

SERFF Tracking Number: DLSN-125709829 State: Arkansas
Filing Company: Delos Insurance Company (FKA Sirius America State Tracking Number: EFT \$25
Insurance Company)
Company Tracking Number: D-WC-AR-08-4RU
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-125709829	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-08-4RU	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: David Gartland	Disposition Date: 06/25/2008
	Date Submitted: 06/25/2008	Disposition Status: Approved
Effective Date Requested (New): 09/01/2008		Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): 09/01/2008		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: Item B-1407
Reference Title: Item Filing B-1407 - Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes	Advisory Org. Circular: CIF-2008-05, CIF-2008-07
Filing Status Changed: 06/25/2008	
State Status Changed: 06/25/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Delos Insurance Company is filing to adopt NCCI countrywide Item Filing B-1407. In addition we are filing our revised Miscellaneous Page which changed the heading DTEC Rate to read Catastrophe (other than Certified Acts of Terrorism) Rate. We are not making any other changes at this time.

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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: \$25.00
 Retaliatory? No
 Fee Explanation: \$25.00 per NCCI rule filing
 adoption.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delos Insurance Company (FKA Sirius America Insurance Company)	\$25.00	06/25/2008	21086395

SERFF Tracking Number: *DLSN-125709829* State: *Arkansas*
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TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*
Product Name: *Workers Compensation*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/25/2008	06/25/2008

SERFF Tracking Number: *DLSN-125709829* State: *Arkansas*
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Company Tracking Number: *D-WC-AR-08-4RU*
TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*
Product Name: *Workers Compensation*
Project Name/Number: */*

Disposition

Disposition Date: 06/25/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *DLSN-125709829* State: *Arkansas*
 Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* State Tracking Number: *EFT \$25*
 Company Tracking Number: *D-WC-AR-08-4RU*
 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*
 Product Name: *Workers Compensation*
 Project Name/Number: */*

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	Miscellaneous Page - Arkansas	Approved	Yes

SERFF Tracking Number: DLSN-125709829 State: Arkansas
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Company Tracking Number: D-WC-AR-08-4RU
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Miscellaneous Page - Arkansas	D-WC-AR-1 (09/08)	Replacement	AR Miscellaneous Values 9.08.pdf

Delos Insurance Company
Workers Compensation
Effective September 1, 2008
Arkansas

MISCELLANEOUS VALUES

Loss Cost Multiplier (LCM): 1.450

Premium Discount Percentages:

The following premium discounts are applicable to standard premium – NCCI Table 7, Type A Carriers:

First	\$5,000 –	0.0%
Next	\$95,000 –	10.9%
Next	\$400,000 –	12.6%
Over	\$500,000 –	14.4%

Expense Constant: \$190.00

Minimum Premium Formula:

Minimum Premium = (Filed LCM * The NCCI's loss cost * Minimum Premium Multiplier) + Expense Constant

Minimum Premium Multiplier: 135
Maximum Minimum Premium: \$750

Waiver of Subrogation Rules: Multiply the applicable waiver class payroll divided by 100 by the applicable class rate by 10%.

Waiver of Subrogation Minimum Premium: \$250.00

Terrorism Rate: Apply the current, filed LCM to the NCCI's Terrorism loss cost rounded to two decimal places.

Deductible Premium Reduction Percentages: Calculate percentages by dividing the NCCI referenced loss elimination ratios by the filed LCM.

Catastrophe (other than Certified Acts of Terrorism) Rate: Apply the current filed LCM to the NCCI's DTEC loss cost, rounded to two decimal places.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 06/25/2008

Comments:
See attached.

Attachment:
D-WC-AR-08-4RU Transmittal.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 06/25/2008

Bypass Reason: Delos Insurance Company is adopting an approved NCCI filing without any other changes to our LCM or other supplementary rates.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 06/25/2008
Bypass Reason: Delos Insurance Company is adopting an approved NCCI filing without any other changes to our LCM or other supplementary rates.

Comments:

Property & Casualty Transmittal Document

**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)

Delos Insurance Company

Domicile

DE

NAIC #

35408

FEIN #

13-2930697

State #

2524

5. Company Tracking Number

D-WC-AR-08-4RU

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]**6. Name and address**David Gartland
120 West 45th Street
New York, NY 10036**Title**

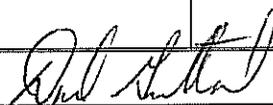
VP

Telephone #s

212-702-3712

FAX #

212-302-9279

e-maildgartland@delosinsur
ance.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

10. Sub-Type of Insurance (Sub-TOI)

16.0004

11. State Specific Product code(s)(if applicable)[See State Specific Requirements]**12. Company Program Title** (Marketing title)

Workers Compensation

13. Filing Type

Rate/Loss Cost Rules Rates/Rules
 Forms Combination Rates/Rules/Forms
 Withdrawal Other (give description)

14. Effective Date(s) Requested

New: 9/01/2008

Renewal:

9/01/2008

15. Reference Filing? Yes No**16. Reference Organization** (if applicable)

NCCI

17. Reference Organization # & Title

Item B-1407

18. Company's Date of Filing

6/25/2008

19. Status of filing in domicile Not Filed Pending Authorized Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # D-WC-AR-08-4RU

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 NCCI approved Item filing B-1407 along with our revised Miscellaneous Page showing the heading change to reflect this NCCI change.

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: \$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, unless allowed by state.)

1. This filing transmittal is part of Company Tracking #	D-WC-AR-08-4RU
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2. This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NA
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3. Filing Method (Prior Approval, File & Use, Flex Band, etc.)

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)

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	Item Filing B-1407	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	