

SERFF Tracking Number: XLAM-125447787 State: Arkansas
 First Filing Company: Greenwich Insurance Company, ... State Tracking Number: EFT \$300
 Company Tracking Number: 08MD-DO-DO01-MU-AR
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability
 Product Name: Directors and Officers Professional Liability
 Project Name/Number: Amendment of TRIA Disclosure Notice /08MD-DO-DO01-MU-AR

Filing at a Glance

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

Product Name: Directors and Officers SERFF Tr Num: XLAM-125447787 State: Arkansas

Professional Liability

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$300

Made/Occurrence

Sub-TOI: 17.0006 Directors & Officers Liability Co Tr Num: 08MD-DO-DO01-MU-AR State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Trish Pollard

Disposition Date: 02/11/2008

Date Submitted: 01/24/2008

Disposition Status: Accepted For Informational Purposes

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: Amendment of TRIA Disclosure Notice

Status of Filing in Domicile: Pending

Project Number: 08MD-DO-DO01-MU-AR

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/11/2008

State Status Changed: 02/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Amending our TRIA Disclosure Notice to comply with 2007 requirements

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Company and Contact

Filing Contact Information

Patricia Pollard, Compliance Analyst patricia.pollard@xlai.com
 1201 N. Market Street (302) 661-7010 [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 International America Insurance Company)	CoCode: 24554	State of Domicile: Delaware
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	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$300.00
Retaliatory?	Yes
Fee Explanation:	\$50 per form (2 forms) per company (3 companies)=\$300.00
Per Company:	No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		02/11/2008	02/11/2008

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Disposition

Disposition Date: 02/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Form	Policyholder Disclosure	Accepted for Informational Purposes	Yes
Form	Policyholder Disclosure-TRIA Rejection	Accepted for Informational Purposes	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Information al Purposes	Policyholder Disclosure	XL 80 56	01-08	Disclosure/ New Notice		0.00	XL 80 56 01 08.pdf
Accepted for Information Rejection al Purposes	Policyholder Disclosure-TRIA	XL 80 57	01-08	Disclosure/ New Notice		0.00	XL 80 57 01 08.pdf

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is already included in your current policy. You should know that, effective November 26, 2002, as amended in 2007, under your existing coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is: \$ **waived**. Any premium waiver is only valid for the current Policy Period.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT OF 2002, ANY LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE WILL BE PARTIALLY REIMBURSED BY THE UNITED STATES AND I HAVE BEEN NOTIFIED OF THE AMOUNT OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Name of Insurer:

Policy Number:

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I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT OF 2002, ANY LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE WILL BE PARTIALLY REIMBURSED BY THE UNITED STATES AND I HAVE BEEN NOTIFIED OF THE AMOUNT OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Name of Insurer:

Policy Number:

_____ I hereby reject coverage in accordance with the Act.

Signature of Insured

Print Name and Title

Date

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Product Name: *Directors and Officers Professional Liability*
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Accepted for Informational 02/11/2008
Purposes

Comments:

Attachments:

NAIC Transmittal.pdf
Form Filing Schedule.pdf
Expedited Transmittal Form.pdf

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	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	08MD_DO-DO01-MU-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]
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The above referenced companies are filing an updated TRIA Disclosure Notice to comply with the Terrorism Risk Insurance Program Reauthorization Act of 2007. Enclosed, please find policyholder notices XL 80 56 (01/08) Policyholder Disclosure and XL 80 57 (01/08), Policyholder Disclosure (TRIA Rejection).

Our filing will apply to all of our Professional Liability, Directors and Officer Liability programs.

We propose an effective date of January 1, 2008.

In addition, we have completed the Expedited Filing Transmittal Document for Terrorism Risk Insurance Forms and Pricing to certify that the enclosed documents are in compliance with the terms of the Terrorism Risk Insurance Program Reauthorization Act of 2007 and the laws of this state.

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: 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.)

1.	This filing transmittal is part of Company Tracking #	08MD-DO-DO01-MU-AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Policyholder Disclosure	XL 80 56 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Policyholder Disclosure TRIA Rejection	XL 80 57 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Greenwich Insurance Company	DE	1285-22322	95-1479095
XL Insurance America, Inc.	DE	1285-24554	75-6017952
XL Specialty Insurance Company	DE	1285-37885	85-0277191

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Patricia Pollard 1201 N. Market Street, Suite 501 Wilmington, DE 19801	302-661-7059	302-778-4190	Patricia.Pollard@xlgroup.com

Filing information

Line of Insurance (see attachment)	17
Company Program Title (Marketing title) (if applicable)	Directors & Officers Liability
Filing Type ** see note below	Form
This application is used with:	
Effective Date Requested	01-01-2008
Filing date	01-24-2008
Company Tracking Number	08MD-DO-DO01-MU-AR
Date filing approved in domiciliary state, if applicable	Recently Filed - not yet approved

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Policyholder Disclosure	XL 80 56 (01/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Policyholder Disclosure-TRIA Rejections	XL 80 57 (01/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Signature

Patricia Pollard
Print Name:

Senior State Filings Analyst
Title: