

SERFF Tracking Number: OCCD-125632216 State: Arkansas
Filing Company: Occidental Fire & Casualty Company of North Carolina State Tracking Number: EFT \$50
Company Tracking Number: 08-270
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Commercial Crime-Habitational Risks
Project Name/Number: /

Filing at a Glance

Company: Occidental Fire & Casualty Company of North Carolina

Product Name: Commercial Crime-Habitational Risks SERFF Tr Num: OCCD-125632216 State: Arkansas

| | | |
|--|----------------------------|---|
| TOI: 26.0 Burglary & Theft | SERFF Status: Closed | State Tr Num: EFT \$50 |
| Sub-TOI: 26.0001 Commercial Burglary & Theft | Co Tr Num: 08-270 | State Status: Fees verified and received |
| Filing Type: Form | Co Status: | Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding |
| | Author: Latesha Debnam | Disposition Date: 05/07/2008 |
| | Date Submitted: 05/01/2008 | Disposition Status: Approved |
| Effective Date Requested (New): 06/01/2008 | | Effective Date (New): 06/01/2008 |
| Effective Date Requested (Renewal): 06/01/2008 | | Effective Date (Renewal): 06/01/2008 |

State Filing Description:

General Information

| | |
|--|--|
| Project Name: | Status of Filing in Domicile: Authorized |
| Project Number: | Domicile Status Comments: |
| Reference Organization: | Reference Number: |
| Reference Title: | Advisory Org. Circular: |
| Filing Status Changed: 05/07/2008 | |
| State Status Changed: 05/07/2008 | Deemer Date: |
| Corresponding Filing Tracking Number: | |
| Filing Description: | |
| Initial filing of forms for Commercial Crime-Habitational Risk Program | |

Company and Contact

SERFF Tracking Number: OCCD-125632216 State: Arkansas
 Filing Company: Occidental Fire & Casualty Company of North Carolina State Tracking Number: EFT \$50
 Company Tracking Number: 08-270
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
 Product Name: Commercial Crime-Habitational Risks
 Project Name/Number: /

Filing Contact Information

Latesha Debnam, State Filing Analyst ldebnam@ofc-wic.com
 702 Oberlin Road (919) 833-1600 [Phone]
 Raleigh, NC 27605 (919) 833-8535[FAX]

Filing Company Information

Occidental Fire & Casualty Company of North Carolina CoCode: 23248 State of Domicile: North Carolina
 702 Oberlin Road Group Code: 225 Company Type: Property and Casualty
 Raleigh, NC 27605 Group Name: IAT Group State ID Number: 03
 (919) 833-1600 ext. 8164[Phone] FEIN Number: 84-0513811

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| Occidental Fire & Casualty Company of North Carolina | \$50.00 | 05/01/2008 | 20054928 |

SERFF Tracking Number: OCCD-125632216 State: Arkansas
Filing Company: Occidental Fire & Casualty Company of North Carolina State Tracking Number: EFT \$50
Company Tracking Number: 08-270
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Commercial Crime-Habitational Risks
Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 05/07/2008 | 05/07/2008 |

SERFF Tracking Number: OCCD-125632216 State: Arkansas
Filing Company: Occidental Fire & Casualty Company of North Carolina State Tracking Number: EFT \$50
Company Tracking Number: 08-270
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Commercial Crime-Habitational Risks
Project Name/Number: /

Disposition

Disposition Date: 05/07/2008

Effective Date (New): 06/01/2008

Effective Date (Renewal): 06/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: OCCD-125632216 State: Arkansas
 Filing Company: Occidental Fire & Casualty Company of North Carolina State Tracking Number: EFT \$50
 Company Tracking Number: 08-270
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
 Product Name: Commercial Crime-Habitational Risks
 Project Name/Number: /

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Form Filing Schedule | Approved | Yes |
| Supporting Document | Cover Letter | Approved | Yes |
| Form | Terrorism Rejection | Approved | Yes |
| Form | Schedule of Named Insured(s) | Approved | Yes |
| Form | Schedule of Locations | Approved | Yes |
| Form | Crime Coverage Part-Declarations | Approved | Yes |
| Form | South 39 Amendatory Crime Endorsement | Approved | Yes |

SERFF Tracking Number: OCCD-125632216 State: Arkansas
 Filing Company: Occidental Fire & Casualty Company of North Carolina State Tracking Number: EFT \$50
 Company Tracking Number: 08-270
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
 Product Name: Commercial Crime-Habitational Risks
 Project Name/Number: /

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|---------------------------------------|----------|--------------|--------------------------|----------------------|-------------|--------------------|
| Approved | Terrorism Rejection | AP 00 03 | 02 08 | Policy/Coverage New Form | | 23.20 | AP 00 03 02 08.pdf |
| Approved | Schedule of Named Insured(s) | AP 00 04 | 02 08 | Policy/Coverage New Form | | 0.00 | AP 00 04 02 08.pdf |
| Approved | Schedule of Locations | AP 00 05 | 02 08 | Policy/Coverage New Form | | 0.00 | AP 00 05 02 08.pdf |
| Approved | Crime Coverage Part-Declarations | AP 00 33 | 02 08 | Policy/Coverage New Form | | 41.80 | AP 00 33 02 08.pdf |
| Approved | South 39 Amendatory Crime Endorsement | HA 00 02 | 02 08 | Policy/Coverage New Form | | 35.80 | HA 00 02 02 08.pdf |

**POLICYHOLDER DISCLOSURE NOTICE
TERRORISM RISK INSURANCE EXTENSION ACT OF 2007
REJECTION OF OUR OFFER OF COVERAGE**

A check beside the box titled **Reject** for one or more lines of business listed below indicates that you did not accept our offer of coverage for certified acts of terrorism, as defined in and certified under the Terrorism Risk Insurance Act of 2002, and the 2007 Extension. Therefore, this policy does not provide such coverage. This policy contains one or more exclusions that apply to certified acts of terrorism.

This policy includes a Conditional Exclusion of Terrorism endorsement, which automatically replaces the Certified Acts of Terrorism Exclusion endorsement to exclude the same and other types of terrorism losses upon any expiration of, or certain changes in, the Terrorism Risk Insurance Act during the policy period.

If you were not made aware of our offer of coverage for certified acts of terrorism, or believe that this notice was included in this policy in error, please notify your agent or broker immediately.

- Reject** **PROPERTY**
(Property includes: Commercial Boiler & Machinery,
Commercial Inland Marine and Commercial Property if
provided on policy)
- Reject** **BUSINESSOWNERS**
- Reject** **GENERAL LIABILITY**
- Reject** **COMMERCIAL LIABILITY UMBRELLA/EXCESS LIABILITY**

Named Insured: _____

Policy Number: _____

POLICY NUMBER:

SCHEDULE OF NAMED INSURED(S)

The Named Insured shown on the Common Policy Declarations is amended to read:

POLICY NUMBER:

SCHEDULE OF LOCATIONS

| Location Number | Building Number | Designated Locations (Address, City, State, Zip Code) | Occupancy |
|-----------------|-----------------|--|-----------|
| | | | |

CRIME COVERAGE PART - DECLARATIONS

Policy No.

APPLICABLE COVERAGE FORMS: This coverage part consists of those coverage forms for which a premium is shown.

| Limit of Insurance | Deductible | Premium | |
|--------------------|------------|---------|--|
| \$ | \$ | \$ | EMPLOYEE THEFT COVERAGE - BLANKET |
| | \$ | \$ | EMPLOYEE THEFT- SCHEDULE |
| \$ | \$ | \$ | GOVERNMENT EMPLOYEE THEFT- PER LOSS |
| \$ | \$ | \$ | PUBLIC EMPLOYEE DISHONESTY COVERAGE FORM P- PER EMPLOYI |
| \$ | \$ | \$ | FORGERY OR ALTERNATION COVERAGE |
| \$ | \$ | \$ | INSIDE THE PREMISES – THEFT OF MONEY AND SECURITIES |
| \$ | \$ | \$ | INSIDE THE PREMISES – ROBBERY OR SAFE BURGLARY OF OTHER PROPERTY |
| \$ | \$ | \$ | OUTSIDE THE PREMISES |
| \$ | \$ | \$ | COMPUTER FRAUD |
| \$ | \$ | \$ | FUNDS TRANSFER FRAUD |
| \$ | \$ | \$ | MONEY ORDERS AND COUNTERFEIT MONEY |
| | | \$ | LESSEES OF SAFE DEPOSIT BOX COVERAGE FORM I |
| | \$ | \$ | SECURITIES DEPOSITED WITH OTHERS COVERAGE FORM J |

TOTAL PREMIUM FOR THIS COVERAGE PART: \$

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART: See Listing of Forms and Endorsements

CANCELLATION OF PRIOR INSURANCE: By acceptance of this policy you give us notice canceling prior Policy or Bond Nos. the cancellation to be effective at the time this policy becomes effective.

South 39 Amendatory Crime Endorsement

This endorsement modifies insurance provided under Commercial Crime Coverage Form (Loss Sustained Form) CR 00 21 05 06

Item 2. Conditions Applicable To Insuring Agreement A. 1. is amended to add the following provision:

c. Include Specified Non-Compensated Officers as Employees consisting of All Board Members.

d. Property Manager pursuant to a written contract for professional services to be rendered to an Insured.

Item F. Definitions 5. a. (9) Any natural person that is a non-compensated Board Member.

Item F. Definitions 5. a (10) (a) Any natural person, partnership or corporation you appoint in writing to act as your agent in the capacity of Property Manager while acting on your behalf or while in possession of property covered "money", "securities", "other property". These natural persons, partnerships or corporations are not covered for faithful performance of duty, even in the event that this policy may have been amended by endorsement to provide such coverage on "employees" as they are defined in the Commercial Crime Coverage Form. The only covered cause of loss for property managers is "employee theft".

Each such agent and the partners, officers and employees of that agent are considered to be collectively one "employee" for the purposes of this insurance. However, the Termination As to Any Employee Condition applies individually to each of them.

5.a.(10) (b) We will only pay for loss caused by an agent included as an "employee" by this endorsement which is in excess of the Limit of Insurance of said agent's own fidelity insurance plus any Deductible Amount of that insurance. In the event that the agent's own fidelity insurance lapses, we will pay for loss caused by an agent included as an "employee" by this endorsement subject only to a Deductible Amount of \$1,000.00 and the other terms, conditions and exclusions of this Policy..

5.a.(10) (c) The most we will pay to any one homeowner's association insured under this Policy for loss caused by an agent included as an "employee" by this endorsement if the Limit of Insurance shown in the Crime Declarations. That Limit of Insurance is part of, not in addition to, the Limit of Insurance shown in the Crime Declarations. In the event that two or more homeowner's associations sustain a loss caused by the same agent included as an "employee" by this endorsement, the most we will pay to each homeowner's association insured under this policy is the Limit of Insurance shown in the Crime Declarations. That Limits of Insurance is part of, not in addition to, the Limit of Insurance shown in the Crime Declarations.

SERFF Tracking Number: *OCCD-125632216* *State:* *Arkansas*
Filing Company: *Occidental Fire & Casualty Company of North Carolina* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-270*
TOI: *26.0 Burglary & Theft* *Sub-TOI:* *26.0001 Commercial Burglary & Theft*
Product Name: *Commercial Crime-Habitational Risks*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: OCCD-125632216 State: Arkansas
Filing Company: Occidental Fire & Casualty Company of North Carolina State Tracking Number: EFT \$50
Company Tracking Number: 08-270
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Commercial Crime-Habitational Risks
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 05/07/2008

Comments:

Attachment:

P&C Transmittal-Crime.pdf

Satisfied -Name: Form Filing Schedule **Review Status:** Approved 05/07/2008

Comments:

Attachment:

Crime Form Filing Schedule.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 05/07/2008

Comments:

Attachment:

AR Crime.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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 # |
| IAT Group | 23248 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|--|----------------|--------|------------|---------|
| Occidental Fire & Casualty Company of NC | North Carolina | 23248 | 84-0513811 | N/A |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|-----------------------------------|---------------|
| 5. Company Tracking Number | 08-270 |
|-----------------------------------|---------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|------------------|-------------------------|-----------------------------|----------------|---------------------|
| | Latesha Debnam | State Filing Technician | (800) 525-7486 ext. 3311 | (919) 833-8535 | ldebnam@ofc-wic.com |
| | | | | | |

| | | |
|-----------|---------------------------------------|----------------|
| 7. | Signature of authorized filer | |
| 8. | Please print name of authorized filer | Latesha Debnam |

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

| | | |
|------------|--|--|
| 9. | Type of Insurance (TOI) | 26.0000 Burglary and Theft |
| 10. | Sub-Type of Insurance (Sub-TOI) | 26.0001 Commercial |
| 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 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: 06/01/2008 Renewal: 06/01/2008 |

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

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 # | 08-270 | | | |
|-----------|--|--------------------------------|---|---|--|
| 2. | This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small> | | | | |
| 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 | Terrorism Rejection | AP 0003 02/08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | Schedule of Named Insured(s) | AP 0004 02/08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | Schedule of Locations | AP 0005 02/08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | Crime Coverage Part-Declarations | AP 00 33 02/08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | South 39 Amendatory Crime Endorsement | HA 00 02 02/08 | <input checked="" 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 | | |

Effective March 1, 2007

This page is informational only and do not need to be submitted with your filings!

**Notes for Form Filing Transmittal
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE**

FORM FILING SCHEDULE

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

Occidental Fire & Casualty Company of North Carolina

702 OBERLIN ROAD, BOX 10800, RALEIGH, NORTH CAROLINA 27605 (919) 833-1600 1-800-7486 (National) 1-800-342-0753 (In N.C.)

April 30, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Occidental Fire & Casualty Company of North Carolina
FEIN# 84-0513811 NAIC# 23248
Commercial Crime – Habitational Risks
Filing Number 08-270

Dear Director Bowman:

Occidental Fire & Casualty Company of North Carolina, a member of IAT Group, is a subscriber of the Insurance Services Office (ISO) and has authorized them to file rules and forms on our behalf for Commercial Crime coverage to the extent permitted by law. At this time we are filing our initial forms for our Commercial Crime-Habitational Risk Program.

This program includes, but is not limited to:

- Apartments and Condominiums
- Homeowner Association Risks (including common areas)
- Manufactured Housing Parks
- Motels and Hotels

We file to adopt all the current forms contained in ISO Filing Designation Number CR-2005-OMF05 (including Supplement and Amendment) and subsequent. In addition, we are filing the following declarations and independent forms to be used with the ISO forms:

| <u>Form Number/Edition</u> | <u>Description</u> |
|----------------------------|---------------------------------------|
| AP 0003 02/08 | Terrorism Rejection |
| AP 0004 02/08 | Schedule of Named Insured(s) |
| AP 0005 02/08 | Schedule of Locations |
| AP 0033 02/08 | Crime Coverage Part-Declarations |
| HA 0002 02/08 | South 39 Amendatory Crime Endorsement |

Under separate cover, we have made a companion loss costs filing to be effective with the approval of this form filing.

We request these forms to become effective on or after June 1, 2008.

If you have any questions, please feel free to contact me at (800) 525-7486 ext. 3311 or by e-mail at ldebnam@ofc-wic.com.

Kind Regards,

Latesha Debnam
Regulatory Compliance
State Filing Technician