

SERFF Tracking Number: LBRM-125482522 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CL20070153 (PROP)
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Fire & Allied Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153 (PROP)

Filing at a Glance

Companies: The Ohio Casualty Insurance Company, West American Insurance Company, American Fire and Casualty Company

Product Name: Commercial Fire & Allied Lines SERFF Tr Num: LBRM-125482522 State: Arkansas

Forms Filing

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Co Tr Num: CL20070153 (PROP)

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: David Puckett

Disposition Date: 02/22/2008

Date Submitted: 02/12/2008

Disposition Status: Approved

Effective Date Requested (New): 03/15/2008

Effective Date (New): 03/15/2008

Effective Date Requested (Renewal): 03/15/2008

Effective Date (Renewal): 03/15/2008

State Filing Description:

General Information

Project Name: Company Rebranding

Status of Filing in Domicile: Pending

Project Number: CL20070153 (PROP)

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/22/2008

State Status Changed: 02/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are submitting revised company forms due to the recent acquisition of the Ohio Casualty Group by Liberty Mutual, as outlined on the attached Filing Memorandum. The revisions being made are non-substantive in nature involving company logo's, website and phone numbers only.

SERFF Tracking Number: LBRM-125482522 State: Arkansas
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Company and Contact

Filing Contact Information

David Puckett, Product Staff Underwriter david.puckett@libertymutual.com
 9450 Seward Rd (513) 603-2842 [Phone]
 Fairfiled, OH 45014

Filing Company Information

The Ohio Casualty Insurance Company CoCode: 24074 State of Domicile: Ohio
 9450 Seward Road Group Code: 111 Company Type: Property & Casualty
 Fairfield, OH 45014-5456 Group Name: State ID Number:
 (800) 826-6189 ext. [Phone] FEIN Number: 31-0396250

West American Insurance Company CoCode: 44393 State of Domicile: Indiana
 9450 Seward Road Group Code: 111 Company Type: Property & Casualty
 Fairfield, OH 45014-5456 Group Name: State ID Number:
 (800) 826-6189 ext. [Phone] FEIN Number: 31-0624491

American Fire and Casualty Company CoCode: 24066 State of Domicile: Ohio
 9450 Seward Road Group Code: 111 Company Type: Property & Casualty
 Fairfield, OH 45014-5456 Group Name: State ID Number:
 (800) 826-6189 ext. [Phone] FEIN Number: 59-0141790

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Filing fee is \$50.00 per filing (1)
 Per Company: No

SERFF Tracking Number: *LBRM-125482522* *State:* *Arkansas*
First Filing Company: *The Ohio Casualty Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CL20070153 (PROP)*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *Commercial Fire & Allied Lines Forms Filing*
Project Name/Number: *Company Rebranding/CL20070153 (PROP)*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Ohio Casualty Insurance Company	\$50.00	02/12/2008	17931280
West American Insurance Company	\$0.00	02/12/2008	
American Fire and Casualty Company	\$0.00	02/12/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/22/2008	02/22/2008

SERFF Tracking Number: LBRM-125482522 State: Arkansas
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Disposition

Disposition Date: 02/22/2008
Effective Date (New): 03/15/2008
Effective Date (Renewal): 03/15/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter and Filing Memorandum	Approved	Yes
Form	Policyholder Information (Automated)	Approved	Yes
Form	Common Policy Decs (Automated)	Approved	Yes
Form	Comm (Line Specific) Decs (Automated)	Approved	Yes
Form	Comm (Line Specific) Sched (Automated)	Approved	Yes
Form	Result of Cancellation (Automated)	Approved	Yes
Form	Result of Reinstatement (Automated)	Approved	Yes
Form	Policy Change Endt (Automated)	Approved	Yes

SERFF Tracking Number: LBRM-125482522 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Information (Automated)	DS 70 20	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 20 01 01 Previous Filing #:		DS 70 20 01 08.pdf
Approved	Common Policy Decs (Automated)	DS 70 21	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 21 01 01 Previous Filing #:		DS 70 21 01 08.pdf
Approved	Comm (Line Specific) Decs (Automated)	DS 70 22	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 22 01 01 Previous Filing #:		DS 70 22 01 08.pdf
Approved	Comm (Line Specific) Sched (Automated)	DS 70 23	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 23 01 01 Previous Filing #:		DS 70 23 01 08.pdf
Approved	Result of Cancellation (Automated)	DS 70 25	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 25 01 01 Previous Filing #:		DS 70 25 01 08.pdf
Approved	Result of Reinstatement (Automated)	DS 70 26	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 26 01 01 Previous Filing #:		DS 70 26 01 08.pdf
Approved	Policy Change Endt (Automated)	DS 70 27	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 27 01 01 Previous Filing #:		DS 70 27 01 08 America First.pdf

Policyholder Information

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

Dear Policyholder:

We know you work hard to build your business. We work together with your agent, to help protect the things you care about. Thank you for selecting us.

Enclosed are your insurance documents consisting of:

Your
Commercial
Documents

THIS IS
NOT A
BILL

To find your specific coverages, limits of liability, and premium, please refer to your Declarations page(s).

If you have any questions or changes that may affect your insurance needs, please contact your Agent at



Reminders

- Verify that all information is correct
- If you have any changes, please contact your Agent at
- In case of a claim, call your Agent or 1-800-366-6446

You Need To Know

- This policy will be billed by The Ohio Payment Plan (T. O. P. P.) You may choose to combine any number of policies on one bill with your T. O. P. P. account.

To report a claim, call your Agent or 1-800-366-6446



**America First
Insurance®**
Member of Liberty Mutual Group

Coverage Is Provided In:

9450 Seward Road, Fairfield, Ohio 45014

Policy Number:

Policy Period:

*12:01 am Standard Time
at Insured Mailing Location*

Common Policy Declarations

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

Named Insured Is:

Named Insured Business Is:

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

SUMMARY OF COVERAGE PARTS AND CHARGES

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

COVERAGE PART

CHARGES

*Total Charges for all of the above coverage parts:
Certified Acts of Terrorism Coverage:*

(Included)

Note: This is not a bill

IMPORTANT MESSAGES

Servicing Office
and Issue Date

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 21 01 08



Coverage Is Provided In:

9450 Seward Road, Fairfield, Ohio 45014

Policy Number:

Policy Period:

*12:01 am Standard Time
at Insured Mailing Location*

Common Policy Declarations

Named Insured

Agent

SUMMARY OF LOCATIONS

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER

TITLE

In witness whereof, we have caused this policy to be signed by our authorized officers.

Edmund Kenealy
Secretary

Gary Gregg
President

To report a claim, call your Agent or 1-800-366-6446

DS 70 21 01 08



**America First
Insurance®**
Member of Liberty Mutual Group

Coverage Is Provided In:

9450 Seward Road, Fairfield, Ohio 45014

Policy Number:

Policy Period:

*12:01 am Standard Time
at Insured Mailing Location*

Named Insured

Agent

SUMMARY OF CHARGES

**Explanation of
Charges**

DESCRIPTION

PREMIUM

Note: This is not a bill

To report a claim, call your Agent or 1-800-366-6446

DS 70 22 01 08

Named Insured

Agent

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Insurance at the described premises applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

Property Characteristics

Description:

Construction:

Occupancy:

Description

Covered Causes of Loss

Premium

Occupancy:

Description

Covered Causes of Loss

Premium

To report a claim, call your Agent or 1-800-366-6446



America First Insurance
Member of Liberty Mutual Group

Coverage Is Provided In:

9450 Seward Road, Fairfield, Ohio 45014

Policy Number:

Policy Period:

*12:01 am Standard Time
at Insured Mailing Location*

Named Insured

Agent

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

**Property
Characteristics**

Description:

Construction:

Description

Covered Causes of Loss

Premium

Commercial Property Schedule Total:

To report a claim, call your Agent or 1-800-366-6446

DS 70 23 01 08



**America First
Insurance®**
Member of Liberty Mutual Group

Coverage Is Provided In:

9450 Seward Road, Fairfield, Ohio 45014

Policy Number:

Policy Period:

*12:01 am Standard Time
at Insured Mailing Location*

RESULT OF CANCELLATION

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

Total Return Charges

Servicing Office
and Issue Date

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 25 01 08



**America First
Insurance®**
Member of Liberty Mutual Group

Coverage Is Provided In:

9450 Seward Road, Fairfield, Ohio 45014

Policy Number:

Policy Period:

*12:01 am Standard Time
at Insured Mailing Location*

RESULT OF REINSTATEMENT

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

Total Additional Charges

Note: This is not a bill

Servicing Office
and Issue Date

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 26 01 08



Coverage Is Provided In:

9450 Seward Road, Fairfield, Ohio 45014

Policy Number:

Policy Period:

Endorsement Period:

12:01 a.m. Standard Time
at Insured Mailing Location

POLICY CHANGE ENDORSEMENT

Named Insured and Mailing Address

Agent Mailing Address & Phone No.

CHANGE(S) TO POLICY -

THIS POLICY CHANGE ENDORSEMENT RESULTS IN A CHANGE IN THE CHARGES AS FOLLOWS:

Note: This is not a bill

DESCRIPTION OF CHANGE(S)

Servicing Office
and Issue Date

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 27 01 08

Coverage Is Provided In:

Policy Number:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

Endorsement Period:

POLICY CHANGE ENDORSEMENT

*12:01 a.m. Standard Time
at Insured Mailing Location*

Named Insured and Mailing Address

Agent Mailing Address & Phone No.

OTHER NAMED INSUREDS

SUMMARY OF LOCATIONS

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy.
Refer to these documents for detailed information concerning your coverage.

FORM NUMBER	TITLE
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Servicing Office
and Issue Date

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

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Product Name: Commercial Fire & Allied Lines Forms Filing
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/22/2008

Comments:

Attached.

Attachment:

AR PC TD-1.pdf

Satisfied -Name: Cover Letter and Filing Memorandum **Review Status:** Approved 02/22/2008

Comments:

Cover Letter and Filing Memorandum attached.

Attachments:

AR Prop Cover Letter.pdf

CP Filing Memorandum Rebranding 0205.cw.pdf

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

3.	Group Name	Group NAIC #

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7.	Signature of authorized filer	
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8.	Please print name of authorized filer	
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Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	
10.	Sub-Type of Insurance (Sub-TOI)	
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 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: <input type="text"/> Renewal: <input type="text"/>
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input 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 #	
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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]
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Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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

PC TD-1 pg 2 of 2



February 12, 2008

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

RE: THE OHIO CASUALTY INSURANCE COMPANY – NAIC #0111-24074
WEST AMERICAN INSURANCE COMPANY – NAIC #0111-44393
AMERICAN FIRE AND CASUALTY COMPANY – NAIC #0111-24066
COMMERCIAL FIRE AND ALLIED LINES
REVISED COMPANY FORMS – DUE TO ACQUISITION
OUR FILING NUMBER: CL20070153 (PROP)

In accordance with the filing requirements of your state, we are submitting revised company forms due to the recent acquisition of the Ohio Casualty Group by Liberty Mutual, as outlined on the attached Filing Memorandum.

We have recently submitted with your department and received approval of these forms for Commercial Automobile, General Liability, Commercial Inland Marine and Businessowners.

We are submitting this filing to be applicable to all policies written on or after March 15, 2008.

To the best of our knowledge, information and belief, this filing is in compliance with the provisions of the insurance statutes, rules and regulations of your state.

David M. Puckett, Product Staff Underwriter
Property and Casualty Operations
1-800-843-6446 Ext. 2842
Fax # (513) 603-3123
E-mail address: David.Puckett@LibertyMutual.com

DMP/Enc.

dp0212cp.ar

FILING MEMORANDUM

Due to the recent acquisition of the Ohio Casualty Group by Liberty Mutual, we are filing revised policy declarations and schedules.

These items currently contain Ohio Casualty Group logos, website and phone numbers which we have removed because they are no longer valid due to this acquisition. We will provide the policyholders and agents with the appropriate phone numbers and websites through policyholders notices, mailings and stuffers.

REVISED COMPANY FORMS

<u>Form Number</u>	<u>Edition Date</u>	<u>Description</u>
DS 70 20	01 08	Policyholder Information (Automated)
DS 70 21	01 08	Common Policy Declarations (Automated)
DS 70 22	01 08	Commercial (Line Specific) Declarations (Automated)
DS 70 23	01 08	Commercial (Line Specific) Schedule (Automated)
DS 70 25	01 08	Result of Cancellation (Automated)
DS 70 26	01 08	Result of Reinstatement (Automated)
DS 70 27	01 08	Policy Change Endorsement (Automated)