

SERFF Tracking Number: LDDX-125628859 State: Arkansas
Filing Company: Old Republic General Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: WC AR0177007R02
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: NCCI WC Loss Costs
Project Name/Number: NCCI WC Loss Costs/WC AR0177007R02

Filing at a Glance

Company: Old Republic General Insurance Corporation

Product Name: NCCI WC Loss Costs

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

SERFF Tr Num: LDDX-125628859 State: Arkansas

SERFF Status: Closed

Co Tr Num: WC AR0177007R02

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Rate

Co Status:

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

Author: SPI ORChicago

Date Submitted: 04/30/2008

Disposition Date: 04/30/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: NCCI WC Loss Costs

Project Number: WC AR0177007R02

Reference Organization:

Reference Title:

Filing Status Changed: 04/30/2008

State Status Changed: 04/30/2008

Corresponding Filing Tracking Number:

Filing Description:

Old Republic General Insurance Corporation wishes to adopt NCCI's approved voluntary loss costs effective July 1, 2008, reference Item # AR-2008-02.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We will apply our LCM of 1.56 to the referenced loss costs. Our previously filed transmittal indicating that the loss cost multiplier will be applicable to future filings is attached. Our LCM remains unchanged.

The \$50 filing fee has been sent via EFT.

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Company and Contact

Filing Contact Information

Sandra Mack, Senior Compliance Analyst smack@oldrepublic.com
 307 N. Michigan Avenue (312) 762-4537 [Phone]
 Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

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? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Adopting NCCIs loss costs with no change to our filed LCM
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic General Insurance Corporation	\$50.00	04/30/2008	20005968

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/30/2008	04/30/2008

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Disposition

Disposition Date: 04/30/2008
 Effective Date (New): 07/01/2008
 Effective Date (Renewal):
 Status: Approved
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Old Republic General Insurance Corporation	%	\$		\$	%	%	%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

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State: Arkansas
 State Tracking Number: EFT \$50
 Sub-TOI: 16.0004 Standard WC

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: Decrease
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Old Republic General Insurance Corporation	%	%				%	%

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/30/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 04/30/2008

Comments:

Attachment:

PC IRF-WC Calculation of LCM.PDF

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 04/30/2008
Bypass Reason: NCCI's loss cost adopted, no change to our filed LCM

Comments:

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 #
	0150

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

5. Company Tracking Number	WC AR0177007R02
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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
	Sandra Mack, FLMI, AIRC, ALHC, ACS 307 N. Michigan Avenue Chicago IL 60601	Senior Compliance Analyst	800-621-0365 Ext. 4537	312-762-4950	smack@oldrepublic.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Sandra Mack, FLMI, AIRC, ALHC, ACS

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 checked="" 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: July 1, 2008 Renewal: July 1, 2008
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	NCCI Circular Item # AR-2008-02
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input checked="" 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 #	WC AR0177007R02
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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 General Insurance Corporation wishes to adopt NCCI's approved voluntary loss costs effective July 1, 2008, reference Item # AR-2008-02.

We will apply our LCM of 1.56 to the referenced loss costs. Our previously filed transmittal indicating that the loss cost multiplier will be applicable to future filings is attached. Our LCM remains unchanged.

The \$50 filing fee has been sent via EFT.

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]
<p>Check #: EFT Amount: \$50</p> <p>Adopting NCCIs loss costs with no change to our filed LCM</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	WC AR0157907R01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

Loss Cost Reference Filing NCCI AR-2007-04 () **Independent Rate Filing**
 (Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- (X)

	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
..	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. **Does this filing apply to all class codes?** No **If no, complete a copy of this form for each affected class with appropriate justification.**

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
 (Check One)

- (X) Without Modification (factor = 1.000)
 () With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.00

- Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.
 Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. **Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.** (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)
PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions
A.	Total Production Expense	11.13 %
B.	General Expense	4.99 %
C.	Taxes, Licenses & Fee	5.70 %
D.	Underwriting profit & contingencies*	7.87 %
E.	Other (explain) Residual Market	.25 %
F.	Total	30.00 %
	* Explain how investment income is taken into account	

CONTINUED ON PAGE 2

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F =$	70
	B.	ELR in Decimal Form =	.70
6.		Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.000
7.		Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	.9226
8.		Company Formula Loss Cost Multiplier [$3B / ((7 - 4F) \times 6)$]	1.60
9.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7) stability of rate level	1.56

- | | | | |
|------------|---|------------------------------|---|
| | | Yes | No |
| 10. | Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. | (<input type="checkbox"/>) | (<input checked="" type="checkbox"/>) |
| 11. | Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes. | (<input type="checkbox"/>) | (<input checked="" type="checkbox"/>) |