

SERFF Tracking Number: LDDX-125802788 State: Arkansas  
Filing Company: Old Republic General Insurance Corporation State Tracking Number: EFT \$50  
Company Tracking Number: GL AR0199007F01  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Old Republic Independent GL Forms  
Project Name/Number: Old Republic Independent GL Forms /GL AR0199007F01

## Filing at a Glance

Company: Old Republic General Insurance Corporation

Product Name: Old Republic Independent GL SERFF Tr Num: LDDX-125802788 State: Arkansas  
Forms

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50  
Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: GL AR0199007F01 State Status: Fees verified and  
received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith  
Roberts

Author: SPI ORChicago Disposition Date: 09/18/2008

Date Submitted: 09/04/2008 Disposition Status: Approved

Effective Date Requested (New): 01/01/2009 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 AR0199007F01

Reference Organization:

Reference Title:

Filing Status Changed: 09/18/2008

State Status Changed: 09/18/2008

Corresponding Filing Tracking Number:

Filing Description:

Old Republic General Insurance Corporation

Commercial General Liability Program

Form Filing Memorandum

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Old Republic General Insurance Corporation has changed their company logo. We submit for your review and approval

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Policy Jackets. The only changes to the current version on file are the company logo and edition date.

Policy Jacket - Manual J-02 (02/08)

Policy Jacket - Manual J-03 (01/08) replaces J-03 (09/06)

" This policy jacket is being revised to reflect the new company logo. This policy jacket has an area provided below the words "Insurance Policy" for the imprintation of our issuing and policyholder servicing office address. The blank area above the words "Insurance Policy" may have an imprintation of the type of policy/program being issued. The following items contained in the Policy Jacket are filed with brackets to indicate that the values could change over time:

- (1) Insurer company address
- (2) Insurance company group corporate address and phone number
- (3) Signature of Secretary
- (4) Signature of President

If any of the above 4 items change, the policy jacket will not be re-filed.

We request a January 1, 2009 effective date.

## Company and Contact

### Filing Contact Information

Connie Aragonas, State Filing Analyst caragonas@oldrepublic.com  
307 N. Michigan Avenue (312) 762-4535 [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	



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## 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	09/04/2008	22278741

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/18/2008	09/18/2008

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## Disposition

Disposition Date: 09/18/2008

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	mark up	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	Policy Jacket	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	J-03	(01/08)	Other	Replaced	Replaced Form #:0.00 J-03 Previous Filing #:		J-03 .PDF
Approved	Policy Jacket	J-02	(02/08)	Other	New		0.00	J-02.PDF

**OLD REPUBLIC**

**Corporate Offices  
307 North Michigan Avenue  
Chicago, Illinois 60601  
(312) 346-8100**



**INSURANCE POLICY**



INSURANCE IS PROVIDED BY  
THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

**IN WITNESS WHEREOF**, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

**OLD REPUBLIC GENERAL INSURANCE CORPORATION**

[ 307 N. Michigan Avenue ]  
[ Chicago, IL 60601 ]  
[ A Stock Company ]

[ *Spencer Wilby* ]  
Secretary

[ *Jo Keecoff* ]  
President



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**OLD REPUBLIC** GENERAL INSURANCE CORPORATION

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Represented by:

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[*Spencer Kirby*]

Secretary

[*Ja Keecoff*]

President

**OLD REPUBLIC**

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## Rate Information

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 09/18/2008

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

**Satisfied -Name:** mark up **Review Status:** Approved 09/18/2008

**Comments:**

**Attachment:**

mark up.PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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: 60%; 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>			
Old Republic Insurance Group	0150			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Old Republic General Insurance Corporation	IL	24139	36-6067575	

<b>5. Company Tracking Number</b>	GL AR0199007F01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Connie Aragones 307 N. Michigan Avenue Chicago IL 60601	State Filing Analyst	800-621-0365 Ext. 4535	312-762-4950	caragones@oldrepublic.com
<b>7.</b>	Signature of authorized filer		<i>Connie Aragones</i>		
<b>8.</b>	Please print name of authorized filer		Connie Aragones		

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	17.0 Other Liability - Claims Made/Occurrence
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	17.0001 Commercial General Liability
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	N/A
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	General Liability
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 1/1/2009      Renewal: 1/1/2009
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	N/A
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	N/A
<b>18.</b>	<b>Company's Date of Filing</b>	September 4, 2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved



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**INSURANCE POLICY**



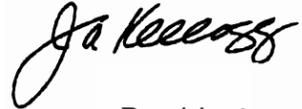
J-03 [ (09/06) ]

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