

SERFF Tracking Number: ERCA-125344166 State: Arkansas
 First Filing Company: Employers Reinsurance Corporation, ... State Tracking Number: AR-PC-07-026616
 Company Tracking Number: 9-COP-AR-07-02894-1-F
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: AR - WIC/ERC/NAS/NAE - Commercial Outuput Program - Form Tier Filing
 Project Name/Number: AR - WIC/ERC/NAS/NAE - Commercial Outuput Program - Form Tier Filing/9-COP-AR-07-02894-1-F

Filing at a Glance

Companies: Employers Reinsurance Corporation, Westport Insurance Corporation, North American Elite Insurance Company, North American Specialty Insurance Company

Product Name: AR - WIC/ERC/NAS/NAE - SERFF Tr Num: ERCA-125344166 State: Arkansas

Commercial Outuput Program - Form Tier Filing

TOI: 01.0 Property SERFF Status: Closed State Tr Num: AR-PC-07-026616

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: 9-COP-AR-07-02894-1-F State Status:

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Robin Bromell Disposition Date: 11/02/2007

Date Submitted: 10/31/2007 Disposition Status: Approved

Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal): 01/01/2008

General Information

Project Name: AR - WIC/ERC/NAS/NAE - Commercial Outuput Program - Form Tier Filing Status of Filing in Domicile: Pending

Project Number: 9-COP-AR-07-02894-1-F Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 11/02/2007

State Status Changed: 11/01/2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

As a result of the recent acquisition of the GEIS Insurance companies by Swiss Re, we are requesting to add North American Specialty Insurance Company (NAS) and North American Elite Insurance Company (NAE) to our multi-tier AAIS Commercial Output Program (COP), which already includes Westport Insurance Corporation (WIC) and Employers Reinsurance Corporation (ERC). This filing will also result in a rate tier structure similar to what is currently approved today. The tier will consist of the four companies captioned above. Note the proposed changes are designed

<i>SERFF Tracking Number:</i>	<i>ERCA-125344166</i>	<i>State:</i>	<i>Arkansas</i>
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to minimize the impact on our current books of business.

The purpose of this filing is to adopt all current AAIS forms effective the approval date of this filing for NAS and NAE. We have authorized AAIS to file on our behalf. It is our intent to use AAIS forms with our Commercial Output Program. We are aware that there may be more than one version of a form or declaration, but due to system implementation for the different companies, we need to retain all versions for future use.

We recently advised your department of the proposed merger of Westport Insurance Corporation (WIC) with and into Employers Reinsurance Corporation (ERC), affiliated Missouri-domiciled insurers both licensed to do business in Arkansas. ERC is the direct parent of WIC. The expected effective date of the merger is January 1, 2008; and ERC, the surviving entity, will change its name to Westport Insurance Corporation.

While COP filings have been in place for some time for both ERC and WIC, we have only used WIC to issue policies. Accordingly, ERC has no current COP policyholders. We expect there to be no material impact to our current policyholders, and notices or endorsements, as required, will inform policyholders of the merger and change of the ERC company name to WIC. All of the forms contained in this filing are exactly the same for WIC and ERC, and the rates contained in the companion rate/rule filing are identical for both companies.

This filing is being submitted under the Prior Approval provisions. We respectfully request an effective date of January 1, 2008.

Company and Contact

Filing Contact Information

Robin Bromell, Compliance Specialist	robin_bromell@swissre.com
5200 Metcalf	(800) 241-3470 [Phone]
Overland Park, KS 66201-1379	(913) 676-6226[FAX]

Filing Company Information

Employers Reinsurance Corporation	CoCode: 39845	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
North American Elite Insurance Company	\$0.00	10/31/2007	
North American Specialty Insurance Company	\$0.00	10/31/2007	
Westport Insurance Corporation	\$50.00	10/31/2007	16410660
Employers Reinsurance Corporation	\$0.00	10/31/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/02/2007	11/02/2007

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Disposition

Disposition Date: 11/02/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal): 01/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes

SERFF Tracking Number: *ERCA-125344166* *State:* *Arkansas*
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/02/2007

Comments:

Attachments:

AR Form Filing Schedule.pdf

AR PCTD1 Transmittal-Forms.pdf

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.)

1.	This filing transmittal is part of Company Tracking #	9-COP-AR-07-02894-1-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	NA			
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	Adoption of AAIS Forms		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) (**Do not refer to the body of the filing for the forms listing.**) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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	Group NAIC #
Swiss Reinsurance	181

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Westport Insurance Corporation	MO	181-34207	13-1941868	
Employers Reinsurance Corporation	MO	181-39845	48-0921045	
North American Specialty Insurance Company	NH	181-29874	02-311919	
North American Elite Insurance Company	NH	181-29700	13-3440360	

5. Company Tracking Number	9-COP-AR-07-02894-1-F
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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
	Robin Bromell 5200 Metcalf Overland Park, KS 66201	Compliance Specialist	800-255-6931, Ext. 5503	913-676-6226	Robin_bromell@swis sre.com
7.	Signature of authorized filer		<i>Robin Bromell</i>		
8.	Please print name of authorized filer		Robin Bromell		

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

9. Type of Insurance (TOI)	1.0000
10. Sub-Type of Insurance (Sub-TOI)	1.0001
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 <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: 01/01/2008 Renewal: 01/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	AAIS
17. Reference Organization # & Title	We would like to adopt all current AAIS forms approved the effective date of this filing
18. Company's Date of Filing	10-31-2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	9-COP-AR-07-02894-1-F
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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]
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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 #: SERFF EFT
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.)**