

SERFF Tracking Number: REGU-125709220 State: Arkansas  
Filing Company: Axis Reinsurance Company State Tracking Number: EFT \$50  
Company Tracking Number: ARC-AR-FIS-08 CR  
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
Product Name: AXIS Re FIS Crime Forms  
Project Name/Number: /

## Filing at a Glance

Company: Axis Reinsurance Company  
Product Name: AXIS Re FIS Crime Forms SERFF Tr Num: REGU-125709220 State: Arkansas  
TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: ARC-AR-FIS-08 CR State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Author: Jason Graciolett Disposition Date: 06/25/2008  
Date Submitted: 06/24/2008 Disposition Status: Approved  
Effective Date Requested (New): On Approval Effective Date (New): 06/25/2008  
Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 06/25/2008

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: Domicile Status Comments: Countrywide filing - All states submitted simultaneously.  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 06/25/2008 Deemer Date:  
State Status Changed: 06/25/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
AXIS Reinsurance Company is submitting a revised independent endorsement for use with its Commercial Crime Program. The original version was approved by your department on June 14, 2007 under filing designation # ARC-AR-CRF-07 and Department file # AR-PC-07-025050. There is no overall rating impact anticipated from this revision.

This endorsement is being amended to correct typographical errors on the form.



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Product Name: AXIS Re FIS Crime Forms  
Project Name/Number: /

| COMPANY                  | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|--------------------------|---------|----------------|---------------|
| Axis Reinsurance Company | \$50.00 | 06/24/2008     | 21074756      |

SERFF Tracking Number: REGU-125709220  
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Company Tracking Number: ARC-AR-FIS-08 CR  
TOI: 26.0 Burglary & Theft  
Product Name: AXIS Re FIS Crime Forms  
Project Name/Number: /

State: Arkansas  
State Tracking Number: EFT \$50  
Sub-TOI: 26.0001 Commercial Burglary & Theft

## Correspondence Summary

### Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 06/25/2008 | 06/25/2008     |

SERFF Tracking Number: REGU-125709220

State: Arkansas

Filing Company: Axis Reinsurance Company

State Tracking Number: EFT \$50

Company Tracking Number: ARC-AR-FIS-08 CR

TOI: 26.0 Burglary & Theft

Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: AXIS Re FIS Crime Forms

Project Name/Number: /

## Disposition

Disposition Date: 06/25/2008

Effective Date (New): 06/25/2008

Effective Date (Renewal): 06/25/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125709220 State: Arkansas  
 Filing Company: Axis Reinsurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: ARC-AR-FIS-08 CR  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: AXIS Re FIS Crime Forms  
 Project Name/Number: /

| Item Type           | Item Name   | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty        | Approved    | Yes           |
| Supporting Document | Filing Authorization                                    | Approved    | Yes           |
| Supporting Document | Side-By-Side Comparison                                 | Approved    | Yes           |
| Supporting Document | Form List   | Approved    | Yes           |
| Form                | AMEND DEFINITION OF EMPLOYMENT BENEFIT PLAN ENDORSEMENT | Approved    | Yes           |

SERFF Tracking Number: REGU-125709220

State: Arkansas

Filing Company: Axis Reinsurance Company

State Tracking Number: EFT \$50

Company Tracking Number: ARC-AR-FIS-08 CR

TOI: 26.0 Burglary & Theft

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Product Name: AXIS Re FIS Crime Forms

Project Name/Number: /

## Form Schedule

| Review Status | Form Name   | Form #            | Edition Date | Form Type Action                 | Action Specific Data   | Readability | Attachment   |
|---------------|---|-------------------|--------------|----------------------------------|--|-------------|--|
| Approved      | AMEND<br>DEFINITION OF<br>EMPLOYMENT<br>BENEFIT PLAN<br>ENDORSEMENT | CR 1001<br>(0607) | 0607         | Endorsement/Amendment/Conditions | Replaced Form #:0.00<br>CR 1001 (10/05)<br>Previous Filing #:<br>ARC-AR-CRF-07<br>(Department file #<br>AR-PC-07-<br>025050) |             | CR1001<br>0607 Amend<br>Definition of<br>Employment<br>Benefit<br>Plan.pdf |

Endorsement No.

Effective date of this endorsement: 12:01 a.m. on \_\_\_\_\_

To be attached to and form part of Policy Number: \_\_\_\_\_

Issued to: \_\_\_\_\_

By: \_\_\_\_\_

**AMEND DEFINITION OF EMPLOYMENT BENEFIT PLAN ENDORSEMENT**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**CRIME POLICY**

In consideration of the premium charged, it is agreed that the term **Employment Benefit Plan** as defined in Section II. DEFINITIONS of this Policy, is amended to include the following:

*<list plan(s)>*

All other provisions remain unchanged.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

*SERFF Tracking Number:*     *REGU-125709220*

*State:*                         *Arkansas*

*Filing Company:*            *Axis Reinsurance Company*

*State Tracking Number:*    *EFT \$50*

*Company Tracking Number:* *ARC-AR-FIS-08 CR*

*TOI:*                         *26.0 Burglary & Theft*

*Sub-TOI:*                    *26.0001 Commercial Burglary & Theft*

*Product Name:*             *AXIS Re FIS Crime Forms*

*Project Name/Number:*     */*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125709220 State: Arkansas  
Filing Company: Axis Reinsurance Company State Tracking Number: EFT \$50  
Company Tracking Number: ARC-AR-FIS-08 CR  
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
Product Name: AXIS Re FIS Crime Forms  
Project Name/Number: /

## Supporting Document Schedules

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

**Comments:**

**Attachment:**

AR - NAIC.pdf

**Satisfied -Name:** Filing Authorization **Review Status:** Approved 06/25/2008

**Comments:**

**Attachment:**

1. Second ARC Multi-Program Endorsement Authorization Letter.pdf

**Satisfied -Name:** Side-By-Side Comparison **Review Status:** Approved 06/25/2008

**Comments:**

**Attachment:**

2. CR 1001 Amend Definition Employment Benefit Plan Endt - Side-By-Side Comp.pdf

**Satisfied -Name:** Form List **Review Status:** Approved 06/25/2008

**Comments:**

**Attachment:**

3. FIS ARC Optional Endorsements List MULTISTATE Crime.pdf

## Property & Casualty Transmittal Document

|   |   |
|---|---|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br>New Business<br>Renewal Business<br>f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes |
|---|---|

|                      |                     |
|----------------------|---------------------|
| <b>3. Group Name</b> | <b>Group NAIC #</b> |
|                      |                     |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|--------------------|----------|--------|--------|---------|
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |

|                                   |  |
|-----------------------------------|--|
| <b>5. Company Tracking Number</b> |  |
|-----------------------------------|--|

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|------------------|-------|--------------|-------|--------|
|    |                  |       |              |       |        |
|    |                  |       |              |       |        |

|  |  |
|--|--|
| 7. Signature of authorized filer         |  |
| 8. Please print name of authorized filer |  |

**Filing information** (see General Instructions for descriptions of these fields)

|  |   |
|--|---|
| 9. Type of Insurance (TOI)   |   |
| 10. Sub-Type of Insurance (Sub-TOI)  |   |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] |   |
| 12. Company Program Title (Marketing title)  |   |
| 13. Filing Type  | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested  | New: <input type="text"/> Renewal: <input type="text"/>   |
| 15. Reference Filing?  | <input type="checkbox"/> Yes <input 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 type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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.)

PC TD-1 pg 2 of 2

## 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>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) |  |
|-----------|---|--|

| <b>3.</b> | <b>Form Name<br/>/Description/Synopsis</b> | <b>Form #<br/>Include edition date</b> | <b>Replacement<br/>Or<br/>withdrawn?</b>   | <b>If replacement,<br/>give form #<br/>it replaces</b> | <b>Previous state<br/>filing number,<br/>if required by state</b> |
|-----------|--|--|--|--|---|
| 01        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 02        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 03        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 04        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 05        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 06        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 07        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 08        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 09        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 10        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |

PC FFS-1

## 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.)**

|           |  |  |
|-----------|--|--|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> |  |
|-----------|--|--|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) |  |
|-----------|---|--|

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

|           |  |  |
|-----------|--|--|
| <b>3.</b> | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b> |  |
|-----------|--|--|

|            |   |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|
| <b>4a.</b> | <b>Rate Change by Company (As Proposed)</b> |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|

| 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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
|              |  |                       |   |  |                                  |                                   |                                   |
|              |  |                       |   |  |                                  |                                   |                                   |

|            |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|
| <b>4b.</b> | <b>Rate Change by Company (As Accepted) For State Use Only</b> |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|

| 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 |
|--------------|--|-----------------------|---|--|----------------------------------|------------------|------------------|
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |

|   |  |  |  |
|---|--|--|--|
| <b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b> |  |  |  |
|---|--|--|--|

|           |  | COMPANY USE | STATE USE |
|-----------|--|-------------|-----------|
| <b>5a</b> | <b>Overall percentage rate indication (when applicable)</b>            |             |           |
| <b>5b</b> | <b>Overall percentage rate impact for this filing</b>                  |             |           |
| <b>5c</b> | <b>Effect of Rate Filing – Written premium change for this program</b> |             |           |
| <b>5d</b> | <b>Effect of Rate Filing – Number of policyholders affected</b>        |             |           |

|           |   |  |
|-----------|---|--|
| <b>6.</b> | <b>Overall percentage of last rate revision</b> |  |
|-----------|---|--|

|           |   |  |
|-----------|---|--|
| <b>7.</b> | <b>Effective Date of last rate revision</b> |  |
|-----------|---|--|

|           |   |  |
|-----------|---|--|
| <b>8.</b> | <b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b> |  |
|-----------|---|--|

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn?  | Previous state filing number, if required by state |
|----|---------------------------------------|--|--|
| 01 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 02 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 03 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |



June 20, 2008

**Re: AXIS Reinsurance Company**  
**NAIC Number 3416-20370, FEIN 51-0434766**

To Whom It May Concern:

Insurance Regulatory Consultants, LLC (IRC) is hereby authorized to submit rate, rule, and form filings on behalf of **AXIS Reinsurance Company**. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Insurance Regulatory Consultants at the following address:

Insurance Regulatory Consultants, LLC (IRC)  
50 Broad Street, Suite 501  
New York, NY 10004  
(212) 571-3989  
(212) 571-2502 (fax)

Please contact me if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in cursive script that reads "R. Kreis".

Roseanna Kreis  
Regulatory Filing Analyst  
Telephone 678-746-9402  
Fax 678-746-9317  
Roseanna.kreis@axiscapital.com

Endorsement No.

Effective date of this endorsement: 12:01 a.m. on \_\_\_\_\_

To be attached to and form part of Policy Number: \_\_\_\_\_

Issued to: \_\_\_\_\_

By: \_\_\_\_\_

**AMEND DEFINITION OF EMPLOYMENT BENEFIT PLAN ENDORSEMENT**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**CRIME POLICY**

In consideration of the premium charged, it is agreed that the term **Employment Benefit Plan** as defined in Section ~~III II. Definitions~~ DEFINITIONS of the ~~is~~ Policy, is amended to include the following:

<list plan(s)>

All other provisions remain unchanged.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

**SUPPLEMENTAL ENDORSEMENTS INDEX  
MULTI-STATE**

| <b>FORM NO.</b> | <b>If MULTI-USE (MU),<br/>COMPATIBLE<br/>FORMS</b> | <b>FORM TITLE &amp; DESCRIPTION</b>  |
|-----------------|--|--|
| CR 1001<br>0607 |  | Amend Definition of Employment Benefit Plan Endorsement - To schedule employee benefit plans pursuant to the form.<br>This endorsement is being amended to correct a typographical error (capitalization of DEFINITIONS) |