

SERFF Tracking Number: EMCC-125885559 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: # \$0
Company Tracking Number: AR-HO-2008-05
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Homeowners
Project Name/Number: /

Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company, Union Insurance Company of Providence

Product Name: Homeowners	SERFF Tr Num: EMCC-125885559	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: # \$0
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num: AR-HO-2008-05	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Author: Jo Byers	Disposition Date: 11/05/2008
	Date Submitted: 11/03/2008	Disposition Status: Non-Adoption
Effective Date Requested (New): 01/01/2009		Effective Date (New):
Effective Date Requested (Renewal): 01/01/2009		Effective Date (Renewal):

State Filing Description:

NO fee required, non-adoption

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization: ISO	Reference Number: HO-2008-OFRWE
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/05/2008	
State Status Changed: 11/05/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
November 3, 2008	

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third St.

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Product Name: Homeowners
Project Name/Number: /
Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415
EMCASCO INSURANCE COMPANY – 062-21417
UNION INSURANCE COMPANY OF PROVIDENCE – 062-21423
Homeowners
Non-Adoption of ISO's Water Exclusion Endorsements
Filing Designation # HO-2008-OFRWE
Company File # AR-HO-2008-05

The captioned companies are members of Insurance Services Office, and ISO files the Homeowners program on our behalf. ISO has filed the captioned revision on our behalf, to be applicable to policies written on or after January 1, 2009.

We are notifying your department of our intention to non-adopt the revision found in filing designation number HO-2008-OFRWE. We will continue to use our currently filed program without revision.

The Property and Casualty Transmittal Document is attached.

We respectfully request your approval of this filing. Thank you.

Jo L. Byers, Filings Analyst
Rates and Filings Dept.
(800) 247-2128 Ext. 2707
jo.l.byers@emcins.com

Company and Contact

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Filing Contact Information

Jo Byers, Filings Analyst Jo.L.Byers@EMCIns.com
 PO Box 712 (800) 247-2128 [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	

Union Insurance Company of Providence	CoCode: 21423	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: 05-0230479	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMCASCO Insurance Company	\$0.00	11/03/2008	
Employers Mutual Casualty Company	\$0.00	11/03/2008	
Union Insurance Company of Providence	\$0.00	11/03/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Non-Adoption	Becky Harrington	11/05/2008	11/05/2008

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Disposition

Disposition Date: 11/05/2008

Effective Date (New):

Effective Date (Renewal):

Status: Non-Adoption

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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property &Non-adoption Casualty		Yes

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Non-adoption 11/05/2008

Comments:

Attachment:

rff_pctd.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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

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
Union Insurance Company of Providence	IA	21423	05-0230479

5. Company Tracking Number	AR-HO-2008-05
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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
	Jo L. Byers P. O. Box 712 Des Moines, IA 50306-0712	Filings Analyst	800-247-2128 ext. 2707	515-345-2223	Jo.L.Byers@EMCIns.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jo L. Byers

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

9.	Type of Insurance (TOI)	Homeowners
10.	Sub-Type of Insurance (Sub-TOI)	Homeowners
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Homeowners
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: 1/1/09 Renewal: 1/1/09

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	HO-2008-OFRWE
18.	Company's Date of Filing	10/20/08
19.	Status of filing in domicile	<input checked="" 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-HO-2008-05
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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 companies are members of Insurance Services Office, and ISO files the Homeowners program on our behalf. ISO has filed the captioned revision on our behalf, to be applicable to policies written on or after January 1, 2009.

We are notifying your department of our intention to non-adopt the revision found in filing designation number HO-2008-OFRWE. We will continue to use our currently filed program without revision.

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]
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Check #: N/A
Amount: N/A

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.)**