

SERFF Tracking Number: LDDX-125838998 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: WC AR0201201F01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: OR WC Independent Forms
Project Name/Number: OR WC Independent Forms/WC AR0201201F01

Filing at a Glance

Company: Old Republic Insurance Company

Product Name: OR WC Independent Forms

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

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

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: LDDX-125838998 State: Arkansas

SERFF Status: Closed

Co Tr Num: WC AR0201201F01

Co Status:

Author: SPI ORChicago

Date Submitted: 09/30/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler

Disposition Date: 09/30/2008

Disposition Status: Approved

Effective Date (New): 01/01/2009

Effective Date (Renewal):

General Information

Project Name: OR WC Independent Forms

Project Number: WC AR0201201F01

Reference Organization:

Reference Title:

Filing Status Changed: 09/30/2008

State Status Changed: 09/30/2008

Corresponding Filing Tracking Number:

Filing Description:

We are submitting for your review and approval Old Republic's manually and electronically issued policy jackets along with our WC information page. These three documents have our company logo on them which has recently been changed.

J-00 (02/08) is replacing a previously approved jacket J-00.

J-01 (02/08) is replacing a previously approved jacket J-01.

WC 00 00 01A (01/09) is replacing a previously approved information page WC 00 00 01A.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Both these policy jackets are being filed with bracketed items. These bracketed/variable items could change and thus we will not file if they do since we are filing them as variable. The variable items are as follows:

- (1) Signature of Secretary
- (2) Signature of President
- (3) Address of insurer
- (4) Address and telephone number of corporate offices

To aid in your quick review, other than the variable items, we have amended our logo on the policy jackets. We have also amended our logo on the Information Page. Keep in mind that we did not file our 2005 version of the policy jacket since the change involved a bracketed item (our address).

We request an effective date of January 1, 2009.

Company and Contact

Filing Contact Information

Connie Aragonese, State Filing Analyst caragonese@oldrepublic.com
307 N. Michigan Avenue (312) 762-4535 [Phone]
Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

Old Republic Insurance Company CoCode: 24147 State of Domicile: Pennsylvania
307 N. Michigan Avenue Group Code: 150 Company Type:
Chicago, IL 60601 Group Name: State ID Number:
(312) 762-4800 ext. [Phone] FEIN Number: 25-0410420

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

SERFF Tracking Number: LDDX-125838998 *State:* Arkansas
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Retaliatory? No
Fee Explanation:
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$50.00	09/30/2008	22832810

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/30/2008	09/30/2008

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Disposition

Disposition Date: 09/30/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125838998 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	Workers Compensation and Employers Liability Insurance Policy - Information Page	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-01	(02/08)	Other	Replaced	Replaced Form #:0.00		J-01.PDF
Approved	Workers Compensation and Employers Liability Insurance Policy - Information Page	WC 00 00 01A	(01/09)	Declaration s/Schedule	Replaced	Previous Filing #: Replaced Form #:0.00 WC 00 00 01A Previous Filing #:		WC 00 00 01A .PDF
Approved	Policy Jacket	J-00	(01/08)	Other	Replaced	Replaced Form #:0.00 J-00 Previous Filing #:		J-00.PDF



INSURANCE POLICY

Represented by:

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 INSURANCE COMPANY
[133 Oakland Avenue
Greensburg, Pennsylvania 15601]
A Stock Company

[*Spencer Kirby*]

Secretary

[*Ja Keecoss*]

President

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

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE



OLD REPUBLIC INSURANCE COMPANY

Producer Name and Address

(A Stock Company)
NAIC #24147 NCCI #11509

1. INSURED

The Insured and Mailing Address:

Policy No.
Renewal of No.
FEIN No.
MNUJ No.
NJ TIN
Interstate/Intrastate Risk I.D. No.

Other Workplaces not shown above:

Insured is:

2. POLICY PERIOD

The Policy Period is from _____ to _____ 12:01 AM at the insured's mailing address.

3. COVERAGE

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.
The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	each accident
Bodily Injury by Disease	\$	policy limit
Bodily Injury by Disease	\$	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

D. This policy includes these endorsements and schedules:

4. PREMIUM

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans.
All information required below is subject to verification and change by audit.

CLASSIFICATIONS	CODE NO.	PREMIUM BASIS		
		TOTAL ESTIMATED ANNUAL REMUNERATION	RATE PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM

Special Assessments, Surcharges & Policy Fees \$
Total Estimated Annual Premium \$
Total Payable \$
Deposit Premium \$
Minimum Premium \$

Premium adjustments will be made as indicated:

Issued At:

Issued On:

Countersigned: _____

Authorized Representative
Date

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



INSURANCE POLICY



J-00 [(02/08)]

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 INSURANCE COMPANY**]
133 Oakland Avenue
Greensburg, Pennsylvania 15601
A Stock Company]

[*Spencer Kirby*]
Secretary

[*Ja Keeney*]
President

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 09/30/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.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 #
Old Republic Insurance Group	0150

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Old Republic Insurance Company	PA	24147	25-0410420	

5. Company Tracking Number	WC AR0201201F01
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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
	Connie Aragones 307 N. Michigan Avenue Chicago IL 60601	State Filing Analyst	800-621-0365 Ext. 4535	312-762-4950	caragones@oldrepublic.com

7. Signature of authorized filer	<i>Connie Aragones</i>
8. Please print name of authorized filer	Connie Aragones

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]	N/A
12.	Company Program Title (Marketing Title)	Workers Comensation
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: 1/1/2009 Renewal: 1/1/2009
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	September 30, 2008
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 AR0201201F01
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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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To aid in your quick review, other than the variable items, we have amended our logo on the policy jackets. We have also amended our logo on the Information Page. Keep in mind that we did not file our 2005 version of the policy jacket since the change involved a bracketed item (our address).

We request an effective date of January 1, 2009.

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]				
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Check #:</td> <td>EFT</td> </tr> <tr> <td>Amount:</td> <td>50.00</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>		Check #:	EFT	Amount:	50.00
Check #:	EFT				
Amount:	50.00				

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

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 #	WC AR0201201F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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	Policy Jacket	J-01 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Workers Compensation and Employers Liability Insurance Policy - Information Page	WC 00 00 01A (01/09)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 00 01A (05/99)	
03	Policy Jacket	J-00 (01/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	J-00 (03/05)	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		