

SERFF Tracking Number: DLSN-125939784 State: Arkansas
Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$25
Company Tracking Number: D-WC-AR-08-07RU
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-125939784	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-08-07RU	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: David Gartland	Disposition Date: 12/11/2008
	Date Submitted: 12/10/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 12/11/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization: Independent	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/11/2008	
State Status Changed: 12/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Delos Insurance Company is filing our revised Installment Fee Payment Plan Options. We have eliminated the minimum premium requirement for all payments options except 10 pay which now has a \$1,000 minimum. In addition we have added a \$25.00 fine for insufficient funds.

Company and Contact

SERFF Tracking Number: DLSN-125939784 State: Arkansas
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 Insurance Company)
 Company Tracking Number: D-WC-AR-08-07RU
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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

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: \$25.00 per rule filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delos Insurance Company (FKA Sirius America Insurance Company)	\$25.00	12/10/2008	24447123

SERFF Tracking Number: *DLSN-125939784* State: *Arkansas*
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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

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	12/11/2008	12/11/2008

SERFF Tracking Number: *DLSN-125939784* State: *Arkansas*
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Product Name: *Workers Compensation*
Project Name/Number: */*

Disposition

Disposition Date: 12/11/2008

Effective Date (New): 12/11/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *DLSN-125939784* State: *Arkansas*
 Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* State Tracking Number: *EFT \$25*
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 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*
 Product Name: *Workers Compensation*
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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
Rate	Installment Fee Payment Plan Options	Approved	Yes

SERFF Tracking Number: *DLSN-125939784* State: *Arkansas*
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TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*
Product Name: *Workers Compensation*
Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *DLSN-125939784* State: *Arkansas*
 Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* State Tracking Number: *EFT \$25*
 Company Tracking Number: *D-WC-AR-08-07RU*
 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*
 Product Name: *Workers Compensation*
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Approved	Installment Fee Payment Plan Options	AR-PAYPLAN 01/15/09	Replacement	SA-AR-06-02	SA-AR-PAYPLAN Marked Up.pdf AR-PAYPLAN 1.15.09.pdf

DELLOS INSURANCE COMPANY
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
 EXEMPTION PAGE**

ARKANSAS

INSTALLMENT FEE PAYMENT PLAN OPTIONS

~~RULE 3. RATING DEFINITIONS AND APPLICATION OF PREMIUM ELEMENTS~~

6. Deposit Premium

The following is added to Rule 6.a: PAYMENT PLAN OPTIONS ARE AVAILABLE UPON POLICY ISSUANCE

Plan	Down	Installments	Premium Eligibility
Annual	100%	--	No minimum
2-Pay	60%	40% due in 5 months	>\$1,000-
4-Pay	40%	20% due in 2, 4 & 6 months	>\$2,000-
10-Pay	25%	8.33% due monthly	>\$3,000

NO MINIMUM

NO MINIMUM

\$1,000

NO INSTALLMENT CHARGE IS DUE ON DEPOSIT PREMIUM.

^ AN INSTALLMENT CHARGE OF \$8.00 APPLIES PER PAYMENT. TO EACH INSTALLMENT

A \$20.00 fee will be assessed for late payments.

No installment charge on premiums paid through automatic check account withdrawal.

⚡ A \$25.00 INSUFFICIENT FUND FEE WILL BE ASSESSED WHEN PAYMENTS ARE NOT MADE DUE TO INSUFFICIENT FUNDS.

MARKED - UP

**DELOS INSURANCE COMPANY
WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

ARKANSAS

INSTALLMENT FEE PAYMENT PLAN OPTIONS

The following payment plan options are available upon policy issuance.

Plan	Down	Installments	Premium Eligibility
Annual	100%	--	No minimum
2-Pay	60%	40% due in 5 months	No minimum
4-Pay	40%	20% due in 2, 4 & 6 months	No minimum
10-Pay	25%	8.33% due monthly	\$1,000

No installment charge is due on deposit premium. A charge of \$8.00 applies to each installment thereafter.

No installment charge on premiums paid through automatic check account withdrawal.

A \$20.00 fee will be assessed for late payments.

A \$25.00 insufficient fund fee will be assessed when payments are not made due to insufficient funds.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 12/11/2008

Comments:
See attached.

Attachment:
D-WC-AR-08-07RU Transmittal.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 12/11/2008

Bypass Reason: This is not a loss cost filing.
Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 12/11/2008

Bypass Reason: This is not a loss costs filing.
Comments:

Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only

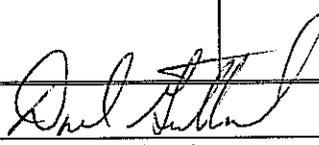
2. Insurance Department Use only	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
N/A	

4. Company Name(s)	Domicile	NAIC #	FEIN #
Delos Insurance Company	DE	35408	13-293-0697
120 West 45 th Street			
NY, NY 10036			

5. Company Tracking Number	D-WC-AR-08-07RU
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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 th St., 36 th Floor New York, New York 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)

9. Type of Insurance (TOI)	16.000- Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0000 WC Sub-TOI Workers Compensation
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<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
14. Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	12/10/08
19. Status of filing in domicile	X 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-08-07RU
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

Delos Insurance Company is filing revised payment plan options. The premium eligibility requirements are being changed to no minimum for all payment plans except for the 10-pay plan which is \$1,000. In addition, an insufficient fund fee of \$25 is being added.

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: \$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.)

1.	This filing transmittal is part of Company Tracking #	D-WC-AR-08-07RU
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Overall percentage rate impact for this filing	n/a
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4.	Effect of Rate Filing – Written premium change for this program	n/a
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5.	Effect of Rate Filing – Number of policyholders	n/a
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6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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Rate Change by Company			
Company Name	Percentage Change For this program	# of policyholders for this program	Written premium for this program
Delos Insurance Co.	n/a	n/a	n/a

8.	Overall percentage of last rate revision	
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9.	Effective Date of last rate revision	
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10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Exception Page	AR-PAYPLAN (1/15/09)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	