

SERFF Tracking Number: *ERCB-125736258* *State:* *Arkansas*
Filing Company: *Westport Insurance Corporation* *State Tracking Number:* *#? \$?*
Company Tracking Number: *WIC-ML-AR-08-03801-1-R*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions Liability*

Product Name: *Accountants Professional Liability Program*
Project Name/Number: *Withdrawal of Accountants' Professional Liability Programs/WIC-ML-AR-08-03801-1-R*

Our Original Filing Numbers:

Basic Accountants Professional Liability Program: ACT-AR-97264-01
Customized Practice Coverage Package Program: APC-AR-98319-02

Date originally filed and approved:

Basic Accountants Professional Liability Program: 09/29/1997
Customized Practice Coverage Package Program: 04/22/1999

Our Filing Number for Withdrawal: WIC-ML-AR-08-03801-1-R

Effective date of withdrawal: October 1, 2008

On behalf of Westport Insurance Corporation, we wish to withdraw the rates for our Accountants Professional Liability Programs effective October 1, 2008. We currently have no Arkansas policyholders for these programs. Therefore, our withdrawal of these programs at this time will not affect any Arkansas policyholders.

We will be redesigning the Accountants Professional Liability program and do intend to write accountant's professional liability in the future. However, the new program will have new forms and rates, making the previously approved program unmarketable.

In the interest of clearing our files of these two unused programs and easing the introduction of our redesigned Accountants Professional Liability program we wish to withdraw the previously filed programs effective October 1, 2008.

When our Accountants Professional Liability program is ready for filing, we shall file with your department the appropriate forms and rates

Company and Contact

Filing Contact Information

Theresa Cox, Compliance Specialist theresa_cox@swissre.com

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TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Accountants Professional Liability Program
Project Name/Number: Withdrawal of Accountants' Professional Liability Programs/WIC-ML-AR-08-03801-1-R

5200 Metcalf (800) 255-6931 [Phone]
Overland Park, KS 66201

Filing Company Information

Westport Insurance Corporation CoCode: 39845 State of Domicile: Missouri
5200 Metcalf Group Code: 181 Company Type:
Overland Park, KS 66201 Group Name: Swiss Re State ID Number:
(800) 255-6931 ext. [Phone] FEIN Number: 48-0921045

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westport Insurance Corporation	\$0.00	07/16/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07/16/2008	07/16/2008

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TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions*
Liability
Product Name: *Accountants Professional Liability Program*
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Disposition

Disposition Date: 07/16/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: Approval for withdrawal.

Rate data does NOT apply to filing.

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Product Name: *Accountants Professional Liability Program*
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Withdrawn	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Withdrawn	Yes
Supporting Document	NAIC loss cost data entry document	Withdrawn	Yes

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Withdrawn 07/16/2008

Comments:

Attachment:

NAIC Transmittal.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Withdrawn 07/16/2008

Bypass Reason: Not applicable to this filing - We are withdrawing previously filed program

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Withdrawn 07/16/2008

Bypass Reason: Not applicable to this filing - We are withdrawing previously filed program

Comments:

Property & Casualty Transmittal Document

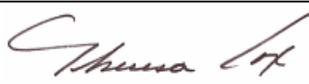
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
Swiss Re America Holding Company	181

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Westport Insurance Corporation	MO	39845	48-0921045	

5. Company Tracking Number	WIC-ML-AR-08-03801-1-R
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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
	Theresa Cox 5200 Metcalf Overland Park, KS 66201	Compliance Specialist	800-255-6931,Ext 6181	913-676-6226	theresa_cox@swissr e.com
	7. Signature of authorized filer 				
	8. Please print name of authorized filer		Theresa Cox		

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

9. Type of Insurance (TOI)	17.1 Other Liability Claims Made only
10. Sub-Type of Insurance (Sub-TOI)	17.1019 Professional Liability Errors & Omissions
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Accountants Professional Liability Programs
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input checked="" type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/01/2008 Renewal: No renewals
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	July 16, 2008
19. Status of filing in domicile	<input checked="" 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 #	WIC-ML-AR-08-03801-1-R
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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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Withdrawal of Accountants Professional Liability Programs
 Basic Accountants Professional Liability Program
 Customized Practice Coverage Package Program

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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 #: No filing fee for Withdrawals
Amount:

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

*****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 WITHDRAWAL 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.)

1.	This filing transmittal is part of Company Tracking #	WIC-ML-AR-08-03801-1-R		
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	WIC-ML-AR-08-03801-1-F		
<input type="checkbox"/>	Rate Increase	<input type="checkbox"/>	Rate Decrease	<input checked="" type="checkbox"/> Rate Neutral (0%)
3.	Overall percentage rate impact for this filing	0		
4.	Effect of Rate Filing – Written premium change for this program	0		
5.	Effect of Rate Filing – Number of policyholders	0		
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use		
7.	Rate Change by Company			
	Company Name	Percentage Change	Effect of Rate Filing	
			# of policyholders for this program	Written premium change for this program
	Westport Insurance Corp	0	0	0
8.	Overall percentage of last rate revision			
9.	Effective Date of last rate revision			
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)			
11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Westport Insurance Corporation Accountants Professional Liability Rate Page – Arkansas	WIC-ACCT-AR-R1 through R7 (08/97)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	Originally filed 09/29/1997
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	

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	Company Name	Percentage Change	Effect of Rate Filing	
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01	Westport Insurance Corporation Accountants Professional Liability Rate Page – Arkansas	WIC-ACCT-AR-R1 through R7 (11/98)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	Originally filed 04/22/1999
02	Westport Insurance Corporation Customized Practice Coverage Non-profit Director & Officer Liab – State of Arkansas	WIC-CPC-NPDO-AR-R1 through R4 (04/99)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	Originally filed 04/22/1999
03	Westport Insurance Corporation Customized Practice Coverage Employment Practices Liability – State of Arkansas	WIC-CPC-EPL-AR-R1 (04/99)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	Originally filed 04/22/1999
04	Westport Insurance Corporation Errors and Omissions Insurance Computer consultants Rate Schedule	WIC-CPC-CC-R1 through R3 (05/98)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	Originally filed 04/22/1999