

SERFF Tracking Number: EMCC-125286244 State: Arkansas
Filing Company: Employers Mutual Casualty Company State Tracking Number: AR-PC-07-026046
Company Tracking Number: AR-DWG-2007-05
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Adopt loss costs
Project Name/Number: /

Filing at a Glance

Company: Employers Mutual Casualty Company

Product Name: Adopt loss costs SERFF Tr Num: EMCC-125286244 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: AR-PC-07-026046
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines) Co Tr Num: AR-DWG-2007-05 State Status:
Filing Type: Rate Co Status: Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
Author: Stephanie McBride Disposition Date: 09/17/2007
Date Submitted: 09/11/2007 Disposition Status: Filed
Effective Date Requested (New): 12/15/2007 Effective Date (New): 12/15/2007
Effective Date Requested (Renewal): 12/15/2007 Effective Date (Renewal): 12/15/2007

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: ISO Reference Number: DL-2007-RLA1
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/17/2007
State Status Changed: 09/11/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
September 11, 2007

Attn: Property & Casualty Division
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street

SERFF Tracking Number: EMCC-125286244 State: Arkansas
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Project Name/Number: /
Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

Dwelling Program

Adopt Loss Costs

Reference #: DL-2007-RLA1

Company File #: AR-DWG-2007-05

Effective Date: December 15, 2007

The captioned company is a member of Insurance Services Office. With this submission, we are transmitting for filing our intent to adopt the revised advisory prospective loss costs found in designation number DL-2007-RLA1. We will continue to use our currently filed loss cost multiplier. This revision will be applicable to policies effective on or after December 15, 2007.

We have attached the Transmittal Document and manual page D-R-6 which replaces that same page currently filed. A filing fee in the amount of \$50 is available via EFT.

We respectfully request your acknowledgment of this filing to be applicable to policies effective on or after December 15, 2007. Thank you.

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

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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

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

CoCode: 21415 State of Domicile: Iowa
 Group Code: 62 Company Type: P & C
 Group Name: State ID Number:
 FEIN Number: 42-0234980

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Mutual Casualty Company	\$50.00	09/11/2007	15542566

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	09/17/2007	09/17/2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	09/12/2007	09/12/2007	Stephanie McBride	09/17/2007	09/17/2007

SERFF Tracking Number: *EMCC-125286244*

State: *Arkansas*

Filing Company: *Employers Mutual Casualty Company*

State Tracking Number: *AR-PC-07-026046*

Company Tracking Number: *AR-DWG-2007-05*

TOI: *01.0 Property*

Sub-TOI: *01.0002 Personal Property (Fire and Allied Lines)*

Product Name: *Adopt loss costs*

Project Name/Number: */*

Disposition

Disposition Date: 09/17/2007

Effective Date (New): 12/15/2007

Effective Date (Renewal): 12/15/2007

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: EMCC-125286244 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	No
Rate	Manual Page	Filed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/12/2007
Submitted Date 09/12/2007

Respond By Date

Dear Stephanie McBride,

This will acknowledge receipt of the captioned filing.

Objection 1

- NAIC Loss Cost Filing Document for OTHER than Workers' Comp (Supporting Document)

Comment: Provide a copy of the previously filed RF-2 pursuant to Regulation 23, Section 7.

Objection 2

No Objections

Comment:

Form HPCS must be submitted in Excel spreadsheet format. Companies may not change the form in any way or include formulas. Complete the DP section only.

Objection 3

- Uniform Transmittal Document-Property & Casualty (Supporting Document)

Comment: Provide the rate/rule schedule page.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/17/2007
Submitted Date 09/17/2007

SERFF Tracking Number: EMCC-125286244 State: Arkansas
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Dear Becky Harrington,

Comments:

Response 1

Comments: Becky,

Per our e-mail correspondence please see the prior rate filing effective 10/1/07. It is number AR-PC-07-025278, SERFF number EMCC-125220140. Please let me know if you need any additional information.

Thank you
Stephanie McBride

Related Objection 1

Applies To:

- NAIC Loss Cost Filing Document for OTHER than Workers' Comp (Supporting Document)

Comment:

Provide a copy of the previously filed RF-2 pursuant to Regulation 23, Section 7.

Related Objection 2

Comment:

Form HPCS must be submitted in Excel spreadsheet format. Companies may not change the form in any way or include formulas. Complete the DP section only.

Related Objection 3

Applies To:

- Uniform Transmittal Document-Property & Casualty (Supporting Document)

Comment:

Provide the rate/rule schedule page.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking Number: *EMCC-125286244*

State: *Arkansas*

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TOI: *01.0 Property*

Sub-TOI: *01.0002 Personal Property (Fire and Allied Lines)*

Product Name: *Adopt loss costs*

Project Name/Number: */*

No Rate/Rule Schedule items changed.

Sincerely,
Stephanie McBride

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Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

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TOI: 01.0 Property

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Product Name: Adopt loss costs

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual Page	D-R-6	Replacement	Manual Page.pdf

PERSONAL LIABILITY & MEDICAL RATES

301. BASE PREMIUM COMPUTATION (Cont'd.)

A. BASIC LIMITS: (Coverage L -- \$100,000/Coverage M -- \$1,000)

1. Initial Residence Premises Occupied by Owner or Apartment Occupied by Tenant (Named Insured)-(Rate as 1 Family)

a. No Business Occupancy

Number of Families	1	2	3	4
Class Code	201	202	203	204
Premium Per Location	17	27	34	43

b. Permitted Incidental Occupancy

Not Available

2. Other Insured Locations Occupied by Owner or Apartment Occupied by Tenant (Named Insured)-(Rate as 1 Family)

a. No Business Occupancy

Number of Families	1	2	3	4
Class Code	221	222	223	224
Premium Per Location	6	12	24	26

b. Permitted Incidental Occupancy

Class Code	231	232	233	234
Premium Per Location	22	28	40	42

3. Other Insured Locations Not Occupied By Owner

Number of Families	1	2	3	4
Class Code	273	274	275	276
Premium Per Location	16	26	55	68

4. Business Pursuits

Not Available

5. Employers Liability: Medical Payments in Excess of 2 Employees

Class Code	992
Premium Per Person	\$ 4

6. Snowmobiles

Not Available

7. Watercraft

Not Available

8. Loss Assessment Liability Coverage - Rate per \$1,000

Class Code	N/A
Each Location	\$ 1

9. Personal Injury

Class Code	994
Premium Per Policy	\$ 11

10. Incidental Low Power Recreational Vehicle

Not Available

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Product Name: Adopt loss costs

Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status:

Filed

09/17/2007

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

5. Company Tracking Number	AR-DWG-2007-05
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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
	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)	1.0000 & 17.0000
10.	Sub-Type of Insurance (Sub-TOI)	1.0002 & 17.0003
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Dwelling and Personal Liability program
13.	Filing Type	<input checked="" 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 type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 12/15/07 Renewal: 12/15/07

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	DL-2007-RLA1
18.	Company's Date of Filing	9/11/07
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-DWG-2007-05
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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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The captioned company is a member of Insurance Services Office. With this submission, we are transmitting for filing our intent to adopt the revised advisory prospective loss costs found in designation number DL-2007-RLA1. We will continue to use our currently filed loss cost multiplier. This revision will be applicable to policies effective on or after December 15, 2007.

We have attached the Transmittal Document and manual page D-R-6 which replaces that same page currently filed. A filing fee in the amount of \$50 is available via EFT.

We respectfully request your acknowledgment of this filing to be applicable to policies effective on or after December 15, 2007. 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: \$50</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.)**