff.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 03/31/2008

Comments:

Attachment:

OCH 0543 Filing Memo.pdf

Satisfied -Name: Certificate of Compliance **Review Status:** Approved 03/31/2008

Comments:

Attachment:

Cert of Comp.pdf

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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
-----------------------------------	--

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: _____ Renewal: _____
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.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

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			<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

THE OHIO CASUALTY INSURANCE COMPANY NAIC # 0111-24074
WEST AMERICAN INSURANCE COMPANY NAIC # 0111-44393
AMERICAN FIRE AND CASUALTY COMPANY NAIC # 0111-24066
ARKANSAS HOMEOWNERS PROGRAM
FORM FILING MEMORANDUM

We are filing to implement a proprietary endorsement, effective upon receipt of your Department's acknowledgment. Explanation of the revision is provided below.

POLICY FORMS AND ENDORSEMENTS				
FORM NUMBER		TITLE		REPLACED FORM
#1.	OCH-0543 (06-07)	Residence Held In Trust		OCH-0543 (06-07)

1. OCH-0543 (06-07) – Residence Held In Trust

Was previously filed with your Department for implementation with our P.A.R.I.S. systems roll-out, which was a new rating policy issuance system. With this new rating system, a corporate decision was made not to charge for this coverage and at that time we mad the ISO endorsement a proprietary endorsement to reflect that there would be no premium charge for this coverage. We have now discovered that Item D. Section II – Exclusions did not correctly reference the policy coverage form. Item D., Section II – Exclusions has subsequently been corrected.

**STATE OF ARKANSAS
REVISED CERTIFICATE OF COMPLIANCE**

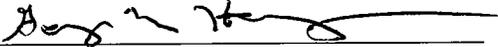
COMPANY NAME: The Ohio Casualty Insurance Company, West American Insurance Company, American Fire and Casualty Company

DESCRIPTION: Residence Held in Trust

FORM NUMBER: OCH-0543

EDITION DATE: 06-07

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 54 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.



Signature of Officer of Company

Director, PL Product Management
Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.