

SERFF Tracking Number: LDDX-125557183 State: Arkansas
First Filing Company: Old Republic Insurance Company, ... State Tracking Number: #? \$0
Company Tracking Number: WC AR01903CGF01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC Item Filings
Project Name/Number: WC Item Filings/WC AR01903CGF01

Filing at a Glance

Companies: Old Republic Insurance Company, Old Republic General Insurance Corporation

Product Name: WC Item Filings SERFF Tr Num: LDDX-125557183 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$0
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC AR01903CGF01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: SPI ORChicago Disposition Date: 03/19/2008
Date Submitted: 03/19/2008 Disposition Status: Accepted For Informational Purposes

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: WC Item Filings Status of Filing in Domicile:
Project Number: WC AR01903CGF01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/19/2008
State Status Changed: 03/19/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company and Old Republic General Insurance Corporation wish to submit the attached policyholder notices for informational purposes.

These policyholder notices were created in response to the Terrorism Risk Insurance Program Reauthorization Act of 2007.

SERFF Tracking Number: LDDX-125557183 State: Arkansas
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Project Name/Number: WC Item Filings/WC AR01903CGF01

Company and Contact

Filing Contact Information

Johnathan Hagen, State Filings Analyst jhagen@oldrepublic.com
307 N. Michigan Avenue (312) 346-8100 [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

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

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Carol Stiffler Informational Purposes		03/19/2008	03/19/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	03/19/2008	03/19/2008			

Amendments

Item	Schedule	Created By	Created On	Date Submitted
AR - EXPD FILING TRANS FOR TER RISK	Supporting Document	SPI ORChicago	03/19/2008	03/19/2008

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Disposition

Disposition Date: 03/19/2008
Effective Date (New): 01/01/2008
Effective Date (Renewal):
Status: Accepted For Informational Purposes
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: LDDX-125557183 *State:* Arkansas
First Filing Company: Old Republic Insurance Company, ... *State Tracking Number:* #? \$0
Company Tracking Number: WC AR01903CGF01
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: WC Item Filings
Project Name/Number: WC Item Filings/WC AR01903CGF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Supporting Document	AR - EXPD FILING TRANS FOR TER RISK	Accepted for Informational Purposes	Yes
Form	Policyholder Notice - Notice Of Terrorism Insurance	Accepted for Informational Purposes	Yes
Form	Policyholder Notice - Notice Of Terrorism Insurance	Accepted for Informational Purposes	Yes

SERFF Tracking Number: LDDX-125557183 State: Arkansas
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Project Name/Number: WC Item Filings/WC AR01903CGF01

Amendment Letter

Amendment Date:

Submitted Date: 03/19/2008

Comments:

We neglected to include the Expedited Filing Transmittal for Terrorism Risk. Please see the attached document.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: AR - EXPD FILING TRANS FOR TER RISK

Comment:

AR - EXPD FILING TRANS FOR TER RISK.PDF

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Information al Purposes	Policyholder Notice - Notice Of Terrorism Insurance	WC PH 0012 07	0012 07	Disclosure/ New Notice		0.00	WC PH 00 12 07.PDF
Accepted for Information al Purposes	Policyholder Notice - Notice Of Terrorism Insurance	WC PH 0012 07	0012 07	Disclosure/ New Notice		0.00	WC PH 00 12 07.PDF



Issuing and Policyholder Servicing Office:

POLICYHOLDER NOTICE 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 an 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 exceeds \$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: Old Republic Insurance Company

Insured: _____

Policy Number/Policy Period: _____

**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 an 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 exceeds \$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: Old Republic General Insurance Corporation

Insured: _____

Policy Number/Policy Period: _____

<i>SERFF Tracking Number:</i>	<i>LDDX-125557183</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Old Republic Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$0</i>
<i>Company Tracking Number:</i>	<i>WC AR01903CGF01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC Item Filings</i>		
<i>Project Name/Number:</i>	<i>WC Item Filings/WC AR01903CGF01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125557183 State: Arkansas
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Project Name/Number: WC Item Filings/WC AR01903CGF01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Review Status:

Accepted for Informational 03/19/2008
Purposes

Satisfied -Name: AR - EXPD FILING TRANS FOR
TER RISK

Comments:

Attachment:

AR - EXPD FILING TRANS FOR TER RISK.PDF

Review Status:

Accepted for Informational 03/19/2008
Purposes

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	WC AR01903CGF01
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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 Insurance Company and Old Republic General Insurance Corporation wish to submit the attached policyholder notices for informational purposes.

These policyholder notices were created in response to the Terrorism Risk Insurance Program Reauthorization Act of 2007.

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.)

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: 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					

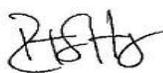
3. Group Name	Group NAIC #
Old Republic Insurance Group	0150

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Old Republic Insurance Company	PA	24147	25-0410420	
Old Republic General Insurance Corporation	IL	24139	36-6067575	

5. Company Tracking Number	WC AR01903CGF01
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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
	Johnathan Hagen 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4534	312-762-4950	jhagen@oldrepublic.com

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

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)	Workers Compensation
13.	Filing Type	<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)
14.	Effective Date(s) Requested	New: 01/01/08 Renewal: 01/01/08
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	03/19/08
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**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
Old Republic General Insurance Corporation	IL	0150-24139	36-6067575

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Johnathan Hagen 307 N. Michigan Avenue Chicago IL 60601	312-346-8100 Ext. 4534	312-762-4950	jhagen@oldrepub ic.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	WC Item Filings
Filing Type ** see note below	Informational Filing
This application is used with:	
Effective Date Requested	01/01/2008
Filing date	03/19/2008
Company Tracking Number	WC AR01903CGF01
Date filing approved in domiciliary state, if applicable	N/A

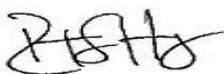
	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Policyholder Notice - Notice Of Terrorism Insurance	WC PH 00 12 07 12 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Policyholder Notice - Notice Of Terrorism Insurance	WC PH 00 12 07 12 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" 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:

- 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

Johnathan Hagen

Print Name:

State Filings Analyst

Title: