

SERFF Tracking Number: XLAM-125525100 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08SD-WC-WC01-MU-AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC Company Form Filing-In Witness Endorsement/08SD-WC-WC01-MU-AR

Filing at a Glance

Company: XL Specialty Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

SERFF Tr Num: XLAM-125525100 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: 08SD-WC-WC01-MU-AR

State Status: Fees verified and received

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Jocelyn Miller-Harris

Disposition Date: 03/07/2008

Date Submitted: 03/06/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 03/07/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: WC Company Form Filing-In Witness Endorsement

Project Number: 08SD-WC-WC01-MU-AR

Reference Organization:

Reference Title:

Filing Status Changed: 03/07/2008

State Status Changed: 03/07/2008

Corresponding Filing Tracking Number:

Filing Description:

Filing to adopt revised In Witness Endorsement. Form was revised to conform to NCCI form numbering standards.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Jocelyn Miller-Harris, State Filings Analyst

jocelyn.miller-harris@xlai.com

1201 North Market street

(302) 661-7033 [Phone]

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Wilmington, DE 19801

(302) 778-4190[FAX]

Filing Company Information

XL Specialty Insurance Company
1201 N. Market Street
Suite 501

CoCode: 37885
Group Code: 1285

State of Domicile: Delaware
Company Type:

Wilmington, DE 19801
(800) 394-3909 ext. [Phone]

Group Name:
FEIN Number: 85-0277191

State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 50.00 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
XL Specialty Insurance Company	\$50.00	03/06/2008	18373468

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/07/2008	03/07/2008

SERFF Tracking Number: *XLAM-125525100* *State:* *Arkansas*
Filing Company: *XL Specialty Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08SD-WC-WC01-MU-AR*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers Compensation*
Project Name/Number: *WC Company Form Filing-In Witness Endorsement/08SD-WC-WC01-MU-AR*

Disposition

Disposition Date: 03/07/2008

Effective Date (New): 03/07/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125525100 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	In Witness Endorsement	WC 99 06 07A	01/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 IL MP 9104 0406 XLS Previous Filing #: 06SD-AP-ML01- CW-AR		WC 99 06 07A.pdf

IN WITNESS ENDORSEMENT

XL SPECIALTY INSURANCE COMPANY

ADMINISTRATIVE OFFICE: SEAVIEW HOUSE
70 SEAVIEW AVENUE
STAMFORD, CT 06902-6040

STATUTORY HOME OFFICE: 1201 NORTH MARKET STREET
SUITE 501
WILMINGTON, DE 19801

It is hereby agreed and understood that the following In Witness Clause supercedes any and all other In Witness clauses in this policy.

All other provisions remain unchanged.

IN WITNESS WHEREOF, the Company has caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by a duly authorized representative of the Company.



John R. Glancy
President



Kenneth P. Meagher
Secretary

SERFF Tracking Number: *XLAM-125525100* *State:* *Arkansas*
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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 03/07/2008

Comments:

Attachments:

NAIC Transmittal.pdf
Form Filing Schedule.pdf

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: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
XL America, Inc.	1285

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
XL Specialty Insurance Company	DE	37885	85-0277191	

5. Company Tracking Number	08SD-WC-WC01-MU-AR
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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
	Jocelyn Miller-Harris	State Filings Analyst	302-661-7033	302-778-4190	Jocelyn.Miller-Harris@xlgroup.com
	1201 N. Market St., #501 Wilmington, DE 19801				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Jocelyn Miller-Harris		

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

9. Type of Insurance (TOI)	Workers Compensation
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)	WC Company Form Filing
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 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	3/6/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	08SD-WC-WC01-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]

On behalf of XL Specialty Insurance Company we are submitting for your review a revised In Witness Endorsement, WC 99 06 07A, to be used with Workers' Compensation policies. This endorsement revises IL MP 9104 0406 XLS, to be consistent with the NCCI form numbering format, however the content is unchanged.

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]
<p>Check #: Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

Effective March 1, 2007

*****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 #	08GD-WC-WC01-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	In Witness Endorsement	WC 99 06 07A	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL MP 9104 0406 XLS	06SD-AP-ML01-CW-AR
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		
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		