

SERFF Tracking Number: LDDX-125750129 State: Arkansas
Filing Company: Old Republic General Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: GL AR0197007F01
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Old Republic Independent GL Forms
Project Name/Number: Old Republic Independent GL Forms /GL AR0197007F01

Filing at a Glance

Company: Old Republic General Insurance Corporation

Product Name: Old Republic Independent GL SERFF Tr Num: LDDX-125750129 State: Arkansas
Forms

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: GL AR0197007F01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Edith Roberts
Author: SPI ORChicago Disposition Date: 08/06/2008
Date Submitted: 07/28/2008 Disposition Status: Approved

Effective Date Requested (New): 09/01/2008 Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Old Republic Independent GL Forms

Project Number: GL AR0197007F01

Reference Organization:

Reference Title:

Filing Status Changed: 08/06/2008

State Status Changed: 08/06/2008

Corresponding Filing Tracking Number:

Filing Description:

Old Republic General Insurance Corporation submits for approval endorsement Products and Completed Operations Extension Endorsement CG EN GN 0055 07 08. This endorsement replaces CG EN GN 0055 09 06. We've made the following changes:

The words "or discovered" have been removed.

We inadvertently left out a partial sentence on the previous form: "of this policy. The Products/Completed Operations

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Limit applicable to this extension period".

We include a markup version for your reference.

We request a September 1, 2008 effective date.

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 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:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic General Insurance Corporation	\$50.00	07/28/2008	21626070

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/06/2008	08/06/2008

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Disposition

Disposition Date: 08/06/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum, CG EN GN 0055 09 06 Markup	Approved	Yes
Form	PRODUCTS AND COMPLETED OPERATIONS EXTENSION ENDORSEMENT	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	PRODUCTS AND COMPLETED OPERATIONS EXTENSION ENDORSEMENT	CG EN GN 0055	07 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CG EN GN 0055 Previous Filing #: AR-PC-06-021559		CG EN GN 0055.PDF

OLD REPUBLIC GENERAL INSURANCE CORPORATION

PRODUCTS AND COMPLETED OPERATIONS EXTENSION ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

It is agreed that Products/Completed Operations Coverage including that part of any contract or agreement under which the Insured assumes liability for "bodily injury" or "property damage" included in the "Products-Completed Operations Hazard," loss occurring within a period of [*Insert #-spell (Insert #-numeric)*] years after the effective date of the certificate of occupancy shall be deemed to be an occurrence within the policy period of this policy. The Products/Completed Operations Limit applicable to this extension period is [*Insert amount of limit and \$ sign*] Each Occurrence and [*Insert amount of limit and \$ sign*] Aggregate.

Named Insured			
Policy Number		Endorsement No.	
Policy Period		to	Endorsement Effective Date:
Producer's Name:			
Producer Number:			

AUTHORIZED REPRESENTATIVE

DATE

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/06/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: Filing Memorandum, CG EN GN
0055 09 06 Markup **Review Status:** Approved 08/06/2008

Comments:

Attachments:

Filing Memorandum.PDF

CG EN GN 0055 09 06 Markup.PDF

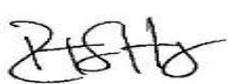
Property & Casualty Transmittal Document

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 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	GL AR0197007F01
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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)	17.2 Other Liability - Occurrence Only
10.	Sub-Type of Insurance (Sub-TOI)	17.2001 Commercial General Liability
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Commercial General Liability
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: 09/01/08 Renewal: 09/01/08
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	07/28/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	GL AR0197007F01
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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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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.)

Old Republic General Insurance Corporation

**General Liability
Form
Filing Memorandum**

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Deleted: or discovered

Deleted: ¶

Named Insured			
Policy Number		Endorsement No.	
Policy Period	to	Endorsement Effective Date:	
Producer's Name:			
Producer Number:			

AUTHORIZED REPRESENTATIVE

DATE

CG EN GN 0055 ~~07 08~~

Deleted: 09 06