

SERFF Tracking Number: DLSN-125681959 State: Arkansas
Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$50
Company Tracking Number: D-WC-AR-08-1RA
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-125681959	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-08-1RA	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: David Gartland	Disposition Date: 06/05/2008
	Date Submitted: 06/05/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008		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: 02-AR2008; 01-AR-2008
Reference Title: Advisory Loss Costs; Elimination of the Manual of underground Coal Mine Rules	Advisory Org. Circular: AR-2002-02; AR-2008-06; AR-2007-05
Filing Status Changed: 06/05/2008	Deemer Date:
State Status Changed: 06/05/2008	
Corresponding Filing Tracking Number:	
Filing Description:	
Delos Insurance Company wishes to adopt the July 1, 2008 NCCI advisory loss cost filing (NCCI Item Filing # AR-2008-02). We are also filing to adopt NCCI Item 01-AR-2007 (Elimination of the Manual of Underground Coal Mine Rules). Our Loss Cost Multiplier (LCM) will remain the same at 1.450.	

SERFF Tracking Number: *DLSN-125681959* State: *Arkansas*
 Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* State Tracking Number: *EFT \$50*
 Company Tracking Number: *D-WC-AR-08-IRA*
 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*
 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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 to adopt NCCI Loss Costs unchanged.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delos Insurance Company (FKA Sirius America Insurance Company)	\$50.00	06/05/2008	20679366

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/05/2008	06/05/2008

SERFF Tracking Number: *DLSN-125681959* State: *Arkansas*
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Disposition

Disposition Date: 06/05/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *DLSN-125681959* 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*
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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

SERFF Tracking Number: DLSN-125681959 State: Arkansas
Filing Company: Delos Insurance Company (FKA Sirius America State Tracking Number: EFT \$50
Insurance Company)
Company Tracking Number: D-WC-AR-08-1RA
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 06/05/2008

Comments:
See attached.

Attachment:
D-WC-AR-08-1RA Transmittal.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 06/05/2008

Bypass Reason: We are only adopting the latest NCCI approved loss costs effective 7/1/08 and keeping the currently filed LCM and supplemental information unchanged.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 06/05/2008
Bypass Reason: We are only adopting the latest NCCI approved loss costs effective 7/1/08 and keeping the currently filed LCM and supplemental information unchanged.

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 #:

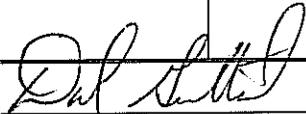
g. SERFF Filing #:

h. Subject Codes

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

5. Company Tracking Number D-WC-AR-08-1RA

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 45th Street New York, NY 10036	Vice President	(212) 702-3712	(212) 302-9279	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)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers Compensation
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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)
14. Effective Date(s) Requested	New: 7/1/2008 Renewal: 7/1/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	02-AR-2008;01-AR-2008
18. Company's Date of Filing	6/5/2008
19. Status of filing in domicile	<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-08-1RA

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 is filing to adopt the NCCI's approved loss cost filing (NCCI Item Filing #AR-2008-02). In addition we are filing to adopt the Elimination of the Manual of Undergorund Coal Mine Rules (NCCI Item 01-AR-2007).

We will continue to use the currently filed 1.45 LCM and the use of Hazard Groups 1-4 in lieu of Hazard Groups A-G.

[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 #:
Amount:

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.)

1.	This filing transmittal is part of Company Tracking #	D-WC-AR-08-1RA
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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.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & use
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4a. Rate Change by Company (As Proposed)							
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							

4b. Rate Change by Company (As Accepted) For State Use Only							
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

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

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	02-AR-2008	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	01-AR-2008	<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	