

SERFF Tracking Number:	XLAM-125299649	State:	Arkansas
First Filing Company:	Greenwich Insurance Company, ...	State Tracking Number:	AR-PC-07-026192
Company Tracking Number:	07MD-WC-WC30-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
Project Name/Number:	Multi-Company tier rating filing/		

Filing at a Glance

Companies: Greenwich Insurance Company, XL Insurance America, Inc. (formerly Winterthur International America Insurance Company), XL Specialty Insurance Company

Product Name: Workers Compensation	SERFF Tr Num: XLAM-125299649	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-026192
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Tr Num: 07MD-WC-WC30-AR	State Status:
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Jocelyn Miller-Harris	Disposition Date: 10/15/2007
	Date Submitted: 09/24/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal):

General Information

Project Name: Multi-Company tier rating filing	Status of Filing in Domicile: Authorized
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/15/2007	
State Status Changed: 09/24/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

To introduce a multi-company tiered rating structure for Workers Compensation. The new tier rating approach is intended to move business from one tier into another once accepted by the company. Clear and concise eligibility criteria shows which risks are written in each tier. The eligibility criteria are mutually exclusive and not unfairly discriminatory.

Company and Contact

Filing Contact Information

Jocelyn Miller-Harris, State Filings Analyst jocelyn.miller-harris@xlai.com

SERFF Tracking Number: XLAM-125299649 State: Arkansas
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TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Multi-Company tier rating filing/

1201 North Market street (302) 661-7033 [Phone]
Wilmington, DE 19801 (302) 778-4190[FAX]

Filing Company Information

Greenwich Insurance Company CoCode: 22322 State of Domicile: Delaware
1201 North Market street Group Code: 1285 Company Type:
Suite 501
Wilmington, DE 19801 Group Name: State ID Number:
(866) 304-3079 ext. [Phone] FEIN Number: 95-1479095

XL Insurance America, Inc. (formerly Winterthur CoCode: 24554 State of Domicile: Delaware
International America Insurance Company)
1201 North Market street Group Code: 1285 Company Type:
Suite 501
Wilmington, DE 19801 Group Name: State ID Number:
(800) 394-3909 ext. [Phone] FEIN Number: 75-6017952

XL Specialty Insurance Company CoCode: 37885 State of Domicile: Delaware
1201 N. Market Street Group Code: 1285 Company Type:
Suite 501
Wilmington, DE 19801 Group Name: State ID Number:
(800) 394-3909 ext. [Phone] FEIN Number: 85-0277191

SERFF Tracking Number: XLAM-125299649 State: Arkansas
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: AR-PC-07-026192
Company Tracking Number: 07MD-WC-WC30-AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$100.00 per filing submission
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Greenwich Insurance Company	\$0.00	09/24/2007	
XL Insurance America, Inc. (formerly Winterthur International America Insurance Company)	\$0.00	09/24/2007	
XL Specialty Insurance Company	\$0.00	09/24/2007	

SERFF Tracking Number: XLAM-125299649 State: Arkansas
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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
 Product Name: Workers Compensation
 Project Name/Number: Multi-Company tier rating filing/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/15/2007	10/15/2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	09/25/2007	09/25/2007	Jocelyn Miller- Harris	10/15/2007	10/15/2007
Pending Industry Response	Carol Stiffler	09/25/2007	09/25/2007	Jocelyn Miller- Harris	10/15/2007	10/15/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
WC authority for XL Insurance America	Note To Filer	Carol Stiffler	10/15/2007	10/15/2007
Extension Request	Note To Reviewer	Jocelyn Miller- Harris	10/05/2007	10/05/2007

SERFF Tracking Number: XLAM-125299649 State: Arkansas
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: AR-PC-07-026192
Company Tracking Number: 07MD-WC-WC30-AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Multi-Company tier rating filing/

Disposition

Disposition Date: 10/15/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal):
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

SERFF Tracking Number: XLAM-125299649 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	exhibits	Approved	Yes
Supporting Document	explanatory memos	Approved	Yes
Supporting Document	XLIA authority	Approved	Yes
Supporting Document	XLIA Authority	Approved	Yes
Rate	WC-CW-CTR edition 1/08	Approved	Yes
Rate	WC-CW-WR edition 1/08	Approved	Yes
Rate	WC-CW-FV edition 1/08	Approved	Yes
Rate	WC-CW-LDP-A edition 1/08	Withdrawn	Yes
Rate	WC-CW-IRPM25 1-08	Approved	Yes
Rate	WC-CW-TERR-A 1-08	Withdrawn	Yes

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Company Tracking Number: 07MD-WC-WC30-AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Multi-Company tier rating filing/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/25/2007
Submitted Date 09/25/2007
Respond By Date

Dear Jocelyn Miller-Harris,

This will acknowledge receipt of the captioned filing.

My previous objection letter failed to attach the 2 bulletins that apply to these objections.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler



Arkansas Insurance Department

Mike Huckabee, Governor

Mike Pickens, Commissioner

March 7, 2002

BULLETIN NO. 4-2002

TO: ALL LICENSED INSURERS WRITING WORKERS' COMPENSATION INSURANCE, TRADE ASSOCIATIONS, NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS AND OTHER INTERESTED PARTIES

FROM: ARKANSAS INSURANCE DEPARTMENT

SUBJECT: WORKERS' COMPENSATION INSURANCE RETROSPECTIVE RATING PLANS

Effective April 1, 2002, the Arkansas Insurance Department will not approve any new Workers' Compensation Insurance Large Risk Alternative Rating Option plans which provide for a premium eligibility threshold of less than \$250,000.00. Approval for all existing filings of this type will be rescinded on August 1, 2002.

It will be necessary for all insurance companies licensed to write Workers' Compensation Insurance in Arkansas with an approved Retrospective Rating Plan providing for a premium eligibility threshold of less than \$250,000.00 to immediately make a filing with the Department amending their retrospective rating plan to provide for a minimum premium eligibility of at least \$250,000.00. No fee will be required for this limited filing.

This Bulletin is applicable to all new business written on or after August 1, 2002, and to all policies renewed on or after August 1, 2002.

Questions regarding this bulletin or required filing should be directed to Carol Stiffler, Property and Casualty Division, telephone number (501) 371-2807 or carol.stiffler@mail.state.ar.us.

MIKE PICKENS
INSURANCE COMMISSIONER



**ARKANSAS INSURANCE DEPARTMENT
LEGAL DIVISION**

1200 West Third Street
Little Rock, AR 72201-1904
501-371-2820
FAX 501-371-2629

BULLETIN 17-99

December 13, 1999

**TO: ACCOUNTING AND UNDERWRITING DEPTS. OF WORKERS' COMPENSATION
INSURERS**

FROM: ARKANSAS INSURANCE DEPARTMENT

**GUIDELINES FOR IMPLEMENTATION OF "LARGE DEDUCTIBLE" WORKERS COMPENSATION
PROGRAMS**

Under the provisions of Ark. Code Ann. §23-67-219, this Department has the authority to approve or disapprove "rating plans" of carriers as they relate to workers compensation and employers liability insurance. This authority over rating plans includes the right to approve or to disapprove large deductible workers' compensation programs.

Following are the criteria or "guidelines" that the Property and Casualty Division will apply in reviewing such filings by rate service organizations or by individual workers' compensation carriers, viz:

1. Deductibles may be offered in such amounts and ranges as the carrier may desire and for which it obtains approval from the Department. All available deductibles must be displayed in the rules manual.
2. Carriers must make a reasonable financial examination of the employer desiring a large deductible program by requiring a financial statement acceptable to the insurer of the employer's most recently completed fiscal year in order to determine whether the employer is fiscally sound and responsible enough to bear the economic burdens of such a program. A follow-up financial examination must be performed before any such program may be renewed beyond the initial term. No term may exceed one year. The filing must contain a description of the financial assurance the carrier intends to require.
3. Carriers must receive irrevocable financial guarantees of indubitable value and unquestionable right of recourse. Such guarantees must be provided by the employer and placed under the sole control of the carrier in a sum equal to no less than *three* months of the carrier's *bona fide*, reasonable anticipated claim exposure posed by the particular risk. The financial guarantee must consist of:
 - (i) cash;
 - (ii) securities designated by the securities Valuation office of the National Association of Insurance Commissioners as Class 1 or Class 2;
 - (iii) an irrevocable letter of credit from a State or Federally-chartered banking institution that is insured by the Federal Deposit Insurance Corporation, which said banking institution may not have any affiliation or common ownership with the employer risk; or
 - (iv) certificates of deposit issued by banking institutions as delimited above, which said certificates must either be issued in the name of the carrier or be properly endorsed and assigned to the carrier.
4. The minimum premium requirement for program eligibility shall be shown in the submission .
5. If the ratings procedure to be used by the carrier is to be translated into tabular values to assist underwriters, that table must be submitted to the Department as well.
6. The program shall set forth precisely how the premium shall be calculated.

7. The deductible amount shall be prominently set forth on the policy declaration page.
8. The program, and each policy issued thereunder must clearly state that all claims, beginning with the first dollar, will be paid by the carrier and that the employer shall reimburse the carrier for all amounts within the deductible no later than thirty (30) days from the billing therefor.

Since failure to reimburse deductible amounts has the same effect as not paying premium, the carrier shall issue a ten (10) day notice of cancellation *of the policy* as required by Ark. Code Ann. §11-9-408(b)(2) if any employer does not re-pay any sums within the deductible within the required period. The carrier may *not* apply any part of the deposit discussed in paragraph 3 above to the payment of premium or the reimbursement of deductible.

9. The program and policies must clearly state that the carrier shall handle and administer all claims even within the deductible amount and that the carrier will be responsible to and have the right to defend all claims, even within the deductible amount.
10. The program and policies issued thereunder must specifically state that *all claims* must be reported and paid by the carrier regardless of the amount thereof.
11. All traditional premium and claim statistical reporting will be made to the National Council on Compensation Insurance on these policies just as it is on all other workers compensation policies.
12. It has come to our attention that there has been some confusion on how workers' compensation premiums are to be reported on "Schedule WC --Computation Of Annual Workers' Compensation Commission Taxes" included in your Annual Statement packet. The definition of Written Manual Premium given on this form was written in 1983 before many of the changes common to workers' compensation programs were implemented. We want to clarify this definition for today's users.

The definition on Schedule WC is: "Written manual premium shall mean premium produced in given year by the manual rates in effect during the experience period and shall exclude the premium produced by the expense constant. Further, written manual premium for the purpose of this law means premium before any allowable deviated discounts, any experience rating modification, any premium discount, any reinsurance or deductible arrangement as common with fronting carrier, any dividend consideration or other trade discount."

Written manual premium is the premium calculated by using the [**payroll divided by 100**] **multiplied by the company's filed rates** (not loss costs). It does **not** include expense constants, or any other modification (experience modifiers, credits, debits, deductibles, etc).

<u>EXAMPLE</u>	
Payroll	= \$90,000
Rate	= 1.50
<u>\$90,000</u>	x 1.50 = \$1,350
100	

Any questions regarding this Bulletin or the implementation of a large deductible program shall be directed to either Carol Stiffler at 501-371-2807 or by E-mail at carol.stiffler@mail.state.ar.us.

MIKE PICKENS
INSURANCE COMMISSIONER
STATE OF ARKANSAS

SERFF Tracking Number: XLAM-125299649 State: Arkansas
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: AR-PC-07-026192
Company Tracking Number: 07MD-WC-WC30-AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Multi-Company tier rating filing/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/15/2007
Submitted Date 10/15/2007

Dear Carol Stiffler,

Comments:

Response 1

Comments: Below is our response to the problem report shown below:

#1:

Attached is a copy of the COA amendment. On the last page of this attachment you will see that the COA was amended to include Workers' Compensation on 2/24/72. At that time the company name was Vanguard Insurance Company, but this company was re-named Winterthur International America Insurance Company, then sold to XL and then re-named again as XL Insurance America, Inc. Please let us know if you have any additional questions.

#2:

We are withdrawing from consideration in this filing the Large Deductible Product.

#3:

We are withdrawing from consideration in this filing rule WC-CW-TERR-A 1-08.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: XLIA authority

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

SERFF Tracking Number: XLAM-125299649 *State:* Arkansas
First Filing Company: Greenwich Insurance Company, ... *State Tracking Number:* AR-PC-07-026192
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Jocelyn Miller-Harris

SERFF Tracking Number: XLAM-125299649 State: Arkansas
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Product Name: Workers Compensation
Project Name/Number: Multi-Company tier rating filing/

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/25/2007

Submitted Date 09/25/2007

Respond By Date

Dear Jocelyn Miller-Harris,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Our records indicate that XL Insurance America, Inc. (formerly Winterthur International America Ins. Co. #24554 does not have workers' compensation authority. A company may have casualty authority but not have workers' compensation. There is a \$500 fee that must be paid to the Arkansas Workers' Compensation Commission in order to have "Casualty including Workers' Compensation".

We have discovered that during the 1970s and 1980s that the person who was issuing the Certificates of Authority (C/A) was not putting the "including workers' compensation" or "excluding workers' compensation" qualifier on the C/A even when the company did pay the additional fee. If you believe that our records are incorrect and the company does have WC authority, please provide any of the following: the C/A showing "including workers' compensation", the letter from the Commissioner showing that workers' compensation was included; a copy of the cancelled check, or any other documentation that you believe shows that the company does have WC.

Objection 2

- WC-CW-LDP-A edition 1/08 (Rate)

Comment: In Form WC-CW-PDP-A Part 1 General Provisions I. Purpose it states "The Large Risk Deductible Plan permits an employer who is insured for Workers Compensation to reimburse the insurer for losses paid in connection with the Workers Compensation insurance coverage". Please confirm that they will only reimburse the insurer for losses within the deductible.

In Form WC-CW-PDP-A Part 2. III. Eligibility it states that a risk is eligible for the Large Risk Alternative Rating Option (LRARO) rule if the countrywide annual Standard Premium is at least \$100,000. This is not in compliance with Bulletin 4-2002 (copy attached).

Several places in Form WC-CW-PDP-A it states that the insured and insurer may negotiate a specific charge. Arkansas Code Ann. 23-67-219 requires that all workers' compensation rates be filed and approved by the Arkansas Insurance Dept. The insurance company may file all of the options that they will negotiate with the insured or they make an

SERFF Tracking Number: XLAM-125299649 State: Arkansas
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: AR-PC-07-026192
Company Tracking Number: 07MD-WC-WC30-AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Multi-Company tier rating filing/
individual rate filing for that insured.

Objection 3

- WC-CW-TERR-A 1-08 (Rate)

Comment: ACA 23-67-219 requires that all workers' compensation rates must be filed and approved. This form states that the charge will be mutually agreed upon which isn't allowed. The rate must either be filed or an individual risk filing may be made.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/15/2007
Submitted Date	10/15/2007

Dear Carol Stiffler,

Comments:

Response 1

Comments: Below is our response to the problem report shown below:

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#2:

We are withdrawing from consideration in this filing the Large Deductible Product.

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Product Name: Workers Compensation
Project Name/Number: Multi-Company tier rating filing/
#3:

We are withdrawing from consideration in this filing rule WC-CW-TERR-A 1-08.

Related Objection 1

Comment:

Our records indicate that XL Insurance America, Inc. (formerly Winterthur International America Ins. Co. #24554 does not have workers' compensation authority. A company may have casualty authority but not have workers' compensation. There is a \$500 fee that must be paid to the Arkansas Workers' Compensation Commission in order to have "Casualty including Workers' Compensation".

We have discovered that during the 1970s and 1980s that the person who was issuing the Certificates of Authority (C/A) was not putting the "including workers' compensation" or "excluding workers' compensation" qualifier on the C/A even when the company did pay the additional fee. If you believe that our records are incorrect and the company does have WC authority, please provide any of the following: the C/A showing "including workers' compensation", the letter from the Commissioner showing that workers' compensation was included; a copy of the cancelled check, or any other documentation that you believe shows that the company does have WC.

Related Objection 2

Applies To:

- WC-CW-LDP-A edition 1/08 (Rate)

Comment:

In Form WC-CW-PDP-A Part 1 General Provisions I. Purpose it states "The Large Risk Deductible Plan permits an employer who is insured for Workers Compensation to reimburse the insurer for losses paid in connection with the Workers Compensation insurance coverage". Please confirm that they will only reimburse the insurer for losses within the deductible.

In Form WC-CW-PDP-A Part 2. III. Eligibility it states that a risk is eligible for the Large Risk Alternative Rating Option (LRARO) rule if the countrywide annual Standard Premium is at least \$100,000. This is not in compliance with Bulletin 4-2002 (copy attached).

Several places in Form WC-CW-PDP-A it states that the insured and insurer may negotiate a specific charge. Arkansas Code Ann. 23-67-219 requires that all workers' compensation rates be filed and approved by the Arkansas Insurance Dept. The insurance company may file all of the options that they will negotiate with the insured or they make an individual rate filing for that insured.

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Company Tracking Number: *07MD-WC-WC30-AR*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0000 WC Sub-TOI Combinations*
Product Name: *Workers Compensation*
Project Name/Number: *Multi-Company tier rating filing/*

Related Objection 3

Applies To:

- WC-CW-TERR-A 1-08 (Rate)

Comment:

ACA 23-67-219 requires that all workers' compensation rates must be filed and approved. This form states that the charge will be mutually agreed upon which isn't allowed. The rate must either be filed or an individual risk filing may be made.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: XLIA Authority

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Jocelyn Miller-Harris

SERFF Tracking Number: *XLAM-125299649* *State:* *Arkansas*
First Filing Company: *Greenwich Insurance Company, ...* *State Tracking Number:* *AR-PC-07-026192*
Company Tracking Number: *07MD-WC-WC30-AR*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0000 WC Sub-TOI Combinations*
Product Name: *Workers Compensation*
Project Name/Number: *Multi-Company tier rating filing/*

Note To Filer

Created By:

Carol Stiffler on 10/15/2007 01:01 PM

Subject:

WC authority for XL Insurance America

Comments:

I have corrected our files to show that this company is licensed for WC so this won't happen again.

SERFF Tracking Number: XLAM-125299649 *State:* Arkansas
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Product Name: Workers Compensation
Project Name/Number: Multi-Company tier rating filing/

Note To Reviewer

Created By:

Jocelyn Miller-Harris on 10/05/2007 10:29 AM

Subject:

Extension Request

Comments:

I would like to request an extension to 10/22/07 respond to the objection sent to us on 9/25/07. We are currently working on the response, but need more time. Thank you for your assistance with this filing.

<i>SERFF Tracking Number:</i>	<i>XLAM-125299649</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>07MD-WC-WC30-AR</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Multi-Company tier rating filing/</i>		

Rate Information

Rate data does NOT apply to filing.

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 Product Name: Workers Compensation
 Project Name/Number: Multi-Company tier rating filing/

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	WC-CW-CTR edition 1/08		New	WC-CW-CTR 1-08.pdf
Approved	WC-CW-WR edition 1/08		Replacement	WC-R-AR-0101; WC-00-008 WC-CW-WR 1-08.pdf
Approved	WC-CW-FV edition 1/08		Replacement	WC-R-AR-0299; WC-00-002 WC-CW-FV 1-08.pdf
Withdrawn	WC-CW-LDP-A edition 1/08		Replacement	03SD-LP-WC01-CW-AR WC-CW-LDP-A 1-08.pdf
Approved	WC-CW-IRPM25 1-08		Replacement	WC-IRPM-AR-0597 WC-CW-IRPM25 1-08.pdf
Withdrawn	WC-CW-TERR-A 1-08		Replacement	04MD-WC-WC13-MU-AR WC-CW-TERR-A 1-08.pdf

**XL INSURANCE AMERICA, INC.
XL SPECIALTY INSURANCE COMPANY
GREENWICH INSURANCE COMPANY**

**WORKERS' COMPENSATION
COUNTRYWIDE**

ADDITIONAL RULE – DESCRIPTION

- A. The multi-company tiered rating plan reflects certain inherent strengths and/or weaknesses possessed by an individual account which are not contemplated in the average loss costs or rating plans promulgated by the National Council on Compensation Insurance, Inc. (NCCI) or independent Bureau.
- B. The tiered rating plan shall be applied in a fair and nondiscriminatory manner based upon the quality of the individual risk.

ADDITIONAL RULE – COMPANY TIERS

The tiered rating plan consists of the following three (3) levels of company tiers:

- 1. Preferred - XL Insurance America, Inc.
- 2. Standard - XL Specialty Insurance Company
- 3. Select - Greenwich Insurance Company

ADDITIONAL RULE – RISK CRITERIA

Appropriate tier placement is determined by the following underwriting criteria:

- 1. Loss Ratio – Current plus four prior years of experience
- 2. Class or Hazard Group Assignment
- 3. Premium Size
- 4. State Category - Based on state benefit level groupings and ratings
- 5. Insured's Business Practices – Does the Insured utilize best practices in management of workers' compensation exposures, e.g., formalized written safety program in place to include active safety management program, return to work program, loss control personnel on staff, etc.

ADDITIONAL RULE – RISK PLACEMENT

Eligibility

The multi-company tiered rating plan is intended to provide greater flexibility to allow for the recognition of favorable risk characteristics to enable the company to place risks in separate rating company tiers based on established underwriting criteria.

- 1. Accounts will be re-evaluated at each renewal.
- 2. Renewal underwriting decisions may consider new information that has become available, which may result in movement of an account to a different pricing tier.

Exceptions to Eligibility

The underwriter may move an account one additional tier level based on known material circumstances which support the unsuitability of the indicated pricing tier. (For example, the underwriter may have factual information suggesting that the account criteria or operations will be materially different in the near future than they have been in the past.) Such reasoning must be approved by underwriting management and documented in the underwriting file.

**XL INSURANCE AMERICA, INC.
XL SPECIALTY INSURANCE COMPANY
GREENWICH INSURANCE COMPANY**

**WORKERS COMPENSATION
COUNTRYWIDE**

Rule	Waiver of Our Right to Recover from Others – WC 00 03 13
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The endorsement will be provided when the Waiver of Subrogation is required as a part of a written contract between the Insured and the party requiring indemnification. The form shall be used interchangeably for both specific and blanket waivers, which will be noted on the form.

Rate Rule	
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- The charge for the **Specific Waiver Endorsement** shall be 5% of the developed premium for the job for which this endorsement is issued.
- The minimum premium for the **Specific Waiver Endorsement** shall be \$500.

- The charge for the **Blanket Waiver Endorsement** shall be 2% of the total policy premium for which this endorsement is issued.
- The minimum premium for the **Blanket Waiver Endorsement** shall be \$250.

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**WORKERS COMPENSATION
COUNTRYWIDE**

Rule	Foreign Voluntary Compensation and Employers Liability Coverage – WC 99 03 04 A
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1. Description of Coverage

Foreign Voluntary Compensation and Employers Liability Coverage provides workers compensation, employers liability, repatriation expense and endemic disease coverage to employees temporarily working outside the United States of America, its territories or possession or Canada.

2. How Provided

Foreign Voluntary Compensation and Employers Liability Coverage is provided by attaching the Foreign Voluntary Compensation and Employers Liability Coverage Endorsement.

3. Standard Limits

The standard limits of liability under Part Two – Employers Liability Insurance for employees subject to Foreign Voluntary insurance are:

Bodily Injury by Accident:	\$100,000 – each accident
Bodily Injury by Disease:	\$100,000 – each employee
Bodily Injury by Disease:	\$500,000 – policy limit

The limit of liability for Bodily Injury by Accident – each accident – applies to all bodily injury arising out of any one accident.

The limit of liability for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee.

The limit of liability for Bodily Injury – policy limit – applies as an aggregate limit for all bodily injury, regardless of the number of employees who sustain bodily injury by disease.

4. Limits of Liability for Repatriation Expense

The limits of liability for Repatriation Expense for employees subject to Foreign Voluntary insurance are:

\$15,000	each employee
\$50,000	each accident

5. Increased Limits

The standard limits under Part Two – Employers Liability Insurance for employees subject to Foreign Voluntary insurance may be increased. The premium for the limits shall be determined by using the Table for Increased Limits.

The limits of liability for Repatriation Expense may not be increased and are subject to the limits shown above.

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**WORKERS COMPENSATION
COUNTRYWIDE**

6. Premium Determination

Premium shall be determined on the basis of Workers Compensation rules, classification and rates in this manual for the state Workers Compensation law designated in the schedule Foreign Voluntary Compensation and Employers Liability Coverage Endorsement.

7. Payroll Records

When Foreign Voluntary coverage is provided payroll records must be maintained for any employee covered by the provisions of the Foreign Voluntary Compensation and Employers Liability Coverage Endorsement.

Rate Rule	
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The premium charge for repatriation expense coverage shall be **\$250** for the limits shown in (4) above.

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**LARGE RISK WORKERS COMPENSATION DEDUCTIBLE PLAN
RULES AFFECTING COVERAGE AND PREMIUM
COUNTRYWIDE – PLAN A**

Part 1 – General Provisions

I. Purpose. The Large Risk Deductible Plan permits an employer who is insured for Workers Compensation to reimburse the insurer for losses paid in connection with the Workers Compensation insurance coverage. In return for a reduced premium, the insured agrees to reimburse the carrier for claims and, where selected, specified expenses and provide acceptable security.

II. Coverage. The coverage is provided by a standard Workers Compensation and Employers Liability policy with the **Workers Compensation Deductible Endorsement**. Nothing in the endorsement relieves the insurer of its obligations under the Workers Compensation policy to provide benefits to injured employees in the event the employer fails to reimburse the insurer. Failure on the part of the employer to reimburse the insurer or to provide security in a form and amount acceptable to the insurer will permit the insurer to cancel the policy in accordance with the procedure for canceling a policy for non-payment of premium.

Part 2 – Application of Large Deductible Plan

I. Authority. The application of this plan is optional for those risks which are eligible and may be used upon agreement of the insurer and the insured. The deductible applies to payments made in connection with Workers Compensation Insurance, Employers Liability Insurance, to the Other States Insurance coverage provided in this policy and, if elected, Allocated Loss Adjustment Expense(s). The deductible also applies to the insurance provided by any endorsement to the policy. The deductible applies to each accident for bodily injury by accident and to each employee for bodily injury by disease. A policy period aggregate deductible limit may be mutually agreed upon.

II. Deductible Amounts. The minimum deductible is \$ 25,000 per accident or per employee. Higher deductible amounts are available.

III. Eligibility. A minimum of \$100,000 of countrywide estimated annual Workers Compensation Standard Premium is required to be eligible for this plan. A risk is eligible for the Large Risk Alternative Rating Option (LRARO) rule if the countrywide annual Standard Premium is at least \$100,000. Under LRARO, the insured and insurer may negotiate the individual pricing components in accordance with individual risk needs. If this rule is used, the individual pricing components will be documented in the underwriting file. If the insured is on a large deductible program and purchases

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COUNTRYWIDE – PLAN A**

Workers Compensation insurance on behalf of a contractor through a Wrap-up Construction Project, eligibility will be determined based on the project's premium size.

IV. Statistical Reporting. Our obligation to report data for statistical purposes does not change for policies written with a Large Deductible program. All data will be reported without application of the deductible.

V. Security. As security for current and ultimate claim payments, an irrevocable letter of credit or other security in a form and amount acceptable to the insurer is required.

VI. Rating Procedure. The Deductible Premium is the premium charged to the policyholders for Workers Compensation Deductible coverage. It is calculated in accordance with the following formulas, procedures and definitions:

Formula

$$\begin{array}{l} \text{Deductible} \\ \text{Premium} \end{array} = \begin{array}{l} \text{Expected Loss + Expenses + Aggregate} \\ \text{=Above the} \\ \text{Deductible} \end{array} \begin{array}{l} \text{Deductible Limit Charge} \\ \text{(if any)} \end{array}$$

A. Expected Losses Above Deductible. This is the amount of expected loss (and ALAE if selected) estimated to be paid in excess of the selected deductible. This amount is calculated by the insurer based on the insured's prior loss history and risk characteristics. Calculation of this amount will be documented in the Underwriting File.

B. Expenses. These are expenses the insurer expects to incur that are specifically related to the risk-bearing component of the Deductible Premium. The calculation of expenses will be documented in the Underwriting File.

C. Aggregate Deductible Limit Charge. The aggregate deductible limit is an optional element established by agreement of the insured and the insurer and applies to the aggregate amount of deductible losses for the policy period. The insured and insurer may agree to state the Aggregate Deductible Limit as a negotiated rate per \$100 of final audited payroll, or other exposure base specified on the deductible endorsement, subject to a negotiated minimum aggregate.

As an alternative, the insured and insurer may also agree to state the Aggregate Deductible Limit Charge as a negotiated percentage of final audited Standard Premium.

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**LARGE RISK WORKERS COMPENSATION DEDUCTIBLE PLAN
RULES AFFECTING COVERAGE AND PREMIUM
COUNTRYWIDE – PLAN A**

The Aggregate Deductible Limit Charge is the charge for the amount of loss (and ALAE, if applicable) expected to exceed the established aggregate deductible limit. If an aggregate deductible limit is selected, the Aggregate Deductible Limit Charge to be included in the Deductible Premium formula is negotiated by the insured and insurer. This amount is calculated by the insurer based on the insured's prior loss history and risk characteristics. Calculation of this amount will be documented in the Underwriting File.

VII. Policy Preparation and Audit

- A. Audit.** The insurer and the insured may agree to calculate the Final Audited Premium as a rate per \$100 of Final Audited Payroll, or other exposure base specified in the Deductible Endorsement. If this is done, the rate will be calculated by dividing the Deductible Premium by the total expected payroll divided by \$100. This rate will appear in the Deductible Endorsement.
- B. Policy Preparation.** The estimated deductible premium credit for the selected deductible will be shown in Item 4 of the Information Page. Each policy to which this coverage applies shall include an approved large risk Deductible Endorsement.

VIII. Optional Elements

- A. Allocated Loss Adjustment Expense.** The treatment of Allocated Loss Adjustment Expense (ALAE) may be negotiated between the insurer and the insured. One of the following options may be selected.
1. Allocated Loss Adjustment Expense may be included in the deductible up to the per accident and/or the aggregate deductible limits.
 2. Allocated Loss Adjustment Expense may be excluded from the deductible limit. If this pricing option is chosen, the insured may agree to reimburse the insurer for Allocated Loss Adjustment Expense using one of the following options:
 - a. Allocated Loss Adjustment Expense may be reimbursed by the insured for the total cost regardless of the per accident and/or aggregate deductible limits; or

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COUNTRYWIDE – PLAN A**

- b. If the total loss exceeds the per accident deductible amount, the amount of the ALAE for the accident will be shared pro rata with the insurer.

The insured's pro rata share of total ALAE will be determined by calculating the ratio of the amount of the medical and indemnity loss within the deductible limit to the total loss and applying the result of this computation to the ALAE.

- c. The insured and the insurer may negotiate a flat charge for Allocated Loss Adjustment Expense that will be paid by insured regardless of the claims activity on the account.

- B. Claims Handling and other associated expenses.** The charges for Claims Handling (other than ALAE) and other associated expenses will be reimbursed to the insurer by the insured.

The insured may agree to reimburse the insurer for these charges using any of the following options:

1. Claim Handling may be billed to the insured as a percentage charge for each loss. The amount of this charge will be negotiated between the insured and the insurer.
2. The insured and the insurer may negotiate a per claim charge for Claim Handling.
3. The insured and the insurer may negotiate a flat Claims Handling charge that will apply regardless of the claims activity on the account.
4. Charges other than claim handling (if any) may be billed as a rate times an exposure base or a flat charge.
5. The insured and the insurer may negotiate other account specific charges for Claims Handling.

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RULES AFFECTING COVERAGE AND PREMIUM
COUNTRYWIDE – PLAN A**

- C. Final Deductible Computation.** The insurer and insured may, at their option, mutually agree upon a final payment to satisfy the deductible obligation. Payment by the insured of such amount will end the insured's obligation to make any further payments or reimbursements to the insurer under the Deductible Endorsement. The insurer will continue to handle claims pursuant to the terms and conditions of the policy to which the Deductible Endorsement is attached.
- D. Multiple Line/Multiple Policy Maximum Loss Content.** As an alternative to an aggregate deductible limit for Workers Compensation, the insurer and insured may agree to a Multiple Line/Multiple Policy Maximum Loss Content. Under this arrangement the maximum amount of payments by the insured for any reimbursement within a deductible, loss limit or retained limit for any policy listed in the schedule on the Deductible Endorsement, shall be limited to the amount specified as the Maximum Loss Content in that schedule. The insured and insurer may agree to state the Maximum Loss Content as a negotiated rate per \$100 of final audited payroll, or other exposure base specified on the Deductible Endorsement, subject to a negotiated minimum aggregate.

As an alternative, the insured and insurer may also agree to state Maximum Loss Content as a negotiated percentage of final audited Standard Premium.

The Maximum Loss Content charge is the charge for the amount of loss (and ALAE, if applicable) expected to exceed the established Maximum Loss Content. If a Maximum Loss Content is selected, the Aggregate Deductible Limit Charge to be included in the Deductible Premium Formula is negotiated by the insured and insurer. This amount is calculated by the insurer based on the insured's prior loss history and risk characteristics. Calculation of this amount will be documented in the Underwriting File.

- E. Assessments, Surcharges and Taxes.** Certain premium taxes, special taxes, assessments and surcharges including residual market charges, if applicable, may be collected separately from the Deductible Premium calculated in Part 2.VI. above. When these charges are collected separately from Deductible Premium we will identify the terms of such obligations in a communication to the insured, which will become part of the Underwriting File.

WORKERS COMPENSATION COUNTRYWIDE

INDIVIDUAL RISK PREMIUM MODIFICATION

1. The following modifications may be applied to recognize special characteristics of the risk that are not fully reflected in the rates.

2. The total amount of credit or debit developed using the following table may not exceed 25%.

3. The credit or debit developed by the use of this rule is applied to an experience rated risk in a multiplicative manner, after application of the experience modification, and before the application of premium discounts and expense constant.

4. There shall be an annual report to the National Council of Compensation Insurance illustrating the total dollar amount of scheduled debits and credits.

5. The standard earned premium figures reported to the National Council on the aggregate calls for experience (e.g. policy year, calendar year, etc.) Must exclude (i.e. be prior to) the effects of scheduled rating premium adjustments. Net earned premium reported in these calls must include (i.e. be after the effects of scheduled rating premium adjustments.

Scheduled rating premium adjustments must be reported under unique statistical codes in unit statistical reports submitted to the National Council.

6. This program is not applicable to residual market policyholders covered under the Workers Compensation Insurance Plan.

7. All scheduled debits and credits shall be based on evidence that is contained in the file of the carrier at the time the schedule debit or credit is applied.

8. The effective date of any scheduled debit or credit shall not be any date prior to the receipt in the insurer's office of the evidence supporting the debit or credit.

9. The derivation of the scheduled factor must be made available to the insured upon request. To the degree that the insured can correct the reason for any scheduled debit to the satisfaction of the insurer, the debit may be removed effective the date the documentation for the correction is received in the insurer's office.

<u>Risk Characteristic</u>	Range of Modifications	
	<u>Credit</u>	<u>Debit</u>
1. Features of Workplace Maintenance or Operation	-10%	+10%
2. Risk Elements Not Addressed in Classification Plan	-10%	+10%
3. Availability of Medical Facilities in or Near Workplace	-5%	+5%
4. Safety Equipment/Devices Present in/Missing From Workplace	-5%	+5%
5. Extraordinary Safety Programs Applicable to Workplace	-5%	+5%
6. Qualifications of Employees	-10%	+10%
7. Accommodations/Cooperation with Carrier by Management	-5%	+5%
8. Considerations Related to Policy Expenses	-5%	+5%
9. Other Risk Characteristics Not Addressed Above (Specify)	-10%	+10%

* Any risk is eligible for schedule rating.

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**WORKERS COMPENSATION PROGRAM
RULE AND PREMIUM DEVELOPMENT**

TERRORISM RATING SUPPLEMENT “A”

The following is added to the Terrorism Risk Insurance Act rule:

Retrospective Rating, Loss Reimbursement and Large Deductible Plans:

For risks subject to Retrospective Rating, Loss Reimbursement and Large Deductible Plans, the Terrorism Risk Insurance Act premium will be determined by a mutual agreement between the carrier and the insured.

SERFF Tracking Number: XLAM-125299649 State: Arkansas
 First Filing Company: Greenwich Insurance Company, ... State Tracking Number: AR-PC-07-026192
 Company Tracking Number: 07MD-WC-WC30-AR
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
 Product Name: Workers Compensation
 Project Name/Number: Multi-Company tier rating filing/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/15/2007

Comments:

Attachments:

NAIC Transmittal.pdf
 WC STD TRANS - AR.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 10/15/2007

Comments:

Attachments:

F909AR-GIC.pdf
 F909AR-XLIA.pdf
 F909AR-XLS.pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 10/15/2007

Comments:

Attachment:

F319AR.pdf

Satisfied -Name: exhibits **Review Status:** Approved 10/15/2007

Comments:

Attachments:

AR GIC 2008cg9.18.07rv.pdf
 AR XLIAI 2008cg9.18.07rv.pdf
 AR XLS 2008cg9.18.07rv.pdf
 rate effect-AR.pdf
 rating values.pdf
 TM Calc.pdf

SERFF Tracking Number: XLAM-125299649 State: Arkansas
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: AR-PC-07-026192
Company Tracking Number: 07MD-WC-WC30-AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Multi-Company tier rating filing/

Satisfied -Name: explanatory memos **Review Status:** Approved 10/15/2007
Comments:
Attachments:
AR Explanatory Memorandum - rates.pdf
AR Explanatory Memorandum - rules.pdf

Satisfied -Name: XLIA authority **Review Status:** Approved 10/15/2007
Comments:
Attachment:
XLIA authority.pdf

Satisfied -Name: XLIA Authority **Review Status:** Approved 10/15/2007
Comments:
Attachment:
XLIA authority.pdf

16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	9/24/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	07MD-WC-WC30-AR
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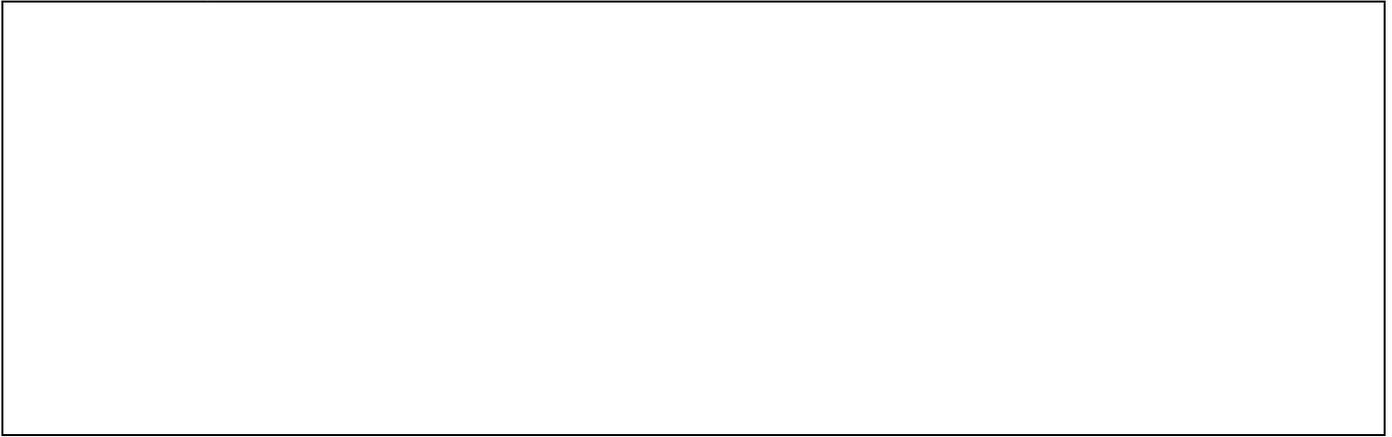
21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
--

please see explanatory memo.

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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	07MD-WC-WC30-AR
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	07MD-WC-WC-AR-F
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior approval
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
XLIAI	0%	0%	\$0	0	\$0	0%	0%
XLS	4.8%	4.8%	\$15,447	37	\$320,117	4.8%	4.8%
Greenwich	0%	0%	\$0	0	\$0	0%	0%

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	4.8%	
5b.	Overall percentage rate impact for this filing	4.8%	
5c.	Effect of Rate Filing – Written premium change for this program	\$15,447	
5d.	Effect of Rate Filing – Number of policyholders affected	37	

6.	Overall percentage of last rate revision	-.054
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7.	Effective Date of last rate revision	7/1/07
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior approval
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	WC-CW-FV 1/08	<input type="checkbox"/> New for all 3 companies <input checked="" type="checkbox"/> Replacement for GIC, XLS; New for XLIA <input type="checkbox"/> Withdrawn	WC-00-002 WC-R-AR-0299
02	WC-CW-CTR 1/08	<input checked="" type="checkbox"/> New for all 3 companies <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	WC-CW-LDP-A 1/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement for XLS, New for GIC, XLIA <input type="checkbox"/> Withdrawn	03SD-LP-WC01-CW-AR
04	WC-CW-IRPM25 1/08	<input type="checkbox"/> New	UNKNOWN FOR GIC

Effective March 1, 2007

		<input checked="" type="checkbox"/> Replacement for GIC, XLS; New for XLIA <input type="checkbox"/> Withdrawn	WC-IRPM-AR-0597
05	WC-CW-TERR-A 1/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement for GIC, XLS; New for XLIA <input type="checkbox"/> Withdrawn	04MD-WC-WC13-MU-AR
06	WC-CW-WR 1/08	<input type="checkbox"/> New for all 3 companies <input checked="" type="checkbox"/> Replacement for GIC, XLS; New for XLIA <input type="checkbox"/> Withdrawn	WC-00-008 WC-R-AR-0101

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	07MD-WC-WC30-AR
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	07MD-WC-WC30-AR-F

- Loss Cost Reference Filing** R-1396; 02-AR-2007; A **Independent Rate Filing**
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? yes
If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

- A.** The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

Without Modification (factor = 1.000)

- With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) We are proposing a mod of 1.2 to support our company tiering.

- B.** Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.200

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

- 4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.**
(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	17.1	%
B.	General Expense	4.2	%
C.	Taxes, Licenses & Fee	5.8	%
D.	Underwriting profit & contingencies*	1.7	%
E.	Other (explain)		%
F.	Total	28.8	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	71.2
B.	ELR in Decimal Form =	0.712

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.005
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.915
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.904
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.904

Yes No

10. Are you amending your minimum premium formula?

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	07MD-WC-WC30-AR
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	07MD-WC-WC30-AR-F

- Loss Cost Reference Filing** R-1396; 02-AR-2007; A **Independent Rate Filing**
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (t

1. Check one of the following:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination

Note: Some states have statutes that prohibit this option for some lines of business.

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? yes
If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- Without Modification (factor = 1.000)
 With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) We are proposing a mod of 0.8 to support our company tiering.

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) .8

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.
(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	17.1	%
B.	General Expense	4.2	%
C.	Taxes, Licenses & Fee	5.8	%
D.	Underwriting profit & contingencies*	1.7	%
E.	Other (explain)		%
F.	Total	28.8	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	71.2
B.	ELR in Decimal Form =	0.712

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.005
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.915
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.270
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.270

Yes No

10. Are you amending your minimum premium formula?

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	07MD-WC-WC30-AR
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	07MD-WC-WC30-AR-F

- Loss Cost Reference Filing** R-1396; 02-AR-2007; A **Independent Rate Filing**
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? yes
If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- Without Modification (factor = 1.000)
With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.000

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.
(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	17.1	%
B.	General Expense	4.2	%
C.	Taxes, Licenses & Fee	5.8	%
D.	Underwriting profit & contingencies*	1.7	%
E.	Other (explain)		%
F.	Total	28.8	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	71.2
B.	ELR in Decimal Form =	0.712

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.005
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.915
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.587
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.587

Yes No

10. Are you amending your minimum premium formula?

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

If yes, attach schedules and support, detailing premium or rate level changes.

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	07MD-WC-WC30-AR
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI R-1396; 02-AR-2007; AR-2007-10
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	Company Name	Company NAIC Number
3.	A. XL Insurance America, Inc.	B. 24554

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. Workers Compensation	B. 16

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Comp	0	0	0.712	0.8	1.27	250	initial filing
TOTAL OVERALL EFFECT	0	0					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	0	0	7/1/2002	0	0	0.00	0
2003	0	0	7/1/2003	0	0	0.00	0
2004	0	0	7/1/2004	0	0	0.00	0
2005	0	0	7/1/2005	0	0	0.00	0
2006	0	0	7/1/2006	0	0	0.00	0

7.

Expense Constants	Selected Provisions
A. Total Production Expense	17.1
B. General Expense	4.2
C. Taxes, License & Fees	5.8
D. Underwriting Profit & Contingencies	1.7
E. Other (explain)	
F. TOTAL	28.8

8. X Apply Lost Cost Factors to Future filings? (Y or N)

9. 0 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 0 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

PC RLC

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	07MD-WC-WC30-AR
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI R-1396; 02-AR-2007; AR-2007-10
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	Company Name	Company NAIC Number
3.	A. Greenwich Insurance Company	B. 22322

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. Workers Compensation	B. 16

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Comp	0	0	0.712	1.2	1.904	250	1.35
TOTAL OVERALL EFFECT	0	0					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	10	-4.5	7/1/2002	17036	37611	2.21	0.76
2003	1	1.8	7/1/2003	12265	-5503	-0.45	0.38
2004	0	0	7/1/2004	974	-9628	-9.89	0.71
2005	8	0.5	7/1/2005	105292	-29851	-0.28	0.6
2006	0	-0.5	7/1/2006	119174	5161	0.04	0.62

7.

Expense Constants	Selected Provisions
A. Total Production Expense	17.1
B. General Expense	4.2
C. Taxes, License & Fees	5.8
D. Underwriting Profit & Contingencies	1.7
E. Other (explain)	
F. TOTAL	28.8

8. X Apply Lost Cost Factors to Future filings? (Y or N)

9. 0 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 0 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

PC RLC

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	07MD-WC-WC30-AR
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI R-1396; 02-AR-2007; AR-2007-10
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	Company Name	Company NAIC Number
3.	A. XL Specialty Insurance Co.	B. 37885

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. Workers Compensation	B. 16

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Comp	4.80%	4.80%	0.712	1	1.587	250	1.56
TOTAL OVERALL EFFECT	4.80%	4.80%					

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	48	-4.50%	7/1/2002	480110	425876	0.89	0.77
2003	10	1.80%	7/1/2003	398098	376784	0.95	0.72
2004	15	0.50%	7/1/2004	69955	-89361	-1.28	1.27
2005	29	25.10%	7/1/2005	149478	39290	0.26	0.87
2006	31	0.50%	7/1/2006	298018	231297	0.78	0.56

7.

Expense Constants	Selected Provisions
A. Total Production Expense	17.1
B. General Expense	4.2
C. Taxes, License & Fees	5.8
D. Underwriting Profit & Contingencies	1.7
E. Other (explain)	
F. TOTAL	28.8

8. x Apply Lost Cost Factors to Future filings? (Y or N)

9. 4.8 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 4.8 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

PC RLC

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

Greenwich Insurance Company

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CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005	6.49	750	2001	3.26	750	2651	3.03	750	3169	3.58	750
0008	3.98	750	2002	4.51	750	2660	2.13	750	3175D	3.94	750
0016	8.36	750	2003	3.79	750	2670	3.18	750	3179	3.22	750
0034	5.69	750	2014	7.14	750	2683	2.74	750	3180	2.88	750
0035	3.31	750	2016	3.28	750	2688	3.92	750	3188	1.92	750
0036	5.50	750	2021	4.53	750	2701	10.68	750	3220	2.72	750
0037	5.96	750	2039	6.23	750	2702X	36.68	750	3223	4.40	750
0042	9.66	750	2041	5.35	750	2710	11.29	750	3224	3.60	750
0050	7.35	750	2065	1.66	750	2714	6.80	750	3227	2.40	750
0059D	0.40	750	2070	6.82	750	2719X	14.82	750	3240	4.51	750
0065D	0.08	750	2081	5.88	750	2731	4.97	750	3241	4.00	750
0066D	0.08	750	2089	3.68	750	2735	4.04	750	3255	3.54	750
0067D	0.08	750	2095	4.36	750	2759	10.07	750	3257	3.64	750
0079	4.28	750	2105	3.37	750	2790	1.90	750	3270	5.96	750
0083	11.25	750	2110	3.03	750	2802	8.78	750	3300	4.99	750
0106	19.08	750	2111	2.74	750	2812	5.88	750	3303	4.91	750
0113	6.38	750	2112	3.48	750	2835	2.25	750	3307	4.82	750
0170	3.54	750	2114	4.19	750	2836	3.20	750	3315	3.60	750
0251	7.18	750	2121	2.67	750	2841	5.58	750	3334	3.43	750
0400	11.45	750	2130	3.92	750	2881	3.09	750	3336	3.33	750
0401	16.70	750	2131	2.40	750	2883	5.85	750	3365	13.16	750
0771N	0.42	750	2143	2.97	750	2913	4.21	750	3372	3.69	750
0908P	169.00	419	2150	—	—	2915	5.22	750	3373	4.61	750
0909P	—	—	2156	—	—	2916	3.33	750	3383	1.31	750
0912P	—	—	2157	5.14	750	2923	2.76	750	3385	1.20	750
0913P	453.00	703	2172	2.91	750	2942	3.28	750	3400	3.50	750
0917	5.01	750	2174	3.79	750	2960	4.09	750	3507	3.96	750
1005*	13.31	750	2211	7.12	750	3004	3.48	750	3515	3.20	750
1016*	49.25	750	2220	2.70	750	3018	4.19	750	3548	1.69	750
1164E	9.75	750	2286	2.00	750	3022	4.49	750	3559	2.93	750
1165E	9.29	750	2288	6.25	750	3027	4.08	750	3574	1.62	750
1320	3.92	750	2300	2.91	750	3028	4.28	750	3581	1.64	750
1322	15.81	750	2302	2.55	750	3030	5.66	750	3612	3.01	750
1430	7.12	750	2305	3.37	750	3040	5.62	750	3620	8.26	750
1438	3.66	750	2361	1.83	750	3041	4.86	750	3629	2.59	750
1452	2.51	750	2362	2.46	750	3042	4.40	750	3632	4.19	750
1463	15.65	750	2380	8.38	750	3064	6.28	750	3634	2.59	750
1472	4.76	750	2386	1.64	750	3066	—	—	3635	2.42	750
1624E	10.30	750	2388	2.59	750	3069	9.12	750	3638	2.15	750
1642	5.16	750	2402	3.12	750	3076	3.75	750	3642	1.26	750
1654	11.14	750	2413	2.49	750	3081D	3.45	750	3643	4.08	750
1655	6.21	750	2416	2.59	750	3082D	5.47	750	3647	4.38	750
1699	2.88	750	2417	2.40	750	3085D	4.04	750	3648	2.86	750
1701	4.78	750	2501	2.04	750	3110	4.11	750	3681	1.90	750
1710E	8.93	750	2503	1.83	750	3111	4.09	750	3685	2.49	750
1741E	2.38	750	2534	3.24	750	3113	2.93	750	3719	4.61	750
1745X	3.92	750	2570	6.57	750	3114	3.47	750	3724	9.08	750
1747	3.28	750	2576	—	—	3118	1.94	750	3726	4.86	750
1748	7.67	750	2578	—	—	3119	1.47	750	3803	2.51	750
1803D	7.35	750	2585	3.62	750	3122	1.56	750	3807	2.17	750
1852D	3.01	750	2586	1.37	750	3126	2.67	750	3808	3.71	750
1853	3.58	750	2587	2.93	750	3131	1.22	750	3821	5.71	750
1860	2.06	750	2589	2.17	750	3132	2.78	750	3822	3.73	750
1924	4.36	750	2600	6.57	750	3145	2.59	750	3824	6.55	750
1925	3.60	750	2623	3.41	750	3146	3.48	750	3826	1.41	750

* Refer to the Footnotes Page for additional information on this class code

REFER TO UPDATE PAGE FOR ALL SUBSEQUENT REVISIONS TO ALL CLASS CODES

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

Greenwich Insurance Company

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CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
3827	1.62	750	4511	0.93	750	5462	8.46	750	6836	12.57	750
3830	1.56	750	4557	2.48	750	5472	6.99	750	6843F	22.05	750
3851	3.88	750	4558	2.55	750	5473	7.12	750	6845F	25.96	750
3865	1.75	750	4561	2.59	750	5474	9.90	750	6854	7.24	750
3881	5.16	750	4568	3.64	750	5478	6.07	750	6872F	29.97	750
4000	10.05	750	4581	2.29	750	5479	14.19	750	6874F	53.25	750
4021	6.09	750	4583	6.23	750	5480	13.86	750	6882	8.28	750
4024E	2.30	750	4611	1.28	750	5491	2.97	750	6884	18.19	750
4034	9.35	750	4635	5.22	750	5506	6.07	750	7016M	7.52	750
4036	3.58	750	4653	1.83	750	5507	7.94	750	7024M	8.36	750
4038	2.88	750	4665	9.27	750	5508D	10.09	750	7038M	8.93	750
4053	4.38	750	4670	5.96	750	5535	9.12	750	7046M	39.34	750
4061	5.87	750	4683	6.32	750	5536	—	—	7047M	13.25	750
4062	4.25	750	4686	1.56	750	5537	7.62	750	7050M	15.73	750
4101	2.69	750	4692	0.50	750	5538	—	—	7090M	9.92	750
4111	3.16	750	4693	1.18	750	5551	19.88	750	7098M	43.72	750
4112	1.29	750	4703	3.14	750	5606	2.69	750	7099M	69.30	750
4113	2.29	750	4717	3.29	750	5610	9.43	750	7133	4.78	750
4114	3.28	750	4720	5.39	750	5645	15.75	750	7151M	5.81	750
4130	7.62	750	4740	2.04	750	5651	12.76	750	7152M	10.23	750
4131	3.68	750	4741	2.44	750	5703	137.23	750	7153M	6.46	750
4133	3.50	750	4751	2.59	750	5705	6.91	750	7222	13.64	750
4150	1.77	750	4771N	2.42	750	5951	0.51	750	7228X	10.68	750
4206	5.41	750	4777	2.40	750	6003	14.19	750	7229X	10.63	750
4207	1.56	750	4825	1.03	750	6005	9.35	750	7230	5.20	750
4239	1.81	750	4828	1.94	750	6017	5.90	750	7231	11.48	750
4240	3.98	750	4829	2.11	750	6018	3.01	750	7232	19.54	750
4243	1.94	750	4902	2.32	750	6045	4.04	750	7309F	36.94	750
4244	3.20	750	4923	1.54	750	6204	13.18	750	7313F	8.51	750
4250	2.02	750	5020	7.83	750	6206	10.15	750	7317F	13.64	750
4251	2.25	750	5022	8.55	750	6213	15.71	750	7327F	29.73	750
4263	3.24	750	5037	23.86	750	6214	3.79	750	7333M	10.13	750
4273	2.21	750	5040	27.88	750	6216	7.16	750	7335M	11.25	750
4279	2.40	750	5057	21.96	750	6217	6.68	750	7337M	17.84	750
4282	2.95	750	5059	31.52	750	6229	5.60	750	7350F	32.28	750
4283	3.18	750	5069	30.30	750	6233	10.28	750	7360	8.06	750
4299	2.04	750	5102	5.83	750	6235	15.56	750	7370	6.97	750
4304	3.77	750	5146	6.89	750	6236	17.77	750	7380X	5.66	750
4307	3.66	750	5160	6.13	750	6237	4.88	750	7382	3.83	750
4308	—	—	5183	4.44	750	6251D	10.59	750	7390	4.84	750
4351	1.49	750	5188	7.39	750	6252D	9.60	750	7394M	20.32	750
4352	1.39	750	5190	4.32	750	6260D	7.27	750	7395M	22.57	750
4360	1.09	750	5191X	2.42	750	6306	7.52	750	7398M	35.76	750
4361	1.83	750	5192	5.45	750	6319	7.52	750	7403X	3.88	750
4362	1.47	750	5213	10.47	750	6325	6.99	750	7405N	2.06	750
4410	3.98	750	5215	5.48	750	6400	9.39	750	7409*	—	—
4420	4.72	750	5221	5.58	750	6504	3.28	750	7420X*	29.65	750
4431	2.00	750	5222	13.73	750	6702M*	10.00	750	7421	3.09	750
4432	2.15	750	5223	7.50	750	6703M*	17.60	750	7422	3.41	750
4439	2.53	750	5348	5.24	750	6704M*	11.10	750	7423X	3.88	750
4452	4.65	750	5402	6.87	750	6801F	19.20	750	7425	4.80	750
4459	2.86	750	5403	14.00	750	6811	7.67	750	7431N	2.67	750
4470	3.09	750	5437	6.42	750	6824F	33.17	750	7445N	1.10	750
4484	3.18	750	5443	5.10	750	6826F	16.05	750	7453N	1.43	750
4493	3.83	750	5445	6.49	750	6834	5.73	750	7502	4.04	750

* Refer to the Footnotes Page for additional information on this class code

REFER TO UPDATE PAGE FOR ALL SUBSEQUENT REVISIONS TO ALL CLASS CODES

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

Greenwich Insurance Company

January 1, 2008

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CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
7515	1.49	750	8235	5.60	750	9012	2.30	750			
7520	4.13	750	8263	12.57	750	9014	3.22	750			
7538	13.22	750	8264	5.58	750	9015X	3.81	750			
7539	8.40	750	8265	13.24	750	9016	6.82	750			
7540	5.58	750	8279	14.30	750	9019	4.59	750			
7580	2.82	750	8288	9.27	750	9033	2.49	750			
7590	6.00	750	8291	3.37	750	9040*	4.82	750			
7600	4.08	750	8292	4.09	750	9052	2.42	750			
7601	16.34	750	8293	11.31	750	9058	2.36	750			
7605	4.57	750	8295X	8.21	750	9059	4.06	750			
7610	0.65	750	8304	9.79	750	9060	2.48	750			
7611	8.09	750	8350	7.16	750	9061	1.89	750			
7612	22.53	750	8380	4.84	750	9063	1.50	750			
7613	6.47	750	8381	1.92	750	9077F	5.47	750			
7704	—	—	8385	3.69	750	9082	2.27	750			
7705	3.77	750	8392	4.76	750	9083	2.02	750			
7710	9.10	750	8393	2.25	750	9084	2.80	750			
7711	9.10	750	8500	6.95	750	9089	1.81	750			
7720X	3.77	750	8601	0.95	750	9093	2.02	750			
7855	8.23	750	8606	4.93	750	9101	4.21	750			
8001	3.35	750	8709F	11.24	750	9102	4.13	750			
8002	4.40	750	8719	2.46	750	9110	—	—			
8006	3.09	750	8720	1.64	750	9154	3.37	750			
8008	1.60	750	8721	0.55	750	9156	1.92	750			
8010	2.95	750	8726F	13.35	750	9170	3.22	750			
8013	0.69	750	8734M	0.95	750	9178	34.41	750			
8015	0.95	750	8737M	0.86	750	9179	60.06	750			
8017	1.64	750	8738M	1.50	750	9180	5.96	750			
8018X*	3.68	750	8742X	0.70	750	9182	3.68	750			
8021	2.36	750	8745	6.42	750	9186	74.86	750			
8031	4.28	750	8748	0.57	750	9220	5.20	750			
8032	2.21	750	8755	0.40	750	9402	7.24	750			
8033	2.69	750	8799	1.33	750	9403	8.89	750			
8039	2.00	750	8800	1.33	750	9410	2.70	750			
8044	4.40	750	8803	0.11	750	9501	6.65	750			
8045	0.63	750	8805M	0.46	750	9505	4.88	750			
8046	3.90	750	8810	0.34	750	9516	3.88	750			
8047	1.68	750	8814M	0.42	750	9519	3.39	750			
8050	—	—	8815M	0.74	750	9521	7.27	750			
8058	3.94	750	8820	0.30	750	9522	2.11	750			
8072	0.90	750	8824	3.90	750	9534	10.30	750			
8102	3.64	750	8825	3.24	750	9554	11.90	750			
8103	6.42	750	8826	3.10	750	9586	1.01	750			
8105	6.49	750	8829	3.69	750	9600	2.23	750			
8106	6.06	750	8831	4.09	750	9620	1.68	750			
8107	5.58	750	8832	0.38	750						
8111	4.34	750	8833X*	1.54	750						
8116	6.28	750	8835	2.97	750						
8203	8.49	750	8842	1.62	750						
8204	8.57	750	8861	—	—						
8209	4.21	750	8864	1.62	750						
8215	7.54	750	8868	0.55	750						
8227	5.98	750	8869	1.03	750						
8232	8.86	750	8871	0.34	750						
8233	6.68	750	8901	0.40	750						

* Refer to the Footnotes Page for additional information on this class code

REFER TO UPDATE PAGE FOR ALL SUBSEQUENT REVISIONS TO ALL CLASS CODES

FOOTNOTES

- a Rate for each individual risk must be obtained from NCCI Customer Service or the Rating Organization having jurisdiction.
- D Rate for classification already includes the specific disease loading shown in the table below. See Rule 3-A-7 of Manual Supplement - Treatment of Disease Coverage.
- E Rate for classification already includes the specific disease loading shown in the table below.

Table of Specific Disease Loadings

Asb = Asbestos			S = Silica		
Code Number	Specific Disease Loading	Disease Symbol	Code Number	NCCI incl. trend	Disease Symbol
0059D	0.40	S	3081D	0.06	S
0065D	0.08	S	3082D	0.08	S
0066D	0.08	S	3085D	0.08	S
0067D	0.08	S	3175D	0.04	S
1164E	0.11	S	4024E	0.02	S
1165E	0.06	S	5508D	0.04	S
1624E	0.06	S	6251D	0.08	S
1710E	0.08	S	6252D	0.06	S
1741E	0.32	S	6260D	0.04	S
1803D	0.32	S			
1852D	0.06	Asb			

- F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions.
- M Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL&HW assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.

Class Codes with Specific Footnotes

- 1005 Rate includes a non-ratable disease element of \$5.43. (For coverage written separately for federal benefits only, \$4.09. For coverage written separately for state benefits only, \$1.33.)
- 1016 Rate includes a non-ratable disease element of \$21.71. (For coverage written separately for federal benefits only, \$16.36. For coverage written separately for state benefits only, \$5.35.) It also includes a catastrophe loading of \$0.10. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the used of this classification code.
- 6702 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate and ELR each x 1.215.
- 6703 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate x 2.14 and ELR x 1.982.
- 6704 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate and ELR each x 1.35.
- 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005.
- 7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006.
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 A charge of \$0.19 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 A charge of \$0.19 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

REFER TO THE UPDATE PAGE FOR ALL SUBSEQUENT REVISIONS TO THE CLASS CODES.

ADVISORY MISCELLANEOUS VALUES

The **Expense Constant** per policy \$ 250.00

Rate Reduction Ratios - The following reduction percentages are applicable by hazard group for employers electing deductibles as designated below:

Indemnity Losses Only							
Hazard Groups							
Deductible	A	B	C	D	E	F	G
\$1,000	1.9%	1.5%	1.4%	1.3%	1.2%	1.0%	0.7%
\$1,500	2.6%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
\$2,000	3.2%	2.6%	2.5%	2.3%	2.0%	1.7%	1.3%
\$2,500	3.7%	3.2%	2.9%	2.7%	2.4%	2.1%	1.5%
\$3,000	4.3%	3.6%	3.4%	3.1%	2.8%	2.3%	1.8%
\$3,500	4.8%	4.0%	3.7%	3.5%	3.1%	2.6%	2.0%
\$4,000	5.2%	4.4%	4.1%	3.8%	3.4%	2.9%	2.3%
\$4,500	5.6%	4.8%	4.4%	4.1%	3.7%	3.1%	2.5%
\$5,000	6.0%	5.1%	4.7%	4.4%	3.9%	3.4%	2.6%

Medical Losses Only							
Hazard Groups							
Deductible	A	B	C	D	E	F	G
\$1,000	8.4%	6.8%	7.1%	4.9%	4.1%	2.8%	2.2%
\$1,500	10.0%	8.2%	8.1%	6.0%	5.0%	3.5%	2.7%
\$2,000	11.3%	9.3%	8.9%	6.8%	5.8%	4.1%	3.2%
\$2,500	12.4%	10.2%	9.6%	7.6%	6.5%	4.6%	3.5%
\$3,000	13.3%	11.0%	11.4%	8.2%	7.0%	5.1%	3.9%
\$3,500	14.1%	11.7%	5.9%	8.8%	7.5%	5.5%	4.3%
\$4,000	14.8%	12.4%	10.3%	9.4%	8.0%	5.9%	4.6%
\$4,500	15.5%	13.0%	10.8%	9.8%	8.5%	6.3%	4.8%
\$5,000	16.1%	13.6%	11.9%	10.3%	8.8%	6.6%	5.1%

Total Losses							
Hazard Groups							
Deductible	A	B	C	D	E	F	G
\$1,000	8.6%	7.0%	6.1%	5.1%	4.3%	3.0%	2.3%
\$1,500	10.5%	8.6%	7.5%	6.3%	5.4%	3.8%	2.9%
\$2,000	12.0%	9.9%	12.1%	7.4%	6.3%	4.5%	3.5%
\$2,500	13.3%	11.0%	8.6%	8.3%	7.0%	5.1%	3.9%
\$3,000	14.5%	12.0%	9.6%	9.0%	7.7%	5.7%	4.4%
\$3,500	15.5%	12.9%	10.5%	9.8%	8.4%	6.3%	4.8%
\$4,000	16.5%	13.7%	11.4%	10.5%	9.0%	6.8%	5.2%
\$4,500	17.4%	14.5%	12.8%	11.2%	9.6%	7.3%	5.6%
\$5,000	18.2%	15.3%	13.6%	11.8%	10.2%	7.7%	6.0%

Basis of Premium applicable in accordance with the footnote instructions for Code:

7370 - "Taxicab Co."
 Employee operated vehicles \$46,220.00
 Leased or rented vehicles \$30,813.00

7420 - "Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"
 maximum payroll per week per employee \$600.00

Maximum Payroll applicable in accordance with **Basic Manual** Rule 2-E-1 - Executive Officers" and the footnote instructions for Code 9178-"Athletic Sports or Park: Noncontact Sports," Code 9179- "Athletic Sports or Park: Contact Sports", and Code 9186 -"Carnival Traveling" \$2,400.00

Minimum Payroll applicable in accordance with **Basic Manual** Rule 2-E-1 - "Executive Officers" \$300.00

Per Passenger Seat Surcharge - In accordance with the footnote instructions for Classification Code 7421, the surcharge per passenger seat \$100.00
 maximum surcharge per aircraft \$1,000.00

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in accordance with **Basic Manual** Rule 2-E-3 \$30,800.00

Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents \$0.02

Terrorism Risk Insurance Act - Certified Losses \$0.04

Premium Discount Percentages - The following premium discounts are applicable to Standard Premiums.

First	\$10,000	-
Next	\$190,000	9.1%
Next	\$1,550,000	11.3%
Over	\$1,750,000	12.3%

United States Longshore and Harbor Workers Compensation Coverage Percentage applicable only in connection with **Basic Manual** Rule 3-A-4. 90.0%

(Multiply a Non-F classification advisory loss cost by a factor of 1.90. This factor adjusts for the difference in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and for the differences in loss-based expenses (1.139).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the ***Experience Rating Plan Manual*** should be referenced for the latest approved eligibility amounts by state.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

XL Insurance America, Inc.

January 1, 2008

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CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005	4.33	750	2001	2.17	750	2651	2.02	750	3169	2.39	750
0008	2.65	750	2002	3.01	750	2660	1.42	750	3175D	2.63	750
0016	5.57	750	2003	2.53	750	2670	2.12	750	3179	2.15	750
0034	3.80	750	2014	4.76	750	2683	1.83	750	3180	1.92	750
0035	2.21	750	2016	2.18	750	2688	2.62	750	3188	1.28	750
0036	3.67	750	2021	3.02	750	2701	7.12	750	3220	1.82	750
0037	3.97	750	2039	4.15	750	2702X	24.45	750	3223	2.93	750
0042	6.44	750	2041	3.57	750	2710	7.53	750	3224	2.40	750
0050	4.90	750	2065	1.10	750	2714	4.53	750	3227	1.60	750
0059D	0.27	750	2070	4.55	750	2719X	9.88	750	3240	3.01	750
0065D	0.05	750	2081	3.92	750	2731	3.31	750	3241	2.67	750
0066D	0.05	750	2089	2.45	750	2735	2.69	750	3255	2.36	750
0067D	0.05	750	2095	2.91	750	2759	6.72	750	3257	2.42	750
0079	2.86	750	2105	2.25	750	2790	1.27	750	3270	3.97	750
0083	7.50	750	2110	2.02	750	2802	5.85	750	3300	3.33	750
0106	12.72	750	2111	1.83	750	2812	3.92	750	3303	3.28	750
0113	4.25	750	2112	2.32	750	2835	1.50	750	3307	3.21	750
0170	2.36	750	2114	2.79	750	2836	2.13	750	3315	2.40	750
0251	4.79	750	2121	1.78	750	2841	3.72	750	3334	2.29	750
0400	7.63	750	2130	2.62	750	2881	2.06	750	3336	2.22	750
0401	11.13	750	2131	1.60	750	2883	3.90	750	3365	8.77	750
0771N	0.28	750	2143	1.98	750	2913	2.81	750	3372	2.46	750
0908P	113.00	363	2150	—	—	2915	3.48	750	3373	3.07	750
0909P	—	—	2156	—	—	2916	2.22	750	3383	0.88	750
0912P	—	—	2157	3.43	750	2923	1.84	750	3385	0.80	750
0913P	302.00	552	2172	1.94	750	2942	2.18	750	3400	2.34	750
0917	3.34	750	2174	2.53	750	2960	2.73	750	3507	2.64	750
1005*	8.87	750	2211	4.75	750	3004	2.32	750	3515	2.13	750
1016*	32.83	750	2220	1.80	750	3018	2.79	750	3548	1.13	750
1164E	6.50	750	2286	1.33	750	3022	3.00	750	3559	1.96	750
1165E	6.20	750	2288	4.16	750	3027	2.72	750	3574	1.08	750
1320	2.62	750	2300	1.94	750	3028	2.86	750	3581	1.09	750
1322	10.54	750	2302	1.70	750	3030	3.77	750	3612	2.01	750
1430	4.75	750	2305	2.25	750	3040	3.75	750	3620	5.51	750
1438	2.44	750	2361	1.22	750	3041	3.24	750	3629	1.73	750
1452	1.68	750	2362	1.64	750	3042	2.93	750	3632	2.79	750
1463	10.44	750	2380	5.59	750	3064	4.19	750	3634	1.73	750
1472	3.17	750	2386	1.09	750	3066	—	—	3635	1.61	750
1624E	6.87	750	2388	1.73	750	3069	6.08	750	3638	1.43	750
1642	3.44	750	2402	2.08	750	3076	2.50	750	3642	0.84	750
1654	7.43	750	2413	1.66	750	3081D	2.30	750	3643	2.72	750
1655	4.14	750	2416	1.73	750	3082D	3.64	750	3647	2.92	750
1699	1.92	750	2417	1.60	750	3085D	2.69	750	3648	1.90	750
1701	3.19	750	2501	1.36	750	3110	2.74	750	3681	1.27	750
1710E	5.95	750	2503	1.22	750	3111	2.73	750	3685	1.66	750
1741E	1.59	750	2534	2.16	750	3113	1.96	750	3719	3.07	750
1745X	2.62	750	2570	4.38	750	3114	2.31	750	3724	6.06	750
1747	2.18	750	2576	—	—	3118	1.29	750	3726	3.24	750
1748	5.12	750	2578	—	—	3119	0.98	750	3803	1.68	750
1803D	4.90	750	2585	2.41	750	3122	1.04	750	3807	1.45	750
1852D	2.01	750	2586	0.91	750	3126	1.78	750	3808	2.48	750
1853	2.39	750	2587	1.96	750	3131	0.81	750	3821	3.81	750
1860	1.37	750	2589	1.45	750	3132	1.85	750	3822	2.49	750
1924	2.91	750	2600	4.38	750	3145	1.73	750	3824	4.37	750
1925	2.40	750	2623	2.27	750	3146	2.32	750	3826	0.94	750

* Refer to the Footnotes Page for additional information on this class code

REFER TO UPDATE PAGE FOR ALL SUBSEQUENT REVISIONS TO ALL CLASS CODES

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

XL Insurance America, Inc.

January 1, 2008

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CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
3827	1.08	750	4511	0.62	750	5462	5.64	750	6836	8.38	750
3830	1.04	750	4557	1.65	750	5472	4.66	750	6843F	14.70	750
3851	2.59	750	4558	1.70	750	5473	4.75	750	6845F	17.30	750
3865	1.17	750	4561	1.73	750	5474	6.60	750	6854	4.82	750
3881	3.44	750	4568	2.42	750	5478	4.05	750	6872F	19.98	750
4000	6.70	750	4581	1.52	750	5479	9.46	750	6874F	35.50	750
4021	4.06	750	4583	4.15	750	5480	9.24	750	6882	5.52	750
4024E	1.54	750	4611	0.85	750	5491	1.98	750	6884	12.12	750
4034	6.23	750	4635	3.48	750	5506	4.05	750	7016M	5.01	750
4036	2.39	750	4653	1.22	750	5507	5.29	750	7024M	5.57	750
4038	1.92	750	4665	6.18	750	5508D	6.73	750	7038M	5.95	750
4053	2.92	750	4670	3.97	750	5535	6.08	750	7046M	26.23	750
4061	3.91	750	4683	4.21	750	5536	—	—	7047M	8.84	750
4062	2.83	750	4686	1.04	750	5537	5.08	750	7050M	10.49	750
4101	1.79	750	4692	0.33	750	5538	—	—	7090M	6.61	750
4111	2.11	750	4693	0.79	750	5551	13.25	750	7098M	29.15	750
4112	0.86	750	4703	2.09	750	5606	1.79	750	7099M	46.20	750
4113	1.52	750	4717	2.20	750	5610	6.28	750	7133	3.19	750
4114	2.18	750	4720	3.59	750	5645	10.50	750	7151M	3.87	750
4130	5.08	750	4740	1.36	750	5651	8.51	750	7152M	6.82	750
4131	2.45	750	4741	1.63	750	5703	91.49	750	7153M	4.30	750
4133	2.34	750	4751	1.73	750	5705	4.61	750	7222	9.09	750
4150	1.18	750	4771N	1.61	750	5951	0.34	750	7228X	7.12	750
4206	3.61	750	4777	1.60	750	6003	9.46	750	7229X	7.08	750
4207	1.04	750	4825	0.69	750	6005	6.23	750	7230	3.47	750
4239	1.21	750	4828	1.29	750	6017	3.94	750	7231	7.66	750
4240	2.65	750	4829	1.41	750	6018	2.01	750	7232	13.03	750
4243	1.29	750	4902	1.55	750	6045	2.69	750	7309F	24.63	750
4244	2.13	750	4923	1.03	750	6204	8.79	750	7313F	5.67	750
4250	1.35	750	5020	5.22	750	6206	6.77	750	7317F	9.09	750
4251	1.50	750	5022	5.70	750	6213	10.47	750	7327F	19.82	750
4263	2.16	750	5037	15.91	750	6214	2.53	750	7333M	6.75	750
4273	1.47	750	5040	18.59	750	6216	4.77	750	7335M	7.50	750
4279	1.60	750	5057	14.64	750	6217	4.46	750	7337M	11.90	750
4282	1.97	750	5059	21.01	750	6229	3.73	750	7350F	21.52	750
4283	2.12	750	5069	20.20	750	6233	6.86	750	7360	5.37	750
4299	1.36	750	5102	3.88	750	6235	10.37	750	7370	4.65	750
4304	2.51	750	5146	4.60	750	6236	11.85	750	7380X	3.77	750
4307	2.44	750	5160	4.09	750	6237	3.25	750	7382	2.55	750
4308	—	—	5183	2.96	750	6251D	7.06	750	7390	3.22	750
4351	0.99	750	5188	4.93	750	6252D	6.40	750	7394M	13.55	750
4352	0.93	750	5190	2.88	750	6260D	4.85	750	7395M	15.04	750
4360	0.72	750	5191X	1.61	750	6306	5.01	750	7398M	23.84	750
4361	1.22	750	5192	3.63	750	6319	5.01	750	7403X	2.59	750
4362	0.98	750	5213	6.98	750	6325	4.66	750	7405N	1.37	750
4410	2.65	750	5215	3.66	750	6400	6.26	750	7409*	—	—
4420	3.15	750	5221	3.72	750	6504	2.18	750	7420X*	19.77	750
4431	1.33	750	5222	9.15	750	6702M*	6.67	750	7421	2.06	750
4432	1.43	750	5223	5.00	750	6703M*	11.73	750	7422	2.27	750
4439	1.69	750	5348	3.49	750	6704M*	7.40	750	7423X	2.59	750
4452	3.10	750	5402	4.58	750	6801F	12.80	750	7425	3.20	750
4459	1.90	750	5403	9.33	750	6811	5.12	750	7431N	1.78	750
4470	2.06	750	5437	4.28	750	6824F	22.12	750	7445N	0.74	750
4484	2.12	750	5443	3.40	750	6826F	10.70	750	7453N	0.95	750
4493	2.55	750	5445	4.33	750	6834	3.82	750	7502	2.69	750

* Refer to the Footnotes Page for additional information on this class code

REFER TO UPDATE PAGE FOR ALL SUBSEQUENT REVISIONS TO ALL CLASS CODES

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

XL Insurance America, Inc.

January 1, 2008

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CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
7515	0.99	750	8235	3.73	750	9012	1.54	750			
7520	2.75	750	8263	8.38	750	9014	2.15	750			
7538	8.81	750	8264	3.72	750	9015X	2.54	750			
7539	5.60	750	8265	8.82	750	9016	4.55	750			
7540	3.72	750	8279	9.53	750	9019	3.06	750			
7580	1.88	750	8288	6.18	750	9033	1.66	750			
7590	4.00	750	8291	2.25	750	9040*	3.21	750			
7600	2.72	750	8292	2.73	750	9052	1.61	750			
7601	10.89	750	8293	7.54	750	9058	1.57	750			
7605	3.05	750	8295X	5.47	750	9059	2.70	750			
7610	0.43	750	8304	6.53	750	9060	1.65	750			
7611	5.40	750	8350	4.77	750	9061	1.26	750			
7612	15.02	750	8380	3.22	750	9063	1.00	750			
7613	4.32	750	8381	1.28	750	9077F	3.64	750			
7704	—	—	8385	2.46	750	9082	1.51	750			
7705	2.51	750	8392	3.17	750	9083	1.35	750			
7710	6.07	750	8393	1.50	750	9084	1.87	750			
7711	6.07	750	8500	4.63	750	9089	1.21	750			
7720X	2.51	750	8601	0.63	750	9093	1.35	750			
7855	5.48	750	8606	3.29	750	9101	2.81	750			
8001	2.23	750	8709F	7.49	750	9102	2.75	750			
8002	2.93	750	8719	1.64	750	9110	—	—			
8006	2.06	750	8720	1.09	750	9154	2.25	750			
8008	1.07	750	8721	0.37	750	9156	1.28	750			
8010	1.97	750	8726F	8.90	750	9170	2.15	750			
8013	0.46	750	8734M	0.63	750	9178	22.94	750			
8015	0.63	750	8737M	0.57	750	9179	40.04	750			
8017	1.09	750	8738M	1.00	750	9180	3.97	750			
8018X*	2.45	750	8742X	0.47	750	9182	2.45	750			
8021	1.57	750	8745	4.28	750	9186	49.91	750			
8031	2.86	750	8748	0.38	750	9220	3.47	750			
8032	1.47	750	8755	0.27	750	9402	4.82	750			
8033	1.79	750	8799	0.89	750	9403	5.93	750			
8039	1.33	750	8800	0.89	750	9410	1.80	750			
8044	2.93	750	8803	0.08	750	9501	4.43	750			
8045	0.42	750	8805M	0.30	750	9505	3.25	750			
8046	2.60	750	8810	0.23	750	9516	2.59	750			
8047	1.12	750	8814M	0.28	750	9519	2.26	750			
8050	—	—	8815M	0.50	750	9521	4.85	750			
8058	2.63	750	8820	0.20	750	9522	1.41	750			
8072	0.60	750	8824	2.60	750	9534	6.87	750			
8102	2.42	750	8825	2.16	750	9554	7.93	750			
8103	4.28	750	8826	2.07	750	9586	0.67	750			
8105	4.33	750	8829	2.46	750	9600	1.49	750			
8106	4.04	750	8831	2.73	750	9620	1.12	750			
8107	3.72	750	8832	0.25	750						
8111	2.89	750	8833X*	1.03	750						
8116	4.19	750	8835	1.98	750						
8203	5.66	750	8842	1.08	750						
8204	5.71	750	8861	—	—						
8209	2.81	750	8864	1.08	750						
8215	5.03	750	8868	0.37	750						
8227	3.99	750	8869	0.69	750						
8232	5.90	750	8871	0.23	750						
8233	4.46	750	8901	0.27	750						

* Refer to the Footnotes Page for additional information on this class code

REFER TO UPDATE PAGE FOR ALL SUBSEQUENT REVISIONS TO ALL CLASS CODES

FOOTNOTES

- a Rate for each individual risk must be obtained from NCCI Customer Service or the Rating Organization having jurisdiction.
- D Rate for classification already includes the specific disease loading shown in the table below. See Rule 3-A-7 of Manual Supplement - Treatment of Disease Coverage.
- E Rate for classification already includes the specific disease loading shown in the table below.

Table of Specific Disease Loadings

Asb = Asbestos			S = Silica		
Code Number	Specific Disease Loading	Disease Symbol	Code Number	NCCI incl. trend	Disease Symbol
0059D	0.27	S	3081D	0.04	S
0065D	0.05	S	3082D	0.05	S
0066D	0.05	S	3085D	0.05	S
0067D	0.05	S	3175D	0.03	S
1164E	0.08	S	4024E	0.01	S
1165E	0.04	S	5508D	0.03	S
1624E	0.04	S	6251D	0.05	S
1710E	0.05	S	6252D	0.04	S
1741E	0.22	S	6260D	0.03	S
1803D	0.22	S			
1852D	0.04	Asb			

- F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions.
- M Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL&HW assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

<u>Class Code</u>	<u>Non-Ratable Element Code</u>
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.

Class Codes with Specific Footnotes

- 1005 Rate includes a non-ratable disease element of \$3.62. (For coverage written separately for federal benefits only, \$2.73. For coverage written separately for state benefits only, \$0.89.)
- 1016 Rate includes a non-ratable disease element of \$14.47. (For coverage written separately for federal benefits only, \$10.91. For coverage written separately for state benefits only, \$3.57.) It also includes a catastrophe loading of \$0.10. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the used of this classification code.
- 6702 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate and ELR each x 1.215.
- 6703 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate x 2.14 and ELR x 1.982.
- 6704 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate and ELR each x 1.35.
- 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005.
- 7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006.
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 A charge of \$0.13 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 A charge of \$0.13 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

REFER TO THE UPDATE PAGE FOR ALL SUBSEQUENT REVISIONS TO THE CLASS CODES.

ADVISORY MISCELLANEOUS VALUES

The **Expense Constant** per policy \$ 250.00

Rate Reduction Ratios - The following reduction percentages are applicable by hazard group for employers electing deductibles as designated below:

Indemnity Losses Only							
Hazard Groups							
Deductible	A	B	C	D	E	F	G
\$1,000	1.9%	1.5%	1.4%	1.3%	1.2%	1.0%	0.7%
\$1,500	2.6%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
\$2,000	3.2%	2.6%	2.5%	2.3%	2.0%	1.7%	1.3%
\$2,500	3.7%	3.2%	2.9%	2.7%	2.4%	2.1%	1.5%
\$3,000	4.3%	3.6%	3.4%	3.1%	2.8%	2.3%	1.8%
\$3,500	4.8%	4.0%	3.7%	3.5%	3.1%	2.6%	2.0%
\$4,000	5.2%	4.4%	4.1%	3.8%	3.4%	2.9%	2.3%
\$4,500	5.6%	4.8%	4.4%	4.1%	3.7%	3.1%	2.5%
\$5,000	6.0%	5.1%	4.7%	4.4%	3.9%	3.4%	2.6%

Medical Losses Only							
Hazard Groups							
Deductible	A	B	C	D	E	F	G
\$1,000	8.4%	6.8%	7.1%	4.9%	4.1%	2.8%	2.2%
\$1,500	10.0%	8.2%	8.1%	6.0%	5.0%	3.5%	2.7%
\$2,000	11.3%	9.3%	8.9%	6.8%	5.8%	4.1%	3.2%
\$2,500	12.4%	10.2%	9.6%	7.6%	6.5%	4.6%	3.5%
\$3,000	13.3%	11.0%	11.4%	8.2%	7.0%	5.1%	3.9%
\$3,500	14.1%	11.7%	5.9%	8.8%	7.5%	5.5%	4.3%
\$4,000	14.8%	12.4%	10.3%	9.4%	8.0%	5.9%	4.6%
\$4,500	15.5%	13.0%	10.8%	9.8%	8.5%	6.3%	4.8%
\$5,000	16.1%	13.6%	11.9%	10.3%	8.8%	6.6%	5.1%

Total Losses							
Hazard Groups							
Deductible	A	B	C	D	E	F	G
\$1,000	8.6%	7.0%	6.1%	5.1%	4.3%	3.0%	2.3%
\$1,500	10.5%	8.6%	7.5%	6.3%	5.4%	3.8%	2.9%
\$2,000	12.0%	9.9%	12.1%	7.4%	6.3%	4.5%	3.5%
\$2,500	13.3%	11.0%	8.6%	8.3%	7.0%	5.1%	3.9%
\$3,000	14.5%	12.0%	9.6%	9.0%	7.7%	5.7%	4.4%
\$3,500	15.5%	12.9%	10.5%	9.8%	8.4%	6.3%	4.8%
\$4,000	16.5%	13.7%	11.4%	10.5%	9.0%	6.8%	5.2%
\$4,500	17.4%	14.5%	12.8%	11.2%	9.6%	7.3%	5.6%
\$5,000	18.2%	15.3%	13.6%	11.8%	10.2%	7.7%	6.0%

Basis of Premium applicable in accordance with the footnote instructions for Code:

7370 - "Taxicab Co."
 Employee operated vehicles \$46,220.00
 Leased or rented vehicles \$30,813.00

7420 - "Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"
 maximum payroll per week per employee \$600.00

Maximum Payroll applicable in accordance with **Basic Manual** Rule 2-E-1 - Executive Officers" and the footnote instructions for Code 9178-"Athletic Sports or Park: Noncontact Sports," Code 9179- "Athletic Sports or Park: Contact Sports", and Code 9186 -"Carnival Traveling" \$2,400.00

Minimum Payroll applicable in accordance with **Basic Manual** Rule 2-E-1 - "Executive Officers" \$300.00

Per Passenger Seat Surcharge - In accordance with the footnote instructions for Classification Code 7421, the surcharge per passenger seat \$100.00
 maximum surcharge per aircraft \$1,000.00

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in accordance with **Basic Manual** Rule 2-E-3 \$30,800.00

Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents \$0.01

Terrorism Risk Insurance Act - Certified Losses \$0.03

Premium Discount Percentages - The following premium discounts are applicable to Standard Premiums.

First	\$10,000	-
Next	\$190,000	9.1%
Next	\$1,550,000	11.3%
Over	\$1,750,000	12.3%

United States Longshore and Harbor Workers Compensation Coverage Percentage applicable only in connection with **Basic Manual** Rule 3-A-4 90.0%

(Multiply a Non-F classification advisory loss cost by a factor of 1.90. This factor adjusts for the difference in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and for the differences in loss-based expenses (1.139).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the ***Experience Rating Plan Manual*** should be referenced for the latest approved eligibility amounts by state.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

XL Specialty Insurance Company

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CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005	5.41	750	2001	2.71	750	2651	2.52	750	3169	2.98	750
0008	3.32	750	2002	3.76	750	2660	1.78	750	3175D	3.29	750
0016	6.97	750	2003	3.16	750	2670	2.65	750	3179	2.68	750
0034	4.75	750	2014	5.95	750	2683	2.29	750	3180	2.40	750
0035	2.76	750	2016	2.73	750	2688	3.27	750	3188	1.60	750
0036	4.59	750	2021	3.78	750	2701	8.90	750	3220	2.27	750
0037	4.97	750	2039	5.19	750	2702X	30.56	750	3223	3.67	750
0042	8.05	750	2041	4.46	750	2710	9.41	750	3224	3.00	750
0050	6.13	750	2065	1.38	750	2714	5.67	750	3227	2.00	750
0059D	0.33	750	2070	5.68	750	2719X	12.35	750	3240	3.76	750
0065D	0.06	750	2081	4.90	750	2731	4.14	750	3241	3.33	750
0066D	0.06	750	2089	3.06	750	2735	3.36	750	3255	2.95	750
0067D	0.06	750	2095	3.63	750	2759	8.40	750	3257	3.03	750
0079	3.57	750	2105	2.81	750	2790	1.59	750	3270	4.97	750
0083	9.38	750	2110	2.52	750	2802	7.32	750	3300	4.16	750
0106	15.90	750	2111	2.29	750	2812	4.90	750	3303	4.09	750
0113	5.32	750	2112	2.90	750	2835	1.87	750	3307	4.02	750
0170	2.95	750	2114	3.49	750	2836	2.67	750	3315	3.00	750
0251	5.98	750	2121	2.22	750	2841	4.65	750	3334	2.86	750
0400	9.54	750	2130	3.27	750	2881	2.57	750	3336	2.78	750
0401	13.92	750	2131	2.00	750	2883	4.87	750	3365	10.97	750
0771N	0.35	750	2143	2.48	750	2913	3.51	750	3372	3.08	750
0908P	141.00	391	2150	—	—	2915	4.35	750	3373	3.84	750
0909P	—	—	2156	—	—	2916	2.78	750	3383	1.10	750
0912P	—	—	2157	4.28	750	2923	2.30	750	3385	1.00	750
0913P	378.00	628	2172	2.43	750	2942	2.73	750	3400	2.92	750
0917	4.17	750	2174	3.16	750	2960	3.41	750	3507	3.30	750
1005*	11.09	750	2211	5.94	750	3004	2.90	750	3515	2.67	750
1016*	41.04	750	2220	2.25	750	3018	3.49	750	3548	1.41	750
1164E	8.13	750	2286	1.67	750	3022	3.75	750	3559	2.44	750
1165E	7.74	750	2288	5.21	750	3027	3.40	750	3574	1.35	750
1320	3.27	750	2300	2.43	750	3028	3.57	750	3581	1.36	750
1322	13.17	750	2302	2.13	750	3030	4.71	750	3612	2.51	750
1430	5.94	750	2305	2.81	750	3040	4.68	750	3620	6.89	750
1438	3.05	750	2361	1.52	750	3041	4.05	750	3629	2.16	750
1452	2.09	750	2362	2.05	750	3042	3.67	750	3632	3.49	750
1463	13.04	750	2380	6.98	750	3064	5.24	750	3634	2.16	750
1472	3.97	750	2386	1.36	750	3066	—	—	3635	2.02	750
1624E	8.59	750	2388	2.16	750	3069	7.60	750	3638	1.79	750
1642	4.30	750	2402	2.60	750	3076	3.13	750	3642	1.05	750
1654	9.28	750	2413	2.08	750	3081D	2.87	750	3643	3.40	750
1655	5.17	750	2416	2.16	750	3082D	4.55	750	3647	3.65	750
1699	2.40	750	2417	2.00	750	3085D	3.36	750	3648	2.38	750
1701	3.98	750	2501	1.70	750	3110	3.43	750	3681	1.59	750
1710E	7.44	750	2503	1.52	750	3111	3.41	750	3685	2.08	750
1741E	1.98	750	2534	2.70	750	3113	2.44	750	3719	3.84	750
1745X	3.27	750	2570	5.48	750	3114	2.89	750	3724	7.57	750
1747	2.73	750	2576	—	—	3118	1.62	750	3726	4.05	750
1748	6.40	750	2578	—	—	3119	1.22	750	3803	2.09	750
1803D	6.13	750	2585	3.02	750	3122	1.30	750	3807	1.81	750
1852D	2.51	750	2586	1.14	750	3126	2.22	750	3808	3.09	750
1853	2.98	750	2587	2.44	750	3131	1.02	750	3821	4.76	750
1860	1.71	750	2589	1.81	750	3132	2.32	750	3822	3.11	750
1924	3.63	750	2600	5.48	750	3145	2.16	750	3824	5.46	750
1925	3.00	750	2623	2.84	750	3146	2.90	750	3826	1.17	750

* Refer to the Footnotes Page for additional information on this class code

REFER TO UPDATE PAGE FOR ALL SUBSEQUENT REVISIONS TO ALL CLASS CODES

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

XL Specialty Insurance Company

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CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
3827	1.35	750	4511	0.78	750	5462	7.05	750	6836	10.47	750
3830	1.30	750	4557	2.06	750	5472	5.82	750	6843F	18.38	750
3851	3.24	750	4558	2.13	750	5473	5.94	750	6845F	21.63	750
3865	1.46	750	4561	2.16	750	5474	8.25	750	6854	6.03	750
3881	4.30	750	4568	3.03	750	5478	5.06	750	6872F	24.98	750
4000	8.38	750	4581	1.90	750	5479	11.82	750	6874F	44.37	750
4021	5.08	750	4583	5.19	750	5480	11.55	750	6882	6.90	750
4024E	1.92	750	4611	1.06	750	5491	2.48	750	6884	15.16	750
4034	7.79	750	4635	4.35	750	5506	5.06	750	7016M	6.27	750
4036	2.98	750	4653	1.52	750	5507	6.62	750	7024M	6.97	750
4038	2.40	750	4665	7.73	750	5508D	8.41	750	7038M	7.44	750
4053	3.65	750	4670	4.97	750	5535	7.60	750	7046M	32.79	750
4061	4.89	750	4683	5.27	750	5536	—	—	7047M	11.05	750
4062	3.54	750	4686	1.30	750	5537	6.35	750	7050M	13.11	750
4101	2.24	750	4692	0.41	750	5538	—	—	7090M	8.27	750
4111	2.63	750	4693	0.98	750	5551	16.57	750	7098M	36.44	750
4112	1.08	750	4703	2.62	750	5606	2.24	750	7099M	57.75	750
4113	1.90	750	4717	2.75	750	5610	7.86	750	7133	3.98	750
4114	2.73	750	4720	4.49	750	5645	13.12	750	7151M	4.84	750
4130	6.35	750	4740	1.70	750	5651	10.63	750	7152M	8.52	750
4131	3.06	750	4741	2.03	750	5703	114.36	750	7153M	5.38	750
4133	2.92	750	4751	2.16	750	5705	5.76	750	7222	11.36	750
4150	1.48	750	4771N	2.02	750	5951	0.43	750	7228X	8.90	750
4206	4.51	750	4777	2.00	750	6003	11.82	750	7229X	8.86	750
4207	1.30	750	4825	0.86	750	6005	7.79	750	7230	4.33	750
4239	1.51	750	4828	1.62	750	6017	4.92	750	7231	9.57	750
4240	3.32	750	4829	1.76	750	6018	2.51	750	7232	16.28	750
4243	1.62	750	4902	1.94	750	6045	3.36	750	7309F	30.79	750
4244	2.67	750	4923	1.29	750	6204	10.98	750	7313F	7.09	750
4250	1.68	750	5020	6.52	750	6206	8.46	750	7317F	11.36	750
4251	1.87	750	5022	7.13	750	6213	13.09	750	7327F	24.77	750
4263	2.70	750	5037	19.88	750	6214	3.16	750	7333M	8.44	750
4273	1.84	750	5040	23.23	750	6216	5.97	750	7335M	9.38	750
4279	2.00	750	5057	18.30	750	6217	5.57	750	7337M	14.87	750
4282	2.46	750	5059	26.26	750	6229	4.67	750	7350F	26.90	750
4283	2.65	750	5069	25.25	750	6233	8.57	750	7360	6.71	750
4299	1.70	750	5102	4.86	750	6235	12.97	750	7370	5.81	750
4304	3.14	750	5146	5.74	750	6236	14.81	750	7380X	4.71	750
4307	3.05	750	5160	5.11	750	6237	4.06	750	7382	3.19	750
4308	—	—	5183	3.70	750	6251D	8.82	750	7390	4.03	750
4351	1.24	750	5188	6.16	750	6252D	8.00	750	7394M	16.93	750
4352	1.16	750	5190	3.60	750	6260D	6.06	750	7395M	18.81	750
4360	0.90	750	5191X	2.02	750	6306	6.27	750	7398M	29.80	750
4361	1.52	750	5192	4.54	750	6319	6.27	750	7403X	3.24	750
4362	1.22	750	5213	8.73	750	6325	5.82	750	7405N	1.71	750
4410	3.32	750	5215	4.57	750	6400	7.82	750	7409*	—	—
4420	3.94	750	5221	4.65	750	6504	2.73	750	7420X*	24.71	750
4431	1.67	750	5222	11.44	750	6702M*	8.33	750	7421	2.57	750
4432	1.79	750	5223	6.25	750	6703M*	14.66	750	7422	2.84	750
4439	2.11	750	5348	4.36	750	6704M*	9.25	750	7423X	3.24	750
4452	3.87	750	5402	5.73	750	6801F	16.00	750	7425	4.00	750
4459	2.38	750	5403	11.66	750	6811	6.40	750	7431N	2.22	750
4470	2.57	750	5437	5.35	750	6824F	27.64	750	7445N	0.92	750
4484	2.65	750	5443	4.25	750	6826F	13.38	750	7453N	1.19	750
4493	3.19	750	5445	5.41	750	6834	4.78	750	7502	3.36	750

* Refer to the Footnotes Page for additional information on this class code

REFER TO UPDATE PAGE FOR ALL SUBSEQUENT REVISIONS TO ALL CLASS CODES

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

XL Specialty Insurance Company

January 1, 2008

ARKANSAS

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Original Printing

CLASS CODE	RATE	MIN PREM									
7515	1.24	750	8235	4.67	750	9012	1.92	750			
7520	3.44	750	8263	10.47	750	9014	2.68	750			
7538	11.01	750	8264	4.65	750	9015X	3.17	750			
7539	7.00	750	8265	11.03	750	9016	5.68	750			
7540	4.65	750	8279	11.92	750	9019	3.82	750			
7580	2.35	750	8288	7.73	750	9033	2.08	750			
7590	5.00	750	8291	2.81	750	9040*	4.02	750			
7600	3.40	750	8292	3.41	750	9052	2.02	750			
7601	13.62	750	8293	9.43	750	9058	1.97	750			
7605	3.81	750	8295X	6.84	750	9059	3.38	750			
7610	0.54	750	8304	8.16	750	9060	2.06	750			
7611	6.74	750	8350	5.97	750	9061	1.57	750			
7612	18.77	750	8380	4.03	750	9063	1.25	750			
7613	5.40	750	8381	1.60	750	9077F	4.55	750			
7704	—	—	8385	3.08	750	9082	1.89	750			
7705	3.14	750	8392	3.97	750	9083	1.68	750			
7710	7.59	750	8393	1.87	750	9084	2.33	750			
7711	7.59	750	8500	5.79	750	9089	1.51	750			
7720X	3.14	750	8601	0.79	750	9093	1.68	750			
7855	6.86	750	8606	4.11	750	9101	3.51	750			
8001	2.79	750	8709F	9.36	750	9102	3.44	750			
8002	3.67	750	8719	2.05	750	9110	—	—			
8006	2.57	750	8720	1.36	750	9154	2.81	750			
8008	1.33	750	8721	0.46	750	9156	1.60	750			
8010	2.46	750	8726F	11.12	750	9170	2.68	750			
8013	0.57	750	8734M	0.79	750	9178	28.68	750			
8015	0.79	750	8737M	0.71	750	9179	50.05	750			
8017	1.36	750	8738M	1.25	750	9180	4.97	750			
8018X*	3.06	750	8742X	0.59	750	9182	3.06	750			
8021	1.97	750	8745	5.35	750	9186	62.38	750			
8031	3.57	750	8748	0.48	750	9220	4.33	750			
8032	1.84	750	8755	0.33	750	9402	6.03	750			
8033	2.24	750	8799	1.11	750	9403	7.41	750			
8039	1.67	750	8800	1.11	750	9410	2.25	750			
8044	3.67	750	8803	0.10	750	9501	5.54	750			
8045	0.52	750	8805M	0.38	750	9505	4.06	750			
8046	3.25	750	8810	0.29	750	9516	3.24	750			
8047	1.40	750	8814M	0.35	750	9519	2.82	750			
8050	—	—	8815M	0.62	750	9521	6.06	750			
8058	3.29	750	8820	0.25	750	9522	1.76	750			
8072	0.75	750	8824	3.25	750	9534	8.59	750			
8102	3.03	750	8825	2.70	750	9554	9.92	750			
8103	5.35	750	8826	2.59	750	9586	0.84	750			
8105	5.41	750	8829	3.08	750	9600	1.86	750			
8106	5.05	750	8831	3.41	750	9620	1.40	750			
8107	4.65	750	8832	0.32	750						
8111	3.62	750	8833X*	1.29	750						
8116	5.24	750	8835	2.48	750						
8203	7.08	750	8842	1.35	750						
8204	7.14	750	8861	—	—						
8209	3.51	750	8864	1.35	750						
8215	6.28	750	8868	0.46	750						
8227	4.98	750	8869	0.86	750						
8232	7.38	750	8871	0.29	750						
8233	5.57	750	8901	0.33	750						

* Refer to the Footnotes Page for additional information on this class code

REFER TO UPDATE PAGE FOR ALL SUBSEQUENT REVISIONS TO ALL CLASS CODES

FOOTNOTES

- a Rate for each individual risk must be obtained from NCCI Customer Service or the Rating Organization having jurisdiction.
- D Rate for classification already includes the specific disease loading shown in the table below. See Rule 3-A-7 of Manual Supplement - Treatment of Disease Coverage.
- E Rate for classification already includes the specific disease loading shown in the table below.

Table of Specific Disease Loadings

Asb = Asbestos			S = Silica		
Code Number	Specific Disease Loading	Disease Symbol	Code Number	NCCI incl. trend	Disease Symbol
0059D	0.33	S	3081D	0.05	S
0065D	0.06	S	3082D	0.06	S
0066D	0.06	S	3085D	0.06	S
0067D	0.06	S	3175D	0.03	S
1164E	0.10	S	4024E	0.02	S
1165E	0.05	S	5508D	0.03	S
1624E	0.05	S	6251D	0.06	S
1710E	0.06	S	6252D	0.05	S
1741E	0.27	S	6260D	0.03	S
1803D	0.27	S			
1852D	0.05	Asb			

- F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions.
- M Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL&HW assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

<u>Class Code</u>	<u>Non-Ratable Element Code</u>
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.

Class Codes with Specific Footnotes

- 1005 Rate includes a non-ratable disease element of \$4.52. (For coverage written separately for federal benefits only, \$3.41. For coverage written separately for state benefits only, \$1.11.)
- 1016 Rate includes a non-ratable disease element of \$18.09. (For coverage written separately for federal benefits only, \$13.63. For coverage written separately for state benefits only, \$4.46.) It also includes a catastrophe loading of \$0.10. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the used of this classification code.
- 6702 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate and ELR each x 1.215.
- 6703 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate x 2.14 and ELR x 1.982.
- 6704 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate and ELR each x 1.35.
- 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005.
- 7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006.
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 A charge of \$0.16 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 A charge of \$0.16 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

REFER TO THE UPDATE PAGE FOR ALL SUBSEQUENT REVISIONS TO THE CLASS CODES.

ADVISORY MISCELLANEOUS VALUES

The **Expense Constant** per policy \$ 250.00

Rate Reduction Ratios - The following reduction percentages are applicable by hazard group for employers electing deductibles as designated below:

Indemnity Losses Only							
Hazard Groups							
Deductible	A	B	C	D	E	F	G
\$1,000	1.9%	1.5%	1.4%	1.3%	1.2%	1.0%	0.7%
\$1,500	2.6%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
\$2,000	3.2%	2.6%	2.5%	2.3%	2.0%	1.7%	1.3%
\$2,500	3.7%	3.2%	2.9%	2.7%	2.4%	2.1%	1.5%
\$3,000	4.3%	3.6%	3.4%	3.1%	2.8%	2.3%	1.8%
\$3,500	4.8%	4.0%	3.7%	3.5%	3.1%	2.6%	2.0%
\$4,000	5.2%	4.4%	4.1%	3.8%	3.4%	2.9%	2.3%
\$4,500	5.6%	4.8%	4.4%	4.1%	3.7%	3.1%	2.5%
\$5,000	6.0%	5.1%	4.7%	4.4%	3.9%	3.4%	2.6%

Medical Losses Only							
Hazard Groups							
Deductible	A	B	C	D	E	F	G
\$1,000	8.4%	6.8%	7.1%	4.9%	4.1%	2.8%	2.2%
\$1,500	10.0%	8.2%	8.1%	6.0%	5.0%	3.5%	2.7%
\$2,000	11.3%	9.3%	8.9%	6.8%	5.8%	4.1%	3.2%
\$2,500	12.4%	10.2%	9.6%	7.6%	6.5%	4.6%	3.5%
\$3,000	13.3%	11.0%	11.4%	8.2%	7.0%	5.1%	3.9%
\$3,500	14.1%	11.7%	5.9%	8.8%	7.5%	5.5%	4.3%
\$4,000	14.8%	12.4%	10.3%	9.4%	8.0%	5.9%	4.6%
\$4,500	15.5%	13.0%	10.8%	9.8%	8.5%	6.3%	4.8%
\$5,000	16.1%	13.6%	11.9%	10.3%	8.8%	6.6%	5.1%

Total Losses							
Hazard Groups							
Deductible	A	B	C	D	E	F	G
\$1,000	8.6%	7.0%	6.1%	5.1%	4.3%	3.0%	2.3%
\$1,500	10.5%	8.6%	7.5%	6.3%	5.4%	3.8%	2.9%
\$2,000	12.0%	9.9%	12.1%	7.4%	6.3%	4.5%	3.5%
\$2,500	13.3%	11.0%	8.6%	8.3%	7.0%	5.1%	3.9%
\$3,000	14.5%	12.0%	9.6%	9.0%	7.7%	5.7%	4.4%
\$3,500	15.5%	12.9%	10.5%	9.8%	8.4%	6.3%	4.8%
\$4,000	16.5%	13.7%	11.4%	10.5%	9.0%	6.8%	5.2%
\$4,500	17.4%	14.5%	12.8%	11.2%	9.6%	7.3%	5.6%
\$5,000	18.2%	15.3%	13.6%	11.8%	10.2%	7.7%	6.0%

Basis of Premium applicable in accordance with the footnote instructions for Code:

7370 - "Taxicab Co."
 Employee operated vehicles \$46,220.00
 Leased or rented vehicles \$30,813.00

7420 - "Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"
 maximum payroll per week per employee \$600.00

Maximum Payroll applicable in accordance with **Basic Manual** Rule 2-E-1 - Executive Officers" and the footnote instructions for Code 9178-"Athletic Sports or Park: Noncontact Sports," Code 9179- "Athletic Sports or Park: Contact Sports", and Code 9186 -"Carnival Traveling" \$2,400.00

Minimum Payroll applicable in accordance with **Basic Manual** Rule 2-E-1 - "Executive Officers" \$300.00

Per Passenger Seat Surcharge - In accordance with the footnote instructions for Classification Code 7421, the surcharge per passenger seat \$100.00
 maximum surcharge per aircraft \$1,000.00

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in accordance with **Basic Manual** Rule 2-E-3 \$30,800.00

Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents \$0.02

Terrorism Risk Insurance Act - Certified Losses \$0.03

Premium Discount Percentages - The following premium discounts are applicable to Standard Premiums.

First	\$10,000	-
Next	\$190,000	9.1%
Next	\$1,550,000	11.3%
Over	\$1,750,000	12.3%

United States Longshore and Harbor Workers Compensation Coverage Percentage applicable only in connection with **Basic Manual** Rule 3-A-4. 90.0%

(Multiply a Non-F classification advisory loss cost by a factor of 1.90. This factor adjusts for the difference in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and for the differences in loss-based expenses (1.139).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the ***Experience Rating Plan Manual*** should be referenced for the latest approved eligibility amounts by state.

**Arkansas Workers Compensation
Calculation of Rate Effect
XL Insurance Companies**

Company	Risk Count	Written Premium	Loss Cost Multiplier			Average Premium Discount			Expense Constant Premium *			Effect of Change in Minimum Pre	Total Rate Effect	Written Prem Change
			Current	Proposed	% Change	Current	Proposed	Prem Chg	Current	Proposed	% Change			
XLIA	0	0	-	1.270	-	-	8.35%	-	-	-	-	-	0.0%	0
XLS	37	320,117	1.560	1.587	1.7%	10.85%	8.35%	2.8%	8,510	9,250	0.2%	0.0%	4.8%	15,447
<u>Greenwich</u>	<u>0</u>	<u>0</u>	<u>1.350</u>	<u>1.904</u>	41.1%	<u>8.35%</u>	<u>8.35%</u>	<u>0.0%</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0</u>
Combined 1	37	320,117			1.7%			2.8%			0.2%	0.0%	4.8%	15,447

* Based on the Following Expense Constants

	Current	Proposed
XL Specialt	230	250
Greenwich	230	250

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
STATE RETROSPECTIVE RATING VALUES**

COMPANY: XL Specialty Insurance Company
Greenwich Insurance Company
XL Insurance America, Inc.

STATE: Arkansas
EFFECTIVE DATE: January 1, 2008

<u>Hazard Group Differentials</u>						
A	B	C	D	E	F	G
1.890	1.420	1.260	1.130	0.980	0.790	0.590

<u>Tax Multipliers</u>	
a. State (non-F classes)	1.062
b. Federal classes, or non-F classes where rate is increased by the USL&HW Act Percentage	1.144

<u>Expected Loss Ratio</u>	<u>Expected Loss and Allocated Expense Ratio</u>
0.614	0.669

<u>Table of Expense Ratios</u>	<u>Table of Expense Ratios Loaded for ALAE Option</u>
XXVII-A	XXVII-C

2008 Table of Expected Loss Ranges
Effective January 1, 2008

Per Accident Limitation	<u>Excess Loss Factors</u> (Applicable to New and Renewal Policies)							<u>Excess Loss and Allocated Expense Factors</u> (Applicable to New and Renewal Policies)						
	HAZARD GROUPS							HAZARD GROUPS						
	A	B	C	D	E	F	G	A	B	C	D	E	F	G
\$ 10,000	0.377	0.414	0.435	0.454	0.475	0.504	0.527 †	0.429	0.468	0.490	0.511	0.531	0.561	0.585 †
\$ 15,000	0.334	0.375	0.397	0.418	0.441	0.475	0.503 †	0.384	0.427	0.451	0.473	0.498	0.533	0.561 †
\$ 20,000	0.301	0.342	0.366	0.389	0.414	0.451	0.483 †	0.350	0.394	0.420	0.444	0.471	0.508	0.541 †
\$ 25,000	0.274	0.317	0.341	0.365	0.392	0.430	0.466	0.322	0.367	0.394	0.419	0.447	0.487	0.523
\$ 30,000	0.252	0.294	0.320	0.343	0.372	0.412	0.450 *	0.298	0.344	0.371	0.397	0.426	0.468	0.508 *
\$ 35,000	0.234	0.275	0.300	0.325	0.355	0.396	0.436 *	0.278	0.323	0.351	0.377	0.408	0.451	0.493 *
\$ 40,000	0.218	0.258	0.284	0.308	0.338	0.381	0.423 *	0.261	0.305	0.333	0.360	0.392	0.436	0.480 *
\$ 50,000	0.193	0.231	0.256	0.281	0.312	0.355	0.400 *	0.233	0.276	0.303	0.330	0.363	0.409	0.456 *
\$ 75,000	0.151	0.184	0.209	0.231	0.262	0.306	0.355 *	0.185	0.223	0.251	0.276	0.309	0.357	0.409 *
\$ 100,000	0.125	0.155	0.178	0.199	0.228	0.271	0.322 *	0.155	0.189	0.215	0.239	0.272	0.319	0.374 *
\$ 125,000	0.108	0.133	0.156	0.175	0.203	0.244	0.296	0.135	0.164	0.189	0.212	0.244	0.290	0.345
\$ 150,000	0.096	0.119	0.140	0.157	0.184	0.224	0.276	0.120	0.147	0.171	0.192	0.222	0.266	0.323
\$ 175,000	0.086	0.107	0.127	0.143	0.168	0.207	0.258	0.108	0.132	0.155	0.174	0.204	0.247	0.303
\$ 200,000	0.078	0.098	0.117	0.132	0.155	0.193	0.244	0.098	0.121	0.143	0.161	0.189	0.231	0.287
\$ 225,000	0.073	0.090	0.108	0.122	0.145	0.180	0.231	0.090	0.111	0.132	0.150	0.176	0.216	0.273
\$ 250,000	0.068	0.084	0.102	0.115	0.136	0.171	0.221	0.085	0.104	0.125	0.140	0.166	0.205	0.261
\$ 275,000	0.063	0.078	0.095	0.108	0.129	0.162	0.211	0.079	0.098	0.117	0.132	0.157	0.194	0.249
\$ 300,000	0.060	0.074	0.090	0.103	0.122	0.154	0.202	0.075	0.092	0.111	0.125	0.148	0.185	0.239
\$ 325,000	0.056	0.070	0.085	0.097	0.116	0.147	0.194	0.070	0.087	0.105	0.119	0.141	0.177	0.230
\$ 350,000	0.053	0.066	0.082	0.093	0.110	0.140	0.187	0.067	0.083	0.100	0.113	0.135	0.169	0.222
\$ 375,000	0.051	0.063	0.078	0.088	0.106	0.135	0.181	0.063	0.078	0.096	0.108	0.129	0.162	0.214
\$ 400,000	0.049	0.061	0.075	0.085	0.102	0.130	0.175	0.061	0.075	0.092	0.104	0.124	0.156	0.208
\$ 425,000	0.047	0.058	0.072	0.082	0.098	0.125	0.169	0.058	0.072	0.088	0.100	0.119	0.151	0.201
\$ 450,000	0.045	0.056	0.070	0.078	0.094	0.120	0.165	0.056	0.069	0.085	0.096	0.115	0.146	0.196
\$ 475,000	0.043	0.053	0.067	0.076	0.091	0.117	0.160	0.054	0.067	0.083	0.093	0.111	0.141	0.191
\$ 500,000	0.042	0.052	0.065	0.073	0.088	0.113	0.156	0.053	0.064	0.080	0.090	0.108	0.137	0.186
\$ 600,000	0.038	0.046	0.058	0.066	0.078	0.101	0.142	0.046	0.057	0.071	0.080	0.095	0.122	0.169
\$ 700,000	0.034	0.042	0.053	0.059	0.071	0.092	0.131	0.042	0.051	0.065	0.073	0.087	0.111	0.156
\$ 800,000	0.032	0.039	0.049	0.055	0.066	0.085	0.122	0.039	0.048	0.060	0.068	0.080	0.103	0.146
\$ 900,000	0.030	0.036	0.046	0.051	0.061	0.080	0.115	0.036	0.045	0.056	0.063	0.075	0.096	0.137
\$ 1,000,000	0.028	0.034	0.043	0.048	0.058	0.075	0.108	0.034	0.042	0.053	0.059	0.070	0.090	0.129
\$ 2,000,000	0.016	0.021	0.027	0.031	0.037	0.048	0.072	0.021	0.026	0.033	0.038	0.045	0.058	0.087
\$ 3,000,000	0.011	0.015	0.019	0.022	0.027	0.036	0.056	0.014	0.019	0.025	0.028	0.034	0.045	0.068
\$ 4,000,000	0.009	0.011	0.015	0.017	0.021	0.029	0.046	0.011	0.014	0.019	0.022	0.027	0.036	0.056
\$ 5,000,000	0.007	0.009	0.012	0.014	0.018	0.024	0.038	0.009	0.011	0.016	0.018	0.022	0.030	0.047
\$ 6,000,000	0.006	0.007	0.010	0.011	0.014	0.020	0.032	0.006	0.009	0.012	0.014	0.018	0.025	0.040
\$ 7,000,000	0.005	0.006	0.009	0.009	0.012	0.017	0.028	0.006	0.008	0.011	0.012	0.016	0.021	0.035
\$ 8,000,000	0.004	0.006	0.007	0.009	0.011	0.015	0.025	0.005	0.007	0.009	0.011	0.014	0.019	0.031
\$ 9,000,000	0.004	0.005	0.006	0.008	0.009	0.013	0.022	0.005	0.006	0.009	0.010	0.012	0.016	0.028
\$ 10,000,000	0.004	0.004	0.006	0.007	0.009	0.011	0.020	0.004	0.006	0.008	0.009	0.011	0.015	0.025

* Also applicable to Underground Coal Mine classifications.

† This loss limit is not applicable for retrospective rating in this state.

<u>Retrospective Development Factors</u>						
<u>With Loss Limit</u>			<u>Without Loss Limit</u>			4th & Subs Adjustment
1st Adj.	2nd Adj.	3rd Adj.	1st Adj.	2nd Adj.	3rd Adj.	
0.06	0.04	0.04	0.15	0.11	0.11	0.00

State Special Classifications by Hazard Group

Code No.	HG						
1745	E	2719	E	8295	C		

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
STATE RETROSPECTIVE RATING VALUES**

Arkansas
XL Specialty Insurance Company
Greenwich Insurance Company
XL Insurance America, Inc.

Calculation of Expected Loss Ratio

A	Production Expense	0.171	
B	General Expense	0.042	
C	Taxes, Licenses & Fees	0.058	
D	Profit & Contingency	0.017	
E	Total Underwriting Expense	0.288	(Sum of A through D)
F	Permissible Loss Ratio	0.712	(1 - E)
G	Loss Adjustment Expense	1.160	(1+K+L)
H	Other Loss Based Assessments	1.000	
I	Total Loss Based Assess.	1.160	(G + H - 1.0)
J	Expected Loss Ratio	0.614	(F / I)
K	ULAE (% of Loss)	0.070	
L	ALAE (% of Loss)	0.090	
M	Expected Loss & ALAE Ratio	0.669	(J x (1 + L))

Tax Multiplier Calculation

A	State Loss Assessments	1.000	(H from above)
B	State Premium Tax & Assess.	0.058	(C from above)
C	Residual Market Subsidy	0.000	
D	Subtotal	0.058	(B + C)
E	Target Cost Ratio	0.712	(F from above)
F	LAE Factor	1.160	(G from above)
G	Permissible Loss Ratio	0.614	(J from above)
H	State Tax Multiplier	1.062	[(.2 + (G x A)) / (.2 + G)] x [1 / (1-D)]
I	Federal Assessment	1.162	
J	State Weight	0.35	
K	Federal Weight	0.65	(1.0 - J)
L	Weighted Federal Assessment	1.105	(A x J) + (I x K)
M	Federal Permissible Loss Ratio	0.563	(E / (F + L - 1.0))
N	Federal Tax Multiplier	1.144	[(.2 + (M x L)) / (.2 + M)] x [1 / (1-D)]

**EXPLANATORY MEMORANDUM - RATES
ARKANSAS**

Multi-Company Tiered Rating Plan

XL Insurance is submitting a multi-company tiered rating structure for Workers Compensation. In order to be more competitive in the marketplace and offer insureds greater rating flexibility, we have developed and defined multiple tier rate levels for three (3) of the XL Insurance companies: XL Insurance America, Inc. (XLIA), XL Specialty Insurance Company (XLS) and Greenwich Insurance Company (GIC). The multi-company tiered rating plan reflects certain inherent strengths and/or weaknesses possessed by an individual account which are not contemplated in the average loss costs or rating plans promulgated by National Council on Compensation Insurance, Inc. (NCCI).

The company will use general underwriting guidelines to determine the overall eligibility of the risk. The eligibility criteria are clear, mutually exclusive and not unfairly discriminatory. Once accepted, we will then utilize our tiered rating structure to determine which pricing is used for calculating premium for an eligible insured. The tiered rating structure is intended to move business from one company (tier) into another once accepted by the company. Risks with similar characteristics will be placed in the same company tier. We will evaluate each risk at renewal to determine the appropriate tier for which an insured qualifies so that an insured with similar characteristics is not treated in an unfairly discriminatory manner.

Loss Costs Multipliers (LCMs)

We are currently filed for Workers Compensation loss costs, rules and forms for XL Specialty Insurance Company and Greenwich Insurance Company. Since we also are licensed to write business in XL Insurance America, Inc., we are proposing to adopt an additional rate level for a total of three rate levels. The standard rate level will be filed in XL Specialty Insurance Company and XL Insurance America, Inc.. The second rate level will be a +20% deviation off the standard which we are filing in Greenwich Insurance Company. The third rate level will be a -20% deviation off the standard which we are filing in XL Insurance America, Inc

NCCI Reference Filings

We are currently affiliated with NCCI. As such, we will utilize the most current NCCI loss costs and rating plans which are filed on our behalf (as applicable) by NCCI with your Division for all three (3) companies.

The final rates were calculated using the NCCI 1/1/08 loss costs and the following LCM:

GIC = 1.904 XLS = 1.587 XLIA = 1.270

This filing also proposes to adopt effective 1/1/08, NCCI Item filings 02-AR-2007 and R-1396 announced in NCCI circulars, AR-2007-07 and CIF-2007-05.

Schedule Rating Plan

Currently we are approved for +/- 25% Independent schedule rating plan for GIC and XLS. We are submitting for your consideration, WC-CW-IRPM25 (edition 1/08), to be used for all three (3) companies.

**EXPLANATORY MEMORANDUM - RATES
ARKANSAS**

This filing proposes to adopt an expense constant of \$250, the NCCI Premium Discount Table 9, and an across-the-board minimum premium of \$750 for all classification codes, with the exception of per capitas, whose minimum premium will be rate + expense constant. We are submitting these changes to become uniform for the three companies.

EXPLANATORY MEMORANDUM – RULES ARKANSAS

NCCI Reference Filings

We are currently affiliated with NCCI for all three (3) companies. As such, we will utilize the most current NCCI rules which are filed on our behalf (as applicable) by NCCI with your Division for all three (3) companies.

This filing also proposes to adopt NCCI Item Filings 02-AR-2007 and R-1396 that was approved in NCCI Circulars AR-2007-06, AR-2007-09 and CIF-2007-05. These are being filed for all 3 companies..

In addition to the NCCI rules we are also submitting the following Independent rules for your review and approval.

Foreign Voluntary Workers Compensation Coverage Rule

We are submitting a Revised Foreign Voluntary Workers Compensation Coverage Rule to be used in conjunction with WC 99 03 04 A to apply to all three (3) companies for all eligible insureds. Enclosed is the rule manual page # WC-CW-FV (edition 1/08). The previously approved rule is being revised for formatting, rule numbering, consistency, and/or to remove any references to a specific XL company. Any previous filing information is shown on the attached Rate/Rule Filing Schedule.

Workers Compensation Countrywide Rule

We are submitting a New Tiered Rating rule to apply to all three (3) companies for all eligible insureds. Enclosed is the Workers Compensation Countrywide manual page WC-CW-CTR (edition 1/08).

Waiver of Our Right to Recover from Others Rule

We are submitting a Revised Waiver of Our Right to Recover Rule to be used in conjunction with NCCI form WC 000313 to apply to all three (3) companies for all eligible insureds. Enclosed is the Waiver of Our Right to Recover from Others Rule manual page WC-CW-WR (edition 1/08). The previously approved rule is being revised for formatting, rule numbering, consistency, and/or to remove any references to a specific XL company. Any previous filing information is shown on the attached Rate/Rule Filing Schedule.

Large Risk Workers Compensation Deductible Plan Rules Affecting Coverage And Premium

The Large Risk Deductible Plan is currently filed and approved for XLS, but has been revised for formatting, form numbering, and/or to remove any references to a specific XL company. WC-CW-LDP-A 1/08 is being filed to expand the use to all three (3) companies. The previously approved rule is being revised for formatting, rule numbering, consistency, and/or to remove any references to a specific XL company. Any previous filing information is shown on the attached Rule Filing Schedule.

Terrorism Rating Supplement

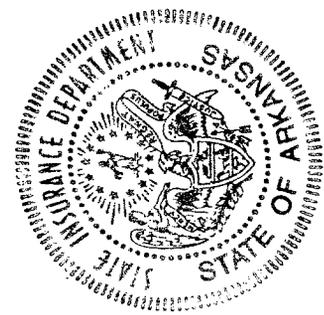
We are submitting a Revised Terrorism Rating Supplement to be used in conjunction with the Foreign Terrorism rates currently approved. Enclosed is the Terrorism Rating Supplement Rule manual page WC-CW-TERR-A (edition 1/08). The previously approved rule is being revised for

**EXPLANATORY MEMORANDUM – RULES
ARKANSAS**

formatting, rule numbering, consistency, and/or to remove any references to a specific XL company. Any previous filing information is shown on the attached Rate/Rule Filing Schedule.

THIS IS TO CERTIFY that, pursuant to the Insurance Code of the State of Arkansas, Certificate of Authority No. 501 is hereby amended as follows:

WINTERTHUR INTERNATIONAL AMERICA INSURANCE COMPANY (NAIC #24554) changed its name to XL INSURANCE AMERICA, INC. and redomesticated from Wisconsin to Delaware, moving its home office from Sun Prairie, Wisconsin to Wilmington, Delaware.



Effective this 24th day of December, 2002.

Jim Dillen

INSURANCE COMMISSIONER

Annita Braunger

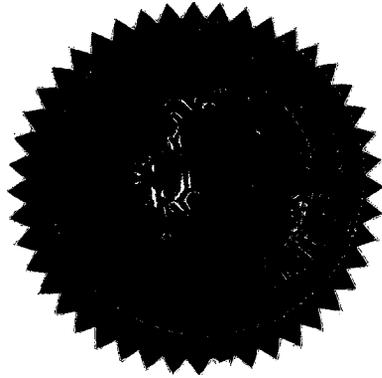
DEPUTY COMMISSIONER

THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of Arkansas, Certificate of

Authority No. 501 is hereby amended as follows: WINTERTHUR INTERNATIONAL AMERICA INSURANCE

COMPANY CERTIFICATE OF AUTHORITY HAS BEEN AMENDED TO INCLUDE THE WRITING OF SURETY.

effective this the 8TH day of JULY, 1998.



Judith B. Babin

INSURANCE COMMISSIONER

By

[Signature]
DEPUTY COMMISSIONER

THIS IS TO CERTIFY that, pursuant to the Insurance Code of the State of Arkansas, Certificate of Authority No. 501 is hereby amended as follows:

WINTERTHUR INTERNATIONAL AMERICA INSURANCE COMPANY (NAIC #24554) redomesticated from Texas to Wisconsin, moving its Home Office from Dallas, Texas to Sun Prairie, Wisconsin.

Effective this 1st day of January, 1997.



John D. ...

INSURANCE COMMISSIONER

[Signature]

DEPUTY COMMISSIONER



Arkansas Insurance Department

1200 West Third Street
Little Rock, AR 72201-1904
1-501-371-2600
1-800-282-9134
Fax 1-501-371-2618

Mike Huckabee
Governor

Mike Pickens
Commissioner

Divisions

Administration
1-501-371-2620
1-501-371-2629 Fax

Accounting
1-501-371-2605

Consumer Services
1-501-371-2640
1-800-852-5494

Data Processing
1-501-371-2657

Finance
1-501-371-2665

Human Resources
1-501-371-2815

Legal
1-501-371-2820

License
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Life & Health
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Senior Insurance
Network
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Insurance Fraud
Investigation
1-501-371-2790
1-501-371-2799 Fax

July 20, 1999

Jennifer J. Vernon
GENERAL CASUALTY
One General Drive
Sun Prairie, WI 53596

**RE: Certificate of Amendment for Arkansas C/A No. 501 issued to
Winterthur International America Insurance Company, NAIC #24554**

Dear Ms. Vernon:

Enclosed please find the above-captioned Certificate of Amendment, reflecting the Company's redomestication from Texas to Wisconsin, moving its Home Office from Dallas, Texas to Sun Prairie, Wisconsin, effective January 1, 1997.

I apologize for the delay in processing this transaction and thank you for your patience. Please feel free to contact me at your convenience if I can be of any further assistance.

Sincerely,

Terry Scott
Administrative Assistant/Legal

Enclosure

No 501

Certificate of Authority

STATE OF ARKANSAS
INSURANCE COMMISSIONER
LITTLE ROCK

THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of Arkansas,

VANGUARD INSURANCE COMPANY

of DALLAS, TEXAS, organized under the laws of TEXAS, having presented satisfactory evidence of compliance, this Certificate of Authority is hereby granted, authorizing the company to transact the following classes of insurance:

PROPERTY; CASUALTY, excluding WORKMEN'S COMPENSATION; MARINE

AMENDED EFFECTIVE 2/24/72 TO INCLUDE
DISABILITY AND WORKMEN'S COMPENSATION

Thomas A. Stone
subject to all provisions of this Certificate as such classes are now or may hereafter be defined in the Insurance Laws of the State of Arkansas.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter being in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the State of Arkansas as long as such laws or requirements are in effect and applicable, and as such laws and requirements now are, or may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 1st day of May, 1960, I have hereunto set my hand and caused my official seal to be affixed this 11th day of April, 19 .

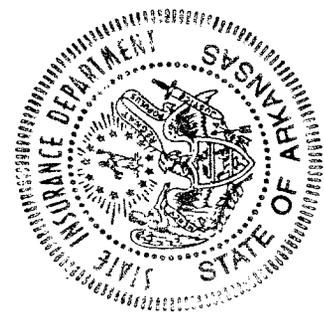
Harvey D. Bunk

Insurance Commissioner

By *Fannie Hardy*
Assistant Commissioner

THIS IS TO CERTIFY that, pursuant to the Insurance Code of the State of Arkansas, Certificate of Authority No. 501 is hereby amended as follows:

WINTERTHUR INTERNATIONAL AMERICA INSURANCE COMPANY (NAIC #24554) changed its name to XL INSURANCE AMERICA, INC. and redomesticated from Wisconsin to Delaware, moving its home office from Sun Prairie, Wisconsin to Wilmington, Delaware.



Effective this 24th day of December, 2002.

Jim D. Dillen

INSURANCE COMMISSIONER

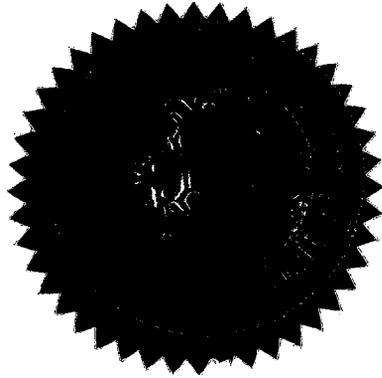
Annita Blount
DEPUTY COMMISSIONER

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COMPANY CERTIFICATE OF AUTHORITY HAS BEEN AMENDED TO INCLUDE THE WRITING OF SURETY.

effective this the 8TH day of JULY, 1998.



Judith B. Babin

INSURANCE COMMISSIONER

By

[Signature]

DEPUTY COMMISSIONER

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Effective this 1st day of January, 1997.



John D. ...

INSURANCE COMMISSIONER

[Signature]

DEPUTY COMMISSIONER



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July 20, 1999

Jennifer J. Vernon
GENERAL CASUALTY
One General Drive
Sun Prairie, WI 53596

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I apologize for the delay in processing this transaction and thank you for your patience. Please feel free to contact me at your convenience if I can be of any further assistance.

Sincerely,

Terry Scott
Administrative Assistant/Legal

Enclosure

No 501

Certificate of Authority

STATE OF ARKANSAS
INSURANCE COMMISSIONER
LITTLE ROCK

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Thomas A. Stone
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IN WITNESS WHEREOF, effective as of the 1st day of May, 1960, I have hereunto set my hand and caused my official seal to be affixed this 11th day of April, 19 .

Harvey D. Banks

Insurance Commissioner

By *Fannie Hardy*
Assistant Commissioner