

SERFF Tracking Number: ERCB-125811264 State: Arkansas  
 First Filing Company: Westport Insurance Corporation, ... State Tracking Number: EFT \$25  
 Company Tracking Number: 9-WC-AR-08-03901-1-R  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: NCCI Adoption Filing - 08-03901  
 Project Name/Number: NCCI Adoption Filing - 08-03901/9-WC-AR-08-03901-1-R

## Filing at a Glance

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

Product Name: NCCI Adoption Filing - 08-03901	SERFF Tr Num: ERCB-125811264	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 9-WC-AR-08-03901-1-R	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: Linda Snook	Disposition Date: 09/10/2008
	Date Submitted: 09/10/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2010		Effective Date (New): 07/01/2010
Effective Date Requested (Renewal): 01/01/2010		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: NCCI Adoption Filing - 08-03901	Status of Filing in Domicile:
Project Number: 9-WC-AR-08-03901-1-R	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: Item B 1406
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/10/2008	
State Status Changed: 09/10/2008	Deemer Date:
Corresponding Filing Tracking Number: n/a	
Filing Description:	

Swiss Reinsurance is adopting the approved NCCI Worker's Compensation Circular Item B 1406, in three of its companies, Westport Insurance Corporation (WIC), North American Specialty Insurance Company (NAS) and North American Elite Insurance Company (NAE). This is NCCI's revision to Basic Manual Classifications and Rules. The four industries impacted are Horticulture, Fruit Farms, Sugar Manufacturing and Tobacco Manufacturing.

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## Company and Contact

### Filing Contact Information

Linda Snook, P&RS Specialist linda\_snook@swissre.com  
 5200 Metcalf (800) 255-6931 [Phone]  
 Overland Park, KS 66201 (913) 676-6226[FAX]

### 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	

North American Specialty Insurance Company	CoCode: 29874	State of Domicile: New Hampshire
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: 02-0311919	

North American Elite Insurance Company	CoCode: 29700	State of Domicile: New Hampshire
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: 13-3440360	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: \$25 per rule filing  
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westport Insurance Corporation	\$25.00	09/10/2008	22403263
North American Specialty Insurance Company	\$0.00	09/10/2008	
North American Elite Insurance Company	\$0.00	09/10/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/10/2008	09/10/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	09/10/2008	09/10/2008	Linda Snook	09/10/2008	09/10/2008
Industry Response						

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## Disposition

Disposition Date: 09/10/2008  
Effective Date (New): 07/01/2010  
Effective Date (Renewal):  
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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<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	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/10/2008  
Submitted Date 09/10/2008  
Respond By Date  
Dear Linda Snook,

This will acknowledge receipt of the captioned filing. The earliest date we can approve this filing is 7/1/2010. The nationwide filing goes into effect in each state on the date of their yearly rate/loss cost filings. NCCI's rate/loss cost filing in Arkansas is 7/1/2010 which is the date that B-1406 is effective.

Please feel free to contact me if you have questions.

Sincerely,  
Carol Stiffler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/10/2008  
Submitted Date 09/10/2008

Dear Carol Stiffler,

### Comments:

#### Response 1

Comments: Thank you for letting me know of this effective date. I wish to change the requested effective date of this filing to 7/1/2010. Thanks again!

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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**No Rate/Rule Schedule items changed.**

Sincerely,  
Linda Snook

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	09/10/2008
<b>Comments:</b>			
<b>Attachment:</b>			
P&C Trans form.pdf			
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b> Approved	09/10/2008
<b>Bypass Reason:</b>	n/a - this is not a loss cost filing		
<b>Comments:</b>			
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b> Approved	09/10/2008
<b>Bypass Reason:</b>	n/a - this is not a loss cost filing		
<b>Comments:</b>			

**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>
Swiss Re	181

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Westport Insurance Corporation	MO	39845	48-0921045	
North American Specialty Insurance Company	NH	29874	02-0311919	
North American Elite Insurance Company	NH	29700	13-3440360	

<b>5. Company Tracking Number</b>	<b>9-WC-AR-08-03109-1-R</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Linda Snook 5200 Metcalf, Overland Park, KS 66201	Compliance Specialist	800-255-6931, x5307	913-676-6226	linda_snook@swiss re.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Linda Snook		

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

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	Workers Compensation NCCI Adoption
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input 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: 01/01/2010      Renewal: 01/01/2010

<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	NCCI
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	09/10/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	9-WC-AR-08-03109-1-R
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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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<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

**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.)**