

SERFF Tracking Number: DLSN-125878627 State: Arkansas  
Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$50  
Company Tracking Number: D-WC-AR-08-06F  
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-125878627	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: D-WC-AR-08-06F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Carol Stiffler, Brittany Yielding
	Author: David Gartland	Disposition Date: 10/30/2008
	Date Submitted: 10/29/2008	Disposition Status: Approved
Effective Date Requested (New): 12/01/2008		Effective Date (New): 12/01/2008
Effective Date Requested (Renewal): 12/01/2008		Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization: NCCI	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/30/2008	
State Status Changed: 10/30/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Delos Insurance Company is filing our revised Policy Jacket, Declarations Page and Renewal Certificate. The Policy Jacket now shows the signature of our current Secretary. The bottom of the first page of the Declarations and the Renewal Certificate shows the revised Arkansas accident prevention services notice wording. There is no change in the intent of this wording.

SERFF Tracking Number: *DLSN-125878627* State: *Arkansas*  
 Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* State Tracking Number: *EFT \$50*  
 Company Tracking Number: *D-WC-AR-08-06F*  
 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*  
 Product Name: *Workers Compensation*  
 Project Name/Number: */*

## Company and Contact

### Filing Contact Information

David Gartland, Vice President [dgartland@delosinsurance.com](mailto: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 State ID Number:  
 Group  
 (212) 702-3712 ext. [Phone] FEIN Number: 13-2930697  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per forms filing.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delos Insurance Company (FKA Sirius America Insurance Company)	\$50.00	10/29/2008	23560740

SERFF Tracking Number: *DLSN-125878627* State: *Arkansas*  
Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* State Tracking Number: *EFT \$50*  
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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	10/30/2008	10/30/2008

SERFF Tracking Number: *DLSN-125878627* State: *Arkansas*  
Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* State Tracking Number: *EFT \$50*  
Company Tracking Number: *D-WC-AR-08-06F*  
TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*  
Product Name: *Workers Compensation*  
Project Name/Number: */*

## **Disposition**

Disposition Date: 10/30/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *DLSN-125878627* State: *Arkansas*  
 Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* State Tracking Number: *EFT \$50*  
 Company Tracking Number: *D-WC-AR-08-06F*  
 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>Form</b>	Policy Jacket	Approved	Yes
<b>Form</b>	Declarations Page	Approved	Yes
<b>Form</b>	Renewal Certificate	Approved	Yes

SERFF Tracking Number: *DLSN-125878627* State: *Arkansas*  
 Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* State Tracking Number: *EFT \$50*  
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 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*  
 Product Name: *Workers Compensation*  
 Project Name/Number: */*

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	FC-Delos	01/2008	Declaration Replaced s/Schedule	Replaced Form #: FC-Delos (08/2006) Previous Filing #: SA-AR-06-03		Delos Jacket 01-2008.pdf FC-Delos Policy Jacket Marked Up.pdf
Approved	Declarations Page	WC 00 00 01A		Declaration Replaced s/Schedule	Replaced Form #: WC 00 00 01A Previous Filing #: SA-AR-06-03		AR WC 00 00 01A 10.29.08.pdf AR WC 00 00 01A Marked Up.10.29.08.pdf
Approved	Renewal Certificate	WC 00 00 01A		Declaration Replaced s/Schedule	Replaced Form #: WC 00 00 01A Previous Filing #: SA-AR-06-03		AR WC 00 00 01A Renewal Cert 10.29.08.pdf AR WC 00 00 01A Renewal Cert Marked Up 10.29.08.pdf

# Delos Insurance Company

120 West 45<sup>th</sup> Street  
New York, NY 10036

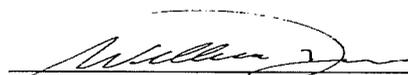
**Servicing Office:**

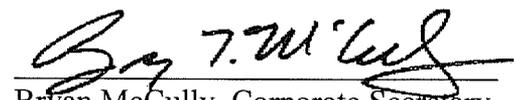
## **YOUR INSURANCE POLICY**

**Coverage afforded by this policy is provided by the company named in the Declarations.**

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**In Witness Whereof, the company has caused this policy to be executed, attested and countersigned by a duly authorized representative of the company.**

  
\_\_\_\_\_  
William Davis, President

  
\_\_\_\_\_  
Bryan McCully, Corporate Secretary

# Delos Insurance Company

120 West 45th Street  
New York, NY 10036

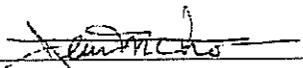
Servicing Office:

## YOUR INSURANCE POLICY

Coverage afforded by this policy is provided by the Company and named in the Declarations.

In Witness Whereof, the company has caused this policy to be executed, attested, and countersigned by a duly authorized representative of the company.

  
\_\_\_\_\_  
William Davis, President

  
\_\_\_\_\_  
~~Jean Cho~~, Corporate Secretary

BRYAN McCOLLY,

MARKED - UP

(01/2008)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
INFORMATION PAGE

Original Printing

Issued

Standard

Type : Stock

NCCI Carrier Code:

Policy Number:

Renewal of Policy:

Rewrite of Policy:

Fein # / Risk ID #:

1. The Insured's Name and Mailing address:

DBA Name:

SIC CODE:

Type of entity:

Other work place not shown above: See Attached Location Schedule

2. The policy period is from to [12.01 AM Standard Time] at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of this policy applies to the Workers Compensation Law of the states listed here:

B. Employers liability Insurance: Part Two of this policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident

each accident

Bodily Injury by disease

policy limit

Bodily Injury by disease

each employee

C. Other States Insurance: Part Three of this policy applies to the states, if any, listed here:

**NO COVERAGE AFFORDED FOR OTHER STATES**

D. California Endorsements and Schedules :

Other State Endorsements and Schedules:

4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All Information required is subject to verification and change by audit.

Minimum Premium:

Deposit Premium:

Total Estimated Annual Premium:

Pay plan:

Producer:

Countersigned By:

Date:

Servicing office:

(See extension of information page for class code, rate and premium detail)

**\*\*Delos Insurance Company is required to provide its policyholders with certain accident prevention services at no additional cost as required by Ark. Code Ann. §11-9-409(d) and AWCC Rule 32. If you would like more information, call 1-888-500-3344. If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.\*\***

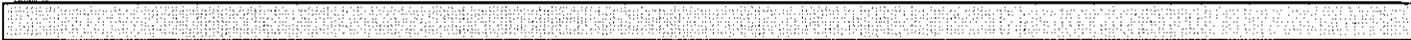
THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
INFORMATION PAGE

Original Printing

Issued

Standard



Type : Stock

NCCI Carrier Code:

Policy Number:

Renewal of Policy:

Rewrite of Policy:

Fein # / Risk ID #:

1. The Insured's Name and Mailing address:

DBA Name:

SIC CODE:

Type of entity:

Other work place not shown above: See Attached Location Schedule

2. The policy period is from to [12.01 AM Standard Time] at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of this policy applies to the Workers Compensation Law of the states listed here:

B. Employers liability Insurance: Part Two of this policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident	each accident
Bodily Injury by disease	policy limit
Bodily Injury by disease	each employee

C. Other States Insurance: Part Three of this policy applies to the states, if any, listed here:

**NO COVERAGE AFFORDED FOR OTHER STATES**

D. California Endorsements and Schedules:

Other State Endorsements and Schedules:

4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All Information required is subject to verification and change by audit.

Minimum Premium:

Deposit Premium:

Total Estimated Annual Premium:

Pay plan:

Producer:

Countersigned By:

Date:

Servicing office:

*AT NO ADDITIONAL COST*

(See extension of information page for class code, rate and premium detail)

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THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.

*MARKED-UP*

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
INFORMATION PAGE

Original Printing

Issued

Standard

**RENEWAL CERTIFICATE COVERAGE NOT IN EFFECT UNLESS PAYMENT RECEIVED BY xx/xx/xxxx**

Type : Stock

NCCI Carrier Code:

Policy Number:

Renewal of Policy:

Rewrite of Policy:

Fein # / Risk ID #:

1. The Insured's Name and Mailing address:

DBA Name:

SIC CODE:

Type of entity:

Other work place not shown above: See Attached Location Schedule

2. The policy period is from to [12.01 AM Standard Time] at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of this policy applies to the Workers Compensation Law of the states listed here:
- B. Employers liability Insurance: Part Two of this policy applies to work in each state listed in Item 3A . The limits of our liability under Part Two are:
- |                           |               |
|---------------------------|---------------|
| Bodily Injury by Accident | each accident |
| Bodily Injury by disease  | policy limit  |
| Bodily Injury by disease  | each employee |
- C. Other States Insurance: Part Three of this policy applies to the states, if any, listed here:
- D. California Endorsements and Schedules :
- Other State Endorsements and Schedules:

4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All Information required is subject to verification and change by audit.

Minimum Premium:

Deposit Premium:

Total Estimated Annual Premium:

Pay plan:

Producer:

Countersigned By:

Date:

Servicing office:

(See extension of information page for class code, rate and premium detail)

**\*\*Delos Insurance Company is required to provide its policyholders with certain accident prevention services at no additional cost as required by Ark. Code Ann. §11-9-409(d) and AWCC Rule 32. If you would like more information call 1-888-500-3344. If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.\*\***

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
INFORMATION PAGE

Original Printing

Issued

Standard

RENEWAL CERTIFICATE COVERAGE NOT IN EFFECT UNLESS PAYMENT RECEIVED BY xx/xx/xxxx

Type : Stock

NCCI Carrier Code:

Policy Number:

Renewal of Policy:

Rewrite of Policy:

Fein # / Risk ID #:

1. The Insured's Name and Mailing address:

DBA Name:

SIC CODE:

Type of entity:

Other work place not shown above: See Attached Location Schedule

2. The policy period is from to [12.01 AM Standard Time] at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of this policy applies to the Workers Compensation Law of the states listed here:

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Bodily Injury by Accident	each accident
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Other State Endorsements and Schedules:

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Minimum Premium:

Deposit Premium:

Total Estimated Annual Premium:

Pay plan:

Producer:

Countersigned By:

Date:

Servicing office:

(See extension of information page for class code, rate and premium detail)

AT NO ADDITIONAL COST

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THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.

MARKED-UP



SERFF Tracking Number: *DLSN-125878627* State: *Arkansas*  
Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* State Tracking Number: *EFT \$50*  
Company Tracking Number: *D-WC-AR-08-06F*  
TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*  
Product Name: *Workers Compensation*  
Project Name/Number: */*

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b>	Approved	10/30/2008
<b>Comments:</b>	See attached.			
<b>Attachment:</b>	D-WC-AR-08-6F P&C Doc.pdf			

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>
---

<b>2. Insurance Department Use only</b>	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>
N/A	0000

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Delos Insurance Company	Delaware	35408	13-2930697	

<b>5. Company Tracking Number</b>	<b>D-WC-AR-08-06F</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
David Gartland 120 West 45 <sup>th</sup> St., 36 <sup>th</sup> Floor New York, NY 10036	Vice President	(212) 702-3712	(212) 309-9279	dgartland@delosinsurance.com

7. Signature of authorized filer	
8. Please print name of authorized filer	David Gartland

**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>	16.0000 WC Sub-TOI Combinations
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	N/A
<b>12. Company Program Title</b> (Marketing title)	N/A
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 12/1/2008                      Renewal: 12/01/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<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>	D-WC-AR-08-06F
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Delos Insurance Company is filing a revised signature page which includes the signature of the new Corporate Secretary. In addition, this filing includes a revised declarations page and renewal certificate to replace the versions currently filed due to accident prevention services wording changes at the bottom.

<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 #:**  
**Amount:** \$50.00

**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.)**

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>D-WC-AR-08-06F</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Policy Jacket / Signature Page	FC-Delos (1/2008)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	FC-Delos	
02	Declarations Page	WC 00 00 01 A	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 00 01 A	
03	Renewal Certificate	WC 00 00 01 A	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 00 01 A	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		