

Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Adopt B-1404

SERFF Tr Num: EMCC-125250318 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: AR-PC-07-025660

Sub-TOI: 16.0004 Standard WC

Co Tr Num: AR-WC-2007-05

State Status:

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Stephanie McBride

Disposition Date: 08-02-2007

Date Submitted: 08-01-2007

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):

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: 08-02-2007

State Status Changed: 08-02-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

August 1, 2007

Honorable Julie Benafield Bowman

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY 062-21415

EMCASCO INSURANCE COMPANY 062-21407

Workers Compensation

Adoption of NCCI Item Filing B-1404

Company File #: AR-WC-2007-05

Effective Date: January 1, 2008

The captioned companies are members of the National Council on Compensation Insurance and NCCI files the workers compensation program on our behalf.

With this filing, we are transmitting for filing our intention to adopt Item B-1404 Basic Manual Revision to Appendix E Table of Classifications by Hazard Group. This revision is found in circular CIF-2007-06.

We supplement this filing with the following:

Transmittal Document

Filing Fee in the amount of \$25.00 sent via EFT

We respectfully request your acknowledgment of this filing to be applicable to policies effective on or after January 1, 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
PO Box 712
Des Moines, IA 50306-0712

Stephanie.M.McBride@EMCIns.com
(515) 345-2684 [Phone]
(515) 345-2223[FAX]

Filing Company Information

EMCASCO Insurance Company
717 Mulberry Street
Des Moines, IA 50309
(800) 247-2128 ext. [Phone]

CoCode: 21407
Group Code: 62
Group Name:
FEIN Number: 42-6070764

State of Domicile: Iowa
Company Type: P & C
State ID Number:

Employers Mutual Casualty Company
717 Mulberry Street
Des Moines, IA 50309

CoCode: 21415
Group Code: 62
Group Name:

State of Domicile: Iowa
Company Type: P & C
State ID Number:

Created by SERFF on 08-02-2007 02:58 PM

(800) 247-2128 ext. [Phone]

FEIN Number: 42-0234980

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------|---------|----------------|---------------|
| EMCASCO Insurance Company | \$25.00 | 08-01-2007 | 14908706 |
| Employers Mutual Casualty Company | \$0.00 | 08-01-2007 | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---------------|-------------------|-------------------|-----------------------|
| Approved | Carol Stiffler | 08-02-2007 | 08-02-2007 |

Disposition

Disposition Date: 08-02-2007

Effective Date (New): 01-01-2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 08-02-2007 02:58 PM

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--|--------------------|----------------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | NAIC Loss Cost Filing Document for Workers' Compensation | Approved | Yes |
| Supporting Document | NAIC loss cost data entry document | Approved | Yes |

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

| | | | |
|-------------------------|---|-----------------------------------|------------|
| Satisfied -Name: | Uniform Transmittal Document- Property & Casualty | Review Status: Approved | 08-02-2007 |
| Comments: | | | |
| Attachment: | | | |
| | P&C Transmittal- B-1404.pdf | | |
| Bypassed -Name: | NAIC Loss Cost Filing Document for Workers' Compensation | Review Status: Approved | 08-02-2007 |
| Bypass Reason: | N/A | | |
| Comments: | | | |
| Bypassed -Name: | NAIC loss cost data entry document | Review Status: Approved | 08-02-2007 |
| Bypass Reason: | N/A | | |
| 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: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">New Business</td> <td style="border: none; width: 150px;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></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 | IA | 21415 | 42-0234980 |
| EMCASCO Insurance Company | IA | 21407 | 42-6070764 |
| | | | |
| | | | |
| | | | |

| | |
|-----------------------------------|----------------------|
| 5. Company Tracking Number | AR-WC-2007-05 |
|-----------------------------------|----------------------|

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 P. O. Box 712 Des Moines IA 50306 | Filings Analyst | 800-247-2128 Ext. 2684 | 515-345-2223 | Stephanie.M.McBride @EMCIns.com |

| | | |
|----|---------------------------------------|-------------------|
| 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) | 16.0000 |
| 10. | Sub-Type of Insurance (Sub-TOI) | 16.0004 |
| 11. | State Specific Product code(s)(if applicable)[See State Specific Requirements] | |
| 12. | Company Program Title (Marketing title) | Workers Compensation |
| 13. | Filing Type | <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) |
| 14. | Effective Date(s) Requested | New: 1/1/08 Renewal: 1/1/08 |

Property & Casualty Transmittal Document---

| | | |
|------------|---|--|
| 15. | Reference Filing? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | NCCI |
| 17. | Reference Organization # & Title | |
| 18. | Company's Date of Filing | 8/1/07 |
| 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-WC-2007-05 |
|------------|--|---------------|

| | |
|------------|--|
| 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 the National Council on Compensation Insurance and NCCI files the workers compensation program on our behalf.

With this filing, we are transmitting for filing our intention to adopt Item B-1404 – Basic Manual Revision to Appendix E – Table of Classifications by Hazard Group. This revision is found in circular CIF-2007-06.

We supplement this filing with the following:
 Transmittal Document
 Filing Fee in the amount of \$25.00 sent via EFT

We respectfully request your acknowledgment of this filing to be applicable to policies effective on or after January 1, 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] |
| <p>Check #: EFT Amount: 25.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> | |

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