

SERFF Tracking Number: XLAM-125446213 State: Arkansas  
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: #? \$25  
Company Tracking Number: 08MD-WC-WC02-AR  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: Workers Compensation  
Project Name/Number: Rule Adoption Filing/08MD-WC-WC02-AR

## Filing at a Glance

Companies: Greenwich Insurance Company, XL Specialty Insurance Company

Product Name: Workers Compensation SERFF Tr Num: XLAM-125446213 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$25  
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: 08MD-WC-WC02-AR State Status: Fees verified  
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding  
Author: Trish Pollard Disposition Date: 01/25/2008  
Date Submitted: 01/25/2008 Disposition Status: Approved  
Effective Date Requested (New): 01/01/2008 Effective Date (New):  
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Rule Adoption Filing Status of Filing in Domicile: Not Filed  
Project Number: 08MD-WC-WC02-AR Domicile Status Comments:  
Reference Organization: NCCI Reference Number: B-1404  
Reference Title: Basic Manual Revision to Appendix E-Table of Advisory Org. Circular: CIF-2007-06  
Classifications by Hazard  
Filing Status Changed: 01/25/2008  
State Status Changed: 01/25/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Adoption of Basic Manual Revision to Appendix E-Table of Classifications by Hazard

## Company and Contact

### Filing Contact Information

Patricia Pollard, Compliance Analyst patricia.pollard@xlai.com  
1201 N. Market Street (302) 661-7010 [Phone]

SERFF Tracking Number: XLAM-125446213 State: Arkansas  
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: #? \$25  
Company Tracking Number: 08MD-WC-WC02-AR  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: Workers Compensation  
Project Name/Number: Rule Adoption Filing/08MD-WC-WC02-AR

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 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-125446213 State: Arkansas  
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: #? \$25  
Company Tracking Number: 08MD-WC-WC02-AR  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: Workers Compensation  
Project Name/Number: Rule Adoption Filing/08MD-WC-WC02-AR

## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Greenwich Insurance Company	\$0.00	01/25/2008	
XL Specialty Insurance Company	\$0.00	01/25/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
64548	\$25.00	01/24/2008

SERFF Tracking Number: XLAM-125446213 State: Arkansas  
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: #? \$25  
Company Tracking Number: 08MD-WC-WC02-AR  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: Workers Compensation  
Project Name/Number: Rule Adoption Filing/08MD-WC-WC02-AR

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/25/2008	01/25/2008
Approved	Carol Stiffler	01/25/2008	01/25/2008

SERFF Tracking Number: XLAM-125446213 State: Arkansas  
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: #? \$25  
Company Tracking Number: 08MD-WC-WC02-AR  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: Workers Compensation  
Project Name/Number: Rule Adoption Filing/08MD-WC-WC02-AR

## Disposition

Disposition Date: 01/25/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: This filing was accidentally reopened and I am now closing.

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-125446213* State: *Arkansas*  
 First Filing Company: *Greenwich Insurance Company, ...* State Tracking Number: *#? \$25*  
 Company Tracking Number: *08MD-WC-WC02-AR*  
 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0000 WC Sub-TOI Combinations*  
 Product Name: *Workers Compensation*  
 Project Name/Number: *Rule Adoption Filing/08MD-WC-WC02-AR*

<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: XLAM-125446213 State: Arkansas  
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: #? \$25  
Company Tracking Number: 08MD-WC-WC02-AR  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: Workers Compensation  
Project Name/Number: Rule Adoption Filing/08MD-WC-WC02-AR

## Disposition

Disposition Date: 01/25/2008

Effective Date (New): 01/25/2008

Effective Date (Renewal):

Status: Approved

Comment: Workers' compensation filings in Arkansas are prior approval and cannot be approved retroactively. The 1/1/08 effective date requested cannot be approved. I have approved it today, January 25, 2008.

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-125446213* State: *Arkansas*  
 First Filing Company: *Greenwich Insurance Company, ...* State Tracking Number: *#? \$25*  
 Company Tracking Number: *08MD-WC-WC02-AR*  
 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0000 WC Sub-TOI Combinations*  
 Product Name: *Workers Compensation*  
 Project Name/Number: *Rule Adoption Filing/08MD-WC-WC02-AR*

<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

<i>SERFF Tracking Number:</i>	<i>XLAM-125446213</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Greenwich Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>08MD-WC-WC02-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>Rule Adoption Filing/08MD-WC-WC02-AR</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125446213 State: Arkansas  
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: #? \$25  
Company Tracking Number: 08MD-WC-WC02-AR  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: Workers Compensation  
Project Name/Number: Rule Adoption Filing/08MD-WC-WC02-AR

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/25/2008

**Comments:**

**Attachment:**

NAIC Transmittal-AR.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 01/25/2008

**Bypass Reason:** N/A to this filing

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 01/25/2008

**Bypass Reason:** N/A to this filing

**Comments:**



<b>16. Reference Organization</b> (if applicable)	NCCI
<b>17. Reference Organization # &amp; Title</b>	Basic Manual Revision to Appendix E-Table of Classifications by Hazard Group
<b>18. Company's Date of Filing</b>	
<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—

<b>20. This filing transmittal is part of Company Tracking #</b>	08MD-WC-WC02-AR
--	-----------------

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

Greenwich Insurance Company and XL Specialty Insurance Company are hereby filing to adopt NCCI item B-1404-Basic Manual Revision to Appendix E-Table of Classifications by Hazard Group.

We propose an effective date of January 1, 2008.

Trusting that all is in order would you please acknowledge or approve our filing as required. Should you have any questions or need any additional information please feel free to contact me at the phone number or email address below.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
---

**Check #:** 64548

**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.)**