

SERFF Tracking Number: XLAM-125525318 State: Arkansas  
 Filing Company: Greenwich Insurance Company State Tracking Number: EFT \$100  
 Company Tracking Number: 08GD-XL-XP02-AR  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
 Product Name: Other Liability  
 Project Name/Number: Lawyers Professional Liability Rate Filing/08GD-XL-XP02-AR

## Filing at a Glance

Company: Greenwich Insurance Company  
 Product Name: Other Liability SERFF Tr Num: XLAM-125525318 State: Arkansas  
 TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$100  
 Made/Occurrence  
 Sub-TOI: 17.0019 Professional Errors & Omissions Liability Co Tr Num: 08GD-XL-XP02-AR State Status: Fees verified and received  
 Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
 Author: Trish Pollard Disposition Date: 03/12/2008  
 Date Submitted: 03/06/2008 Disposition Status: Filed  
 Effective Date Requested (New): On Approval Effective Date (New):  
 Effective Date Requested (Renewal): Effective Date (Renewal):  
 State Filing Description:

## General Information

Project Name: Lawyers Professional Liability Rate Filing Status of Filing in Domicile: Not Filed  
 Project Number: 08GD-XL-XP02-AR Domicile Status Comments:  
 Reference Organization: Reference Number:  
 Reference Title: Advisory Org. Circular:  
 Filing Status Changed: 03/12/2008 Deemer Date:  
 State Status Changed: 03/12/2008  
 Corresponding Filing Tracking Number:  
 Filing Description:  
 Rate Decrease filing for our Lawyers Professional Liability Program

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: XLAM-125525318 State: Arkansas  
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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  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Greenwich Insurance Company	\$100.00	03/06/2008	18371978

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	03/12/2008	03/12/2008

SERFF Tracking Number: *XLAM-125525318* State: *Arkansas*  
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## Disposition

Disposition Date: 03/12/2008  
 Effective Date (New):  
 Effective Date (Renewal):  
 Status: Filed  
 Comment:

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
Greenwich Insurance Company	-35.000%	\$		\$	%	%	-35.000%

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Filed	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Filed	Yes
<b>Supporting Document</b>	Explanatory Memorandum	Filed	Yes
<b>Rate</b>	Arkansas State Rate Page	Filed	Yes
<b>Rate</b>	Rate Support	Filed	Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:** File & Use  
**Rate Change Type:** Decrease  
**Overall Percentage of Last Rate Revision:** 0.000%  
**Effective Date of Last Rate Revision:** 07/15/2006  
**Filing Method of Last Filing:** File & Use

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Greenwich Insurance Company	-35.000%	-35.000%				%	%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Arkansas State Rate Page	2008	Replacement	AR Rate Pages 2008.pdf
Filed	Rate Support		New	GIC GL Est Inv Earnings Exhibit Lawyers.pdf

GREENWICH INSURANCE COMPANY  
ARKANSAS RATE PAGES

I. Base Rate:

<u>Base Limits</u>	<u>Deductible</u>	<u>Premium</u>
\$100,000/\$300,000	\$1,000	Per Attorney
Territory No. 1: All Areas		\$600

II. Deductible Credit:

<u>Deductible Amount</u>	<u>Damages and Claim Expense</u>	
	Per <u>Claim</u>	<u>Aggregate</u>
\$2,000	.04	.02
\$5,000	.10	.04
\$10,000	.15	.06
\$15,000	.18	.09
\$20,000	.20	.13
\$25,000	.21	.18
\$30,000	.23	.20
\$50,000	.27	.24
\$75,000	.33	.28
\$100,000	.40	.35

III. Area of Practice Rating Modification Factors:

<u>Area of Practice</u>	<u>Factor</u>	<u>Area of Practice</u>	<u>Factor</u>
Administrative Law	0.95	Guardianship/Juvenile	0.65
Admiralty Law	0.90	Immigration and Naturalization	0.65
Adoption Law	0.65	Insurance Defense	0.70
Antitrust/Trade Regulation	1.05	Intellectual Property	1.60
Arbitration/Mediation	0.75	(Patents, Copyrights & Trademarks)	
Bankruptcy	0.80	International Law	1.00
Business Transactions & Contracts	0.90	Labor-Management	1.00
Civil Rights and Discrimination	1.00	Labor-Union/Employee	1.05
Collection/Repossession	1.00	Local Government (not bonds)	0.65
Commercial Litigation-Plaintiff	1.00	Mass Torts/Class Actions	1.40
Commercial Litigation-Defense	0.85	Natural Resources (Oil and Gas)	1.05
Construction/Building Contracts	1.00	Personal Injury-Plaintiff	1.25
Consumer Claims	1.00	Personal Injury-Defendant	0.70
Corporate Administrative	0.85	Real Estate-Commercial	1.40
Corporate & Business Organization	0.85	Real Estate-Residential	1.20
Corporate Mergers and Acquisitions	1.05	Residential-Title/Abstracting	1.60
Criminal	0.60	Securities	1.60
Divorce w/Assets <= \$1M	0.65	Social Security	0.65
Divorce w/Assets > \$1M	1.10	Taxation	1.00
Environmental Law	1.05	Workers' Compensation-Defense	0.70
Entertainment	1.15	Workers' Compensation-Plaintiff	0.85
ERISA/Employee Benefits	1.40	Wills, Trusts, Estates < \$1M	0.65
Financial Institutions/Banking	1.10	Wills, Trusts, Estates \$1M-\$5M	1.00
Government Contracts and Claims	1.00	Wills, Trusts, Estates > \$5M	1.40
		Other	1.00

GREENWICH INSURANCE COMPANY  
ARKANSAS RATE PAGES

IV. Claims Made Maturity Factors

<u>Years of Maturity</u>	<u>Rating Factor</u>
1 <sup>st</sup> Year	1.00
2 <sup>nd</sup> Year	1.40
3 <sup>rd</sup> Year	1.60
4 <sup>th</sup> Year	1.80
5 <sup>th</sup> Year	2.00
6 <sup>th</sup> Year or more	2.20

V. ILF Factors

<u>Limits of Liability</u>	<u>DWL ILF</u>	<u>DOL ILF</u>
100/300	1.00	1.25
250/500	1.35	1.50
500/500	1.60	1.75
500/1M	1.77	1.92
1M/1M	1.87	2.02
1M/2M	2.07	2.22
1M/3M	2.16	2.31
2M/2M	2.38	2.55
2M/3M	2.43	2.60
2M/4M	2.51	2.64
3M/3M	2.72	2.86
4M/4M	2.99	3.14
5M/5M	3.22	3.38
6M/6M	3.39	
7M/7M	3.54	
8M/8M	3.65	
9M/9M	3.76	
10M/10M	3.85	

VI. Size of Firm Credit Factors

<u>Number of Attorneys</u>	<u>Credit</u>
First 5	0%
Next 25	30%
Over 30	45%

VII. Experience Rating Factors

<u>Incurred Loss Ratio</u>	<u>0-5 Attorneys</u>	<u>6-10 Attorneys</u>	<u>11-20 Attorneys</u>	<u>20+ Attorneys</u>
0-25%	5.0% Credit	7.5% Credit	10.0% Credit	12.5% Credit
26-50%	0.0%	0.0%	0.0%	0.0%
51-75%	5.0% Debit	7.5% Debit	10.0% Debit	12.5% Debit
76-100%	7.5% Debit	10.0% Debit	12.5% Debit	15.0% Debit
Over 100%	10.0% Debit	12.5% Debit	15.0% Debit	20.0% Debit

GREENWICH INSURANCE COMPANY  
ARKANSAS RATE PAGES

VII. Other Individual Risk Rating Modifications

(All of the following rating factors are additive, while all of the above factors are multiplicative, except for the deductible credit which is subtracted from the increased limit factor)

A. Risk Management Rating Plan

<u>Risk Management System</u>	<u>Credit</u>	<u>Debit</u>
Docket Control/Conflicts/Procedural Systems	0-2.5%	0-2.5%
Client Intake Procedures/Client Relations	0-2.5%	0-2.5%
Internal Management/Training/Controls	0-2.5%	0-2.5%
Formal Policies and Procedures/ Formal Risk Management Program	0-2.5%	0-2.5%

B. Scheduled Rating Plan

<u>Scheduled Rating Plan Characteristic</u>	<u>Credit</u>	<u>Debit</u>
Firm Structure, History and Financial Condition	0-10.0%	0-10.0%
Severity Exposure/Transaction or Case Size	0-10.0%	0-10.0%
Firm Experience/Credentials/Qualifications	0-10.0%	0-10.0%
Client Involvement/Number and Type of Clients	0-10.0%	0-10.0%
Specialization-Generalization/Caseload/Support	0-5.0%	0-5.0%

C. Continuing Legal Education Credits

<u>Qualification</u>	<u>Credit</u>
Min. of 3.0 Credit Hours of CLE, primarily devoted to Risk Management, Ethics or Malpractice Avoidance	2% Credit Per Attorney, up to a Maximum 10% per firm

D. Renewal Credit

<u>Qualification</u>	<u>Credit</u>
Each initial renewal and uninterrupted renewal thereafter	3.75%

*Each of the above characteristics are to be added together, then multiplied as a single factor against the other rating factors and the base rate. The maximum schedule rating modification is a 25% total debit or credit.*

VIII. Optional Coverage

<u>Type of Coverage</u>	<u>Premium Adjustment (Debit/Credit)</u>
A. Career Coverage Endorsement	Per Attorney basis, up to 10% Debit per firm
B. Extended Reporting Coverage	
1 Year Term	100% of last annual Premium
3 Year Term	185% of last annual Premium
5 Year Term	225% of last annual Premium
7 Year Term	250% of last annual Premium

**XL Insurance**  
**Lawyers Professional Liability**  
**Expense Exhibit**

Commission & Brokerage	19.5%
Other Acquisition	2.0%
General Expense	10.0%
Taxes, Licenses, & Fees	3.0%
<u>Profit &amp; Contingencies*</u>	<u>6.6%</u>
Total Expenses	41.1%
<hr/> <hr/>	
Expected Loss Ratio	58.9%

\* P&C factor includes provision for Investment Income.

**General Liability**  
Estimated Investment Earnings

A.	Unearned Premium Reserve	
	1. Estimated Ultimate Premium	371,481,600
	2. Estimate Mean Unearned Premium Reserve	185,740,800
	3. Deduction for Prepaid Expense	
	Commission & Brokerage	19.50%
	Taxes, License and Fees	3.00%
	50% Other Acquisition	1.00%
	50% General Expense	5.00%
	Total	28.50%
	4. (2) x (3)	52,936,128
	5. Net Subject to Investment (2) - (4)	132,804,672
B.	Delayed Remission of Premium (Agents' Balances)	
	1. Estimated Ultimate Premium	371,481,600
	2. Average Agents' Balances (see attached exhibit)	28.12%
	3. Delayed Remission (1) x (2)	104,454,190
C.	Loss Reserves	
	1. Estimated Ultimate Premium	371,481,600
	2. Expected Incurred Loss and LAE Ratio	58.9%
	3. Expected Incurred Loss and LAE (1) * (2)	218,718,270
	4. Mean Loss Reserve to Incurred Loss Ratio (see attached exhibit)	2.383
	5. Expected Mean Loss Reserves (3) * (4)	521,114,450
D.	Surplus	
	1. Surplus [P:S=1.5] * A(1)	247,654,400
	2. Add Revenue for Risk Load	0
	3. Risk Load Revenue	0
E.	Subject to Investment Income    A(6) - B(3) + C(5) + D(1)	797,119,332
F.	Avg Rate of Return (see attached exhibit)	1.69%
G.	Investment Earnings    F * E	13,481,595
H.	Avg ROR as % of EP BFIT    G/ A(1)	3.63%
I.	Avg ROR as % of EP AFIT    (Overall tax rate of 34.9% applied, see attached)	2.36%
J.	Required Total Return on Premium (see attached exhibit)	6.67%
K.	Indicated U/W Profit Provision    J - I	4.30%
L.	Indicated Pre Tax U/W Profit Provision    K/(1-0.35)	6.62%
M.	Selected Pre Tax U/W Profit Provision	<b>6.62%</b>

**XL Insurance  
Estimated Investment Earnings**

Line A-2

The unearned premium reserve is 0.5 times the estimated ultimate premium due to the fact that these are all annual policies.

Line A-3

*Deduction for prepaid expenses:*

Production costs and a significant portion of other company expenses in connection with the writing and handling of insurance policies, exclusive of claim adjustment expenses, are incurred when the premium is written and before the premium is paid. These provisions were selected from the program experience.

Line B-2

*Delayed Remission of Premium:*

This deduction is necessary because of delay in collection and remission of premium to the companies beyond the initial effective date of their policies. Funds for the unearned premium reserve required during the initial days of most policies must be taken from the company's surplus.

The ratio is based on data from the Best's Aggregates and Averages 2004 Edition.

1.	Net Earned Premium for Calendar Year 2003	175,619,203
2.	Net Agents' Balances as of 12/31/03	51,605,192
3.	Net Agents' Balances as of 12/31/02	47,156,963
4.	Mean Agents' Balances: $0.5 * [(2) + (3)]$	49,381,078
5.	Ratio (4) / (1)	28.12%

**General Liability**  
Estimated Investment Earnings

Line C-3

*Expected Mean Loss Reserve*

The expected mean loss reserve is determined by multiplying the expected incurred losses from C-2 by the average historical ratio of the mean loss and loss adjustment expenses to the incurred losses and loss adjustment expenses for the line of business. This ratio is based on line of business specific data and includes an adjustment for the estimated federal income taxes payable due to the discounting of loss reserves.

**Industry**

1.	Incurred losses and LAE for 2002	47,580,634
2.	Incurred losses and LAE for 2003	48,266,068
3.	Net Loss and LAE Reserves as of 12/31/2001	106,098,970
4.	Net Loss and LAE Reserves as of 12/31/2002	121,047,056
5.	Net Loss and LAE Reserves as of 12/31/2003	134,372,976
6.	Mean Loss Reserves 2000: $0.5 * [(3) + (4)]$ "	113,573,013
7.	Mean Loss Reserves 2001: $0.5 * [(3) + (4)]$ "	127,710,016
8.	Ratio (6) / (1)	2.387
9.	Ratio (7) / (2)	2.646
10.	$0.5 * [(8) + (9)]$	2.516
11.	Estimated Reserve Discount	15.2%
12.	Federal Taxes Payable (% of reserves): (11) * 35%	5.3%
13.	$(10) * [1.0 - (12)]$	2.383
14.	Selected	2.383

## XL Insurance

### Estimated Investment Earnings

*Calculation of Total Rate of Return*  
based on Greenwich Insurance Company Annual Statement.

#### Net Investment Income Earned

<u>Year</u>	<u>Net Investment Income Earned</u>	<u>Cash and Invested Assets</u>	<u>Mean Cash and Invested Assets</u>	<u>Rate of Return</u>
2001	11,604,220	640,507,495		
2002	10,135,368	551,252,249	595,879,872	1.70%
2003	10,969,558	630,823,033	591,037,641	1.86%
<u>2004</u>	<u>16,741,408</u>	<u>839,189,906</u>	<u>735,006,470</u>	<u>2.28%</u>
Total	37,846,334	2,021,265,188	1,921,923,983	1.97%

#### Net Realized Capital Gains (Losses)

<u>Year</u>	<u>Realized Capital Gains or Losses</u>	<u>Cash and Invested Assets</u>	<u>Mean Cash and Invested Assets</u>	<u>Rate of Return</u>
2001	1,726,855	640,507,495		
2002	15,990,652	551,252,249	595,879,872	2.68%
2003	5,526,194	630,823,033	591,037,641	0.93%
<u>2004</u>	<u>203,261</u>	<u>839,189,906</u>	<u>735,006,470</u>	<u>0.03%</u>
Total	21,720,107	2,021,265,188	1,921,923,983	1.13%

#### Net Unrealized Capital Gains (Losses)

<u>Year</u>	<u>Unrealized Capital Gains or Losses</u>	<u>Cash and Invested Assets</u>	<u>Mean Cash and Invested Assets</u>	<u>Rate of Return</u>
2001	4,597,803	640,507,495		
2002	(7,422,351)	551,252,249	595,879,872	-1.25%
2003	(41,544,255)	630,823,033	591,037,641	-7.03%
<u>2004</u>	<u>21,905,463</u>	<u>839,189,906</u>	<u>735,006,470</u>	<u>2.98%</u>
Total	(27,061,143)	2,021,265,188	1,921,923,983	-1.41%

**TOTAL Rate of Return: 1.69%**

**XL Insurance**  
Estimated Investment Earnings

Line J

*Calculation of After Tax Target Rate of Return*

The Company has determined that an average after-tax return on equity of at least 10% is necessary to attract and retain investors. This target has been tested by using industry known Capital Assets Pricing Model, which determines the cost of equity capital that stock holders demand. The equation of the model is as follows:

$$KE = RF^1 + B(RM - RF^2)$$

- KE = cost of equity capital
- RF<sup>1</sup> = risk free rate of return (10 year Treasury Note)
- RF<sup>2</sup> = risk free rate of return (25 year average)
- B = Beta
- RM = overall rate of return on stock market

A value of 4.49% has been selected for the RF<sup>1</sup>. This is the yield on 10 year US Treasury Notes as of June 9, 2004.

A value of 8.07% has been selected for RF<sup>2</sup>. This is the twenty-five year average (1979-2003) of annual yields on 10 year US Treasury Notes.

The B rating for XL Capital is 0.9 (Source: NYSE, 4/15/05)

A value of 14.23% has been selected for the RM, the overall rate of return on the stock market. This is the twenty-five year average (1979-2003) as measured by the S&P 500 Index.

Based on the selected parameters, a fair and reasonable cost of equity capital would be 10%. The selection of 10% is hence fair and reasonable.

where:

$KE = 4.5 + 0.9*(14.2-8.1)$ $KE = 10.0\%$ <p><b>Selected = 10.0%</b></p>	$RF^1 = 4.49\%$ $RF^2 = 8.07\%$ $B = 0.90$ $RM = 14.2\%$
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**XL Insurance**  
Estimated Investment Earnings

Line I

The effective income tax rate on investment income is calculated as a weighted average of the effective tax rate on investments and the tax rate for capital gains, with the rates of return used as weights.

	<u>Rate of Return</u>	<u>Federal Income Tax Rate</u>
Net Investment Income Earned	1.97%	34.9%
Net Realized Capital Gains	<u>1.13%</u>	<u>35.0%</u>
	3.10%	34.9%

The average rate of federal income tax is determined by applying appropriate tax rates to the distribution of investment income earned for the current year for XL Insurance America, Inc and Greenwich Insurance Company as in the 2004 Annual Statement.

	<u>Investment Income Earned</u>	<u>Federal Income Tax Rate</u>
<b><u>Bonds</u></b>		
Taxable	16,256,980	35.0%
<u>Non-Taxable*</u>	<u>71,583</u>	<u>5.0%</u>
<b>Total</b>	16,328,563	34.9%
<b><u>Stocks</u></b>		
Taxable**	0	14.2%
<u>Non-Taxable (affiliates)</u>	<u>0</u>	<u>35.0%</u>
<b>Total</b>	0	0.0%
Mortgage Loans	0	35.0%
Real Estate	0	35.0%
Cash on Deposit	1,085,397	35.0%
Short-Term Investments	0	35.0%
<u>All Other</u>	<u>0</u>	<u>35.0%</u>
<b>Total</b>	1,085,397	35.0%
<b>Grand Total</b>	17,413,960	34.9%
<b>Investment Deduction</b>	672,552	35.0%
<b>Net Inv. Inc. Earned</b>	16,741,408	34.9%

\* Assumes 65% of the income on tax-exempt bonds is subject to proration; that is, 15% of that income is taxed at the full corporate tax rate of 35%. The applicable tax rate is thus 5% (.95 \* .15 \* .35 = .05)

\*\* 30% of the dividend income is added to the full corporate tax rate of 35%. Assume all of the dividend income on stocks is subject to proration; that is, 15% of the remaining 70% of dividend income is taxed at a rate of 35%. The applicable tax rate is thus 14.2% ((.30\*.35)+(.7\*.15\*.35)=.142)

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 03/12/2008

**Comments:**

**Attachments:**

NAIC Transmittal-Forms.pdf  
 Rate-Rule Filing Schedule.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 03/12/2008

**Bypass Reason:** N/A

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Filed 03/12/2008

**Bypass Reason:** N/A

**Comments:**

**Satisfied -Name:** Explanatory Memorandum **Review Status:** Filed 03/12/2008

**Comments:**

**Attachment:**

Lawyers Actuarial Memo 2008\_Base Rate\_AR.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	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

<b>3. Group Name</b>	<b>Group NAIC #</b>
XL America, Inc.	1285

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Greenwich Insurance Company	DE	22322	95-1479095	

<b>5. Company Tracking Number</b>	<b>08GD-XL-XP02-AR</b>
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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
	Patricia Pollard 1201 N. Market, Suite 501 Wilmington, DE 19801	Senior State Filings Analyst	302-661-7059 866-304-3079	302-778-4190	Patricia.Pollard@xlgroup.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Patricia Pollard

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

<b>9. Type of Insurance (TOI)</b>	Other Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Professional Liability
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	Lawyers Professional Liability
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: Upon Approval                      Renewal: Upon Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	

<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	08GD-XL-XP02-AR
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Greenwich Insurance Company is hereby submitting a revision to their rate filing for their Lawyers Professional Liability Program. We are proposing a rate decrease of 35%. Please see the attached explanatory memo for further details of this filing.

<b>22. Filing Fees</b> (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]
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**Check #:** EFT  
**Amount:** 25.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

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.)**

## 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>08GD-XL-XP02-AR</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>File &amp; Use</b>
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)
Greenwich	-35%	-35%					

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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>Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>	-35%	
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>	-35%	
<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>Initial Filing</b>
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<b>7.</b>	<b>Effective Date of last rate revision</b>	<b>9-1-05</b>
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>File &amp; Use</b>
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Arkansas State Rate Page 2008	<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	

## **Greenwich Insurance Company**

### **Lawyers Professional Liability**

#### **Actuarial Memorandum**

##### Overview

Greenwich Insurance Company is presenting a rate filing for Lawyers Professional Liability. This filing proposes a change in base rates, based on a comparison of similar states in the Midwest region. The overall impact on current insureds would be a rate decrease of 35%.

##### Exhibits - Expense and Investment Income

Expense and investment income is provided for informational purposes. The projected expenses are based on the expected expense structure of this program. Actual expected commission is used along with internal estimates of other acquisition, general and taxes/licenses/fees. An ISO state x method is used for determining the investment income provision. Annual statement data along with Other Liability page 15 data is used to project the pre-tax underwriting profit provision.