

SERFF Tracking Number: EMCC-125328123 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-026493
Company Tracking Number: AR-IL-2007-07
TOI: 35.0 Interline Filings Sub-TOI: 35.0001 Personal Interline Filings
Product Name: Form Filing- IL7004.1
Project Name/Number: /

Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Form Filing- IL7004.1 SERFF Tr Num: EMCC-125328123 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: AR-PC-07-026493
Sub-TOI: 35.0001 Personal Interline Filings Co Tr Num: AR-IL-2007-07 State Status:
Filing Type: Form Co Status: Reviewer(s): Becky Harrington,
Betty Montesi
Author: Stephanie McBride Disposition Date: 10/24/2007
Date Submitted: 10/18/2007 Disposition Status: Approved
Effective Date Requested (New): 01/15/2008 Effective Date (New): 01/15/2008
Effective Date Requested (Renewal): 01/15/2008 Effective Date (Renewal):
01/15/2008

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/24/2007
State Status Changed: 10/23/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
October 18, 2007

Attn: Property & Casualty Division
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

SERFF Tracking Number: EMCC-125328123 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-026493
Company Tracking Number: AR-IL-2007-07
TOI: 35.0 Interline Filings Sub-TOI: 35.0001 Personal Interline Filings
Product Name: Form Filing- IL7004.1
Project Name/Number: /

EMCASCO INSURANCE COMPANY – 062-21407

Personal Interline Form Filing

Policy Jacket IL7004.1 (9-07)

Company File #: AR-IL-2007-07

Effective Date: January 15, 2008

The captioned companies are members of Insurance Services Office and are transmitting for filing our revised Policy Jacket.

We have amended our currently filed Policy Jacket, IL7004.1 (1-06), by including Richard Hoffman as the Secretary for EMCASCO Insurance Company, EMC Property & Casualty Company, and Union Insurance Company of Providence. No other changes have been made at this time. The revised Jacket IL7004.1 (9-07) replaces our current jacket.

Please find attached the Transmittal Document and a copy of IL7004.1 (9-07). The filing fee in the amount of \$50 is available via EFT.

We respectfully request your approval of this filing to be applicable to policies effective on or after January 15, 2008. Thank you.

Stephanie McBride
Filings Analyst
Rates and Filings Dept.
800-247-2128 Ext. 2684
Stephanie.M.McBride@EMCIns.com

Company and Contact

Filing Contact Information

Stephanie McBride, Filings Analyst

Stephanie.M.McBride@EMCIns.com

SERFF Tracking Number: EMCC-125328123 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-026493
Company Tracking Number: AR-IL-2007-07
TOI: 35.0 Interline Filings Sub-TOI: 35.0001 Personal Interline Filings
Product Name: Form Filing- IL7004.1
Project Name/Number: /

PO Box 712 (515) 345-2684 [Phone]
Des Moines, IA 50306-0712 (515) 345-2223[FAX]

Filing Company Information

EMCASCO Insurance Company CoCode: 21407 State of Domicile: Iowa
717 Mulberry Street Group Code: 62 Company Type: P & C
Des Moines, IA 50309 Group Name: State ID Number:
(800) 247-2128 ext. [Phone] FEIN Number: 42-6070764

Employers Mutual Casualty Company CoCode: 21415 State of Domicile: Iowa
717 Mulberry Street Group Code: 62 Company Type: P & C
Des Moines, IA 50309 Group Name: State ID Number:
(800) 247-2128 ext. [Phone] FEIN Number: 42-0234980

SERFF Tracking Number: EMCC-125328123 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-026493
Company Tracking Number: AR-IL-2007-07
TOI: 35.0 Interline Filings Sub-TOI: 35.0001 Personal Interline Filings
Product Name: Form Filing- IL7004.1
Project Name/Number: /

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMCASCO Insurance Company	\$50.00	10/18/2007	16184113
Employers Mutual Casualty Company	\$0.00	10/18/2007	

SERFF Tracking Number: EMCC-125328123 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-026493
Company Tracking Number: AR-IL-2007-07
TOI: 35.0 Interline Filings Sub-TOI: 35.0001 Personal Interline Filings
Product Name: Form Filing- IL7004.1
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	10/24/2007	10/24/2007

SERFF Tracking Number: EMCC-125328123 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-026493
Company Tracking Number: AR-IL-2007-07
TOI: 35.0 Interline Filings Sub-TOI: 35.0001 Personal Interline Filings
Product Name: Form Filing- IL7004.1
Project Name/Number: /

Disposition

Disposition Date: 10/24/2007
Effective Date (New): 01/15/2008
Effective Date (Renewal): 01/15/2008
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

SERFF Tracking Number: EMCC-125328123 State: Arkansas
 First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-026493
 Company Tracking Number: AR-IL-2007-07
 TOI: 35.0 Interline Filings Sub-TOI: 35.0001 Personal Interline Filings
 Product Name: Form Filing- IL7004.1
 Project Name/Number: /

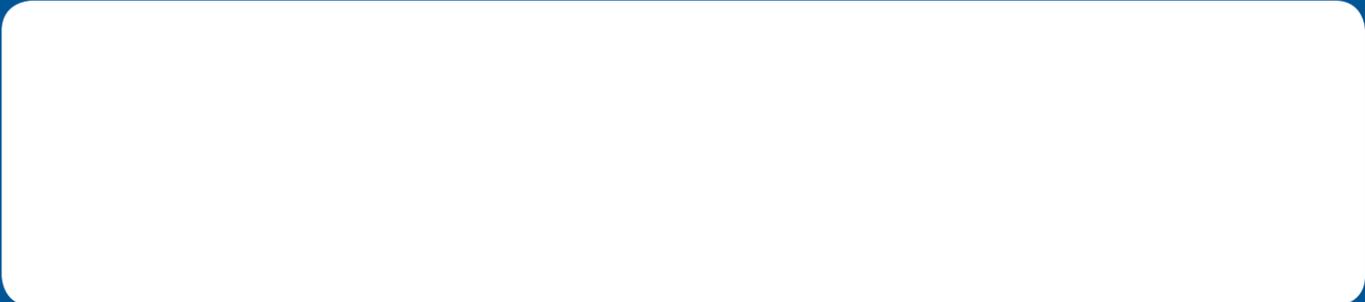
Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Policy Jacket	Approved	Yes

SERFF Tracking Number: EMCC-125328123 State: Arkansas
 First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-026493
 Company Tracking Number: AR-IL-2007-07
 TOI: 35.0 Interline Filings Sub-TOI: 35.0001 Personal Interline Filings
 Product Name: Form Filing- IL7004.1
 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	IL7004.1	9-07	Other	Replaced	Replaced Form #:0.00 Previous Filing #:		il7004_1_09 07.pdf

EMC Insurance Companies
Home Office
717 Mulberry
Des Moines, Iowa 50309
515-280-2511
800-447-2295
www.emcinsurance.com



*Employers Mutual Casualty Company
Dakota Fire Insurance Company
EMC Property & Casualty Company
EMCASCO Insurance Company
Hamilton Mutual Insurance Company
Illinois EMCASCO Insurance Company
Union Insurance Company of Providence*



 **EMC** Insurance Companies.

 **EMC** Insurance Companies.

EMC Employers Mutual Casualty Company
Home Office Des Moines, Iowa

NONASSESSABLE POLICY — MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy, participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meeting of the members is held at the Home Office of the Company in Des Moines, Iowa, at 9:30 a.m. Central Time, on the second Wednesday in March of each year.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC EMCASCO Insurance Company
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC Union Insurance Company of Providence
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC Illinois EMCASCO Insurance Company
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC Dakota Fire Insurance Company
Home Office Bismarck, North Dakota

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC Hamilton Mutual Insurance Company
Home Office Des Moines, Iowa

NONASSESSABLE POLICY — MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meetings are held at the Ohio branch office of the Company (currently located in Blue Ash, Ohio) on the third Monday of February in each year, at 1:00 p.m. Eastern Time. If the third Monday falls on a legal holiday in the state of Ohio, the meeting will be held on the next business day.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC EMC Property & Casualty Company
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC Employers Mutual Casualty Company
Home Office Des Moines, Iowa
(Applicable in the State of Texas)

MUTUALS — MEMBERSHIP AND VOTING NOTICE

The Insured is notified that by virtue of this policy, the Insured is a member of the Employers Mutual Casualty Company of Des Moines, Iowa, and is entitled to vote either in person or by proxy at any and all meetings of said Company. The Annual Meetings are held in its Home Office, Des Moines, Iowa, on the second Wednesday of March, in each year, at 9:30 a.m. Central Time.

MUTUALS — PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY

No Contingent Liability: This policy is non-assessable. The policyholder is a member of the Company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

SERFF Tracking Number: EMCC-125328123 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-026493
Company Tracking Number: AR-IL-2007-07
TOI: 35.0 Interline Filings Sub-TOI: 35.0001 Personal Interline Filings
Product Name: Form Filing- IL7004.1
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/24/2007

Comments:

Attachment:

P&C Transmittal.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;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>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 #
EMC Insurance Companies	062

4. Company Name(s)	Domicile	NAIC #	FEIN #
Employers Mutual Casualty Company	Iowa	21415	42-0234980
EMCASCO Insurance Company	Iowa	21407	42-6070764

5. Company Tracking Number	AR-IL-2007-07
-----------------------------------	----------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Stephanie McBride	Filings Analyst	800-247-2128 ext. 2684	515-345-2223	Stephanie.M.McBride@EMCIns.com
	P.O. Box 712 Des Moines, IA 50306				

7. Signature of authorized filer	
8. Please print name of authorized filer	Stephanie McBride

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

9.	Type of Insurance (TOI)	35.0000
10.	Sub-Type of Insurance (Sub-TOI)	35.0001
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Personal Interline
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: 1/15/08 Renewal: 1/15/08

Property & Casualty Transmittal Document---

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	10/18/07
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-IL-2007-07
------------	--	---------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

The captioned companies are members of Insurance Services Office and are transmitting for filing our revised Policy Jacket.

We have amended our currently filed Policy Jacket, IL7004.1 (1-06), by including Richard Hoffman as the Secretary for EMCASCO Insurance Company, EMC Property & Casualty Company, and Union Insurance Company of Providence. No other changes have been made at this time. The revised Jacket IL7004.1 (9-07) replaces our current jacket.

Please find attached the Transmittal Document and a copy of IL7004.1 (9-07). The filing fee in the amount of \$50 is available via EFT.

We respectfully request your approval of this filing to be applicable to policies effective on or after January 15, 2008. Thank you.

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 #: EFT
Amount: \$50

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

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**