

## Filing at a Glance

Company: Old Republic General Insurance Corporation

Product Name: WC Item Filings	SERFF Tr Num: LDDX-125244734	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-025616
Sub-TOI: 16.0004 Standard WC	Co Tr Num: WC AR0024007R03	State Status:
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: SPI ORChicago	Disposition Date: 07-30-2007
	Date Submitted: 07-26-2007	Disposition Status: Approved
Effective Date Requested (New): 07-01-2007		Effective Date (New): 07-30-2007
Effective Date Requested (Renewal):		Effective Date (Renewal):

## General Information

Project Name: WC Item Filings	Status of Filing in Domicile: Authorized
Project Number: WC AR0024007R03	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07-30-2007	
State Status Changed: 07-30-2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Old Republic General Insurance Corporation wishes to adopt NCCI Item Filing 02-AR-2007 effective July 1, 2007.

## Company and Contact

### Filing Contact Information

Patricia Wynne, Compliance Coordinator	pwynne@oldrepublic.com
307 N. Michigan Avenue	(312) 762-4540 [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: \$25.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic General Insurance Corporation	\$25.00	07-26-2007	14789593

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07-30-2007	07-30-2007

## Disposition

Disposition Date: 07-30-2007

Effective Date (New): 07-30-2007

Effective Date (Renewal):

Status: Approved

Comment: We have approved an effective date of 7/30/2007 which is different from the requested effective date of 7/1/07. All WC filings are prior approval and cannot be applied retroactively.

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
Old Republic General Insurance Corporation	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Created by SERFF on 07-30-2007 12:29 PM

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes

## Rate Information

Rate data applies to filing.

**Filing Method:**

Prior Approval

**Rate Change Type:**

Neutral

**Overall Percentage of Last Rate Revision:**

0.000%

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
Old Republic General Insurance Corporation	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	07-30-2007
<b>Comments:</b>			
<b>Attachment:</b>			
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF			
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b> Approved	07-30-2007
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b> Approved	07-30-2007
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

## 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: 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					

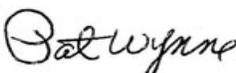
<b>3. Group Name</b>	<b>Group NAIC #</b>
Old Republic Insurance Group	0150

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Old Republic General Insurance Corporation	IL	24139	36-6067575	

<b>5. Company Tracking Number</b>	WC AR0024007R03
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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
	Patricia Wynne 307 N. Michigan Avenue Chicago IL 60601	Compliance Coordinator	800-621-0365 Ext. 4540	312-762-4950	pwynne@oldrepublic.com

<b>7.</b> Signature of authorized filer	
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<b>8.</b> Please print name of authorized filer	Patricia Wynne
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**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Workers Compensation Program
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 7/1/07      Renewal: 7/1/07
<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	NCCI
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	02-AR-2007
<b>18.</b>	<b>Company's Date of Filing</b>	7/26/07
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

20.	<b>This filing transmittal is part of Company Tracking #</b>	WC AR0024007R03
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Old Republic General Insurance Corporation wishes to adopt NCCI Item Filing 02-AR-2007 effective July 1, 2007.

22.	<b>Filing Fees</b> (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]
<b>Check #:</b> <b>Amount:</b>	
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

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