

SERFF Tracking Number: DLSN-125350587 State: Arkansas  
Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$25  
Company Tracking Number: D-WC-AR-08-01RU  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: /

## Filing at a Glance

Company: Delos Insurance Company (FKA Sirius America Insurance Company)

Product Name: Workers Compensation	SERFF Tr Num: DLSN-125350587	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 16.0004 Standard WC	Co Tr Num: D-WC-AR-08-01RU	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: David Gartland	Disposition Date: 11/07/2007
	Date Submitted: 11/07/2007	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:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization: NCCI	Reference Number:
Reference Title: Item Filing AR-2007-10	Advisory Org. Circular:
Filing Status Changed: 11/07/2007	
State Status Changed: 11/07/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Delos Insurance Company intends to adopt NCCI's law only filing (NCCI Item filing AR-2007-10) which was approved in Arkansas on 8/30/07. We will continue to use the currently filed loss cost multiplier (LCM) of 1.450 for this filing and all future loss costs filings.	

We are requesting an 1/1/08 effective date for all new and renewal business.

## Company and Contact

SERFF Tracking Number: DLSN-125350587 State: Arkansas  
 Filing Company: Delos Insurance Company (FKA Sirius America State Tracking Number: EFT \$25  
 Insurance Company)  
 Company Tracking Number: D-WC-AR-08-01RU  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: Workers Compensation  
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**Filing Contact Information**

David Gartland, Vice President dgartland@delosinsurance.com  
 120 West 45th Street (212) 702-3712 [Phone]  
 New York, NY 08852 (212) 302-9279[FAX]

**Filing Company Information**

Delos Insurance Company (FKA Sirius America CoCode: 35408 State of Domicile: Delaware  
 Insurance Company)  
 120 West 45th Street Group Code: 4381 Company Type: Property &  
 New York, NY 08852 Group Name: Lightyear Delos Casualty  
 (212) 702-3712 ext. [Phone] Group State ID Number:  
 FEIN Number: 13-2930697  
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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: Adopting rating organization item filing = \$25.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delos Insurance Company (FKA Sirius America Insurance Company)	\$25.00	11/07/2007	16515684

SERFF Tracking Number: *DLSN-125350587* State: *Arkansas*  
Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* State Tracking Number: *EFT \$25*  
Company Tracking Number: *D-WC-AR-08-01RU*  
TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*  
Product Name: *Workers Compensation*  
Project Name/Number: */*

## **Correspondence Summary**

### **Dispositions**

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	11/07/2007	11/07/2007

SERFF Tracking Number: *DLSN-125350587* State: *Arkansas*  
Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* State Tracking Number: *EFT \$25*  
Company Tracking Number: *D-WC-AR-08-01RU*  
TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*  
Product Name: *Workers Compensation*  
Project Name/Number: */*

## **Disposition**

Disposition Date: 11/07/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *DLSN-125350587* State: *Arkansas*  
 Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* State Tracking Number: *EFT \$25*  
 Company Tracking Number: *D-WC-AR-08-01RU*  
 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*  
 Product Name: *Workers Compensation*  
 Project Name/Number: */*

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



SERFF Tracking Number: DLSN-125350587 State: Arkansas  
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Insurance Company)  
Company Tracking Number: D-WC-AR-08-01RU  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: /

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 11/07/2007

**Comments:**  
See attached.

**Attachment:**  
D-WC-AR-08-01RU Transmittal.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
for Workers' Compensation **Review Status:** Approved 11/07/2007

**Bypass Reason:** This is a rule filing only and does not involve a change in the loss costs.  
**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 11/07/2007

**Bypass Reason:** This is rule filing only and does not involve a change in loss costs or LCM.  
**Comments:**

Property & Casualty Transmittal Document

Reset Form

**1. Reserved for Insurance Dept. Use Only**

**2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business	
Renewal Business	

f. State Filing #:

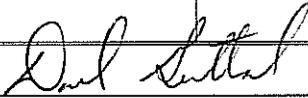
g. SERFF Filing #:

h. Subject Codes

<b>3. Group Name</b>	Lightyear Delos Group				<b>Group NAIC #</b>	4381
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Delos Insurance Company	DE	35408	13-2930697	COA # 2524		

**5. Company Tracking Number** D-WC-AR-08-01RU

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
David Gartland	VP - Filings	(212) 702 - 3712	(212) 302-9279	dgartland@delosinsurance.com
7. Signature of authorized filer				
8. Please print name of authorized filer		David Gartland CPCU		

Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Workers compensation
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 01/01/2008      Renewal: 01/01/2008
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NCCI
<b>17. Reference Organization # &amp; Title</b>	Item Filing AR-2007-10
<b>18. Company's Date of Filing</b>	11/07/2007
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # D-WC-AR-08-01RU

21. **Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Delos Insurance Company intends to adopt NCCI's law only filing (NCCI Item filing AR-2007-10) which was approved in Arkansas on 8/30/07. We will continue to use the currently filed loss cost multiplier (LCM) of 1.450 for this filing and all future loss costs filings.

[View Complete Filing Description](#)

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 #: EFT

Amount: \$25.00

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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	D-WC-AR-08-01RU
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	NA
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)
Delos Insurance Company	0%	0%	\$0.00			0%	0%

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<b>5a</b>	Overall percentage rate indication (when applicable)		
<b>5b</b>	Overall percentage rate impact for this filing		
<b>5c</b>	Effect of Rate Filing – Written premium change for this program		
<b>5d</b>	Effect of Rate Filing – Number of policyholders affected		

<b>6.</b>	Overall percentage of last rate revision	
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<b>7.</b>	Effective Date of last rate revision	
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<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	