

SERFF Tracking Number: *HNDY-125562230* State: *Arkansas*
Filing Company: *Ohio Indemnity Company* State Tracking Number: *EFT \$50*
Company Tracking Number: *GAP-AR-2008-DIS*
TOI: *28.0 Credit* Sub-TOI: *28.0005 Personal GAP Insurance*
Product Name: *Guaranteed Auto Protection*
Project Name/Number: *Terrorism Disclosure 2008/GAP-AR-2008-DIS*

Filing at a Glance

Company: Ohio Indemnity Company
Product Name: Guaranteed Auto Protection SERFF Tr Num: HNDY-125562230 State: Arkansas
TOI: 28.0 Credit SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 28.0005 Personal GAP Insurance Co Tr Num: GAP-AR-2008-DIS State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Disposition Date: 04/08/2008
Authors: Iris Nance, Nancy Sherman, Sherry Bixler
Date Submitted: 03/20/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 04/08/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 04/08/2008

State Filing Description:

General Information

Project Name: Terrorism Disclosure 2008 Status of Filing in Domicile: Authorized
Project Number: GAP-AR-2008-DIS Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 04/08/2008 Deemer Date:
State Status Changed: 04/08/2008
Corresponding Filing Tracking Number:
Filing Description:
New Terrorism Disclosure Form as required by the Federal Terrorism Risk Insurance Program Reauthorization Act of 2007.

Company and Contact

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Filing Contact Information

Nancy Sherman, Marketing Assistant nsherman@ohioindemnity.com
 250 East Broad Street (800) 628-8581 [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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form submission.

1 form x \$50.00 = \$50.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ohio Indemnity Company	\$50.00	03/20/2008	18835496

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/08/2008	04/08/2008

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Disposition

Disposition Date: 04/08/2008

Effective Date (New): 04/08/2008

Effective Date (Renewal): 04/08/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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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 #: 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

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/08/2008

Comments:

This is the Expedited Transmittal Document used for the new Terrorism Disclosure Form as required by the Federal Terrorism Risk Insurance Program Reauthorization Act of 2007.

Attachment:

AR Exp Trans Doc.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 04/08/2008

Comments:

Attachment:

GAP Terrorism Filing Memorandum.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 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
Nancy Sherman 250 E Broad St 10 th Floor Columbus, OH 43215	614-220-5215	614-228-5552	nsherman@ohioindemnity.com

Filing information

Line of Insurance (see attachment)	28.0 Credit
Company Program Title (Marketing title) (if applicable)	Guarantee Auto Protection
Filing Type ** see note below	Informational Purposes Only-Policyholder Disclosure Form
This application is used with:	
Effective Date Requested	N/A
Filing date	03/20/2008
Company Tracking Number	GAP-AR-2008-DIS
Date filing approved in domiciliary state, if applicable	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:

- 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.

Nancy Sherman
Signature

Nancy Sherman
Print Name:

Compliance/Licensing Specialist
Title:

Ohio Indemnity Company

Filing Memorandum

2008 Terrorism Disclosure Notice Form

Gap 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-DIS2003 (01/2008), as required by the Reauthorization Act, to be issued with all GAP 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.