

SERFF Tracking Number: EMCC-125472797 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: AR-WC-2008-01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Adopt B-1405
Project Name/Number: /

Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Adopt B-1405

SERFF Tr Num: EMCC-125472797 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: AR-WC-2008-01

State Status: Fees verified and received

Filing Type: Rule

Co Status:

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

Author: Stephanie McBride

Disposition Date: 02/04/2008

Date Submitted: 02/04/2008

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):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: NCCI

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/04/2008

State Status Changed: 02/04/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

February 4, 2008

Honorable Julie Benafield Bowman

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1904

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EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

EMCASCO INSURANCE COMPANY – 062-21407

Workers Compensation

Adoption of NCCI Item Filing B-1405

Company Filing #: AR-WC-2008-01

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-1405- Terrorism Risk Insurance Act of 2007.

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]

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Product Name: Adopt B-1405
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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
(800) 247-2128 ext. [Phone]

CoCode: 21415
Group Code: 62
Group Name:
FEIN Number: 42-0234980

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

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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	02/04/2008	17806358
Employers Mutual Casualty Company	\$0.00	02/04/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/04/2008	02/04/2008

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Disposition

Disposition Date: 02/04/2008
Effective Date (New): 01/01/2008
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

SERFF Tracking Number: *EMCC-125472797* *State:* *Arkansas*
First Filing Company: *EMCASCO Insurance Company, ...* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *AR-WC-2008-01*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Adopt B-1405*
Project Name/Number: /

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

SERFF Tracking Number: *EMCC-125472797* *State:* *Arkansas*
First Filing Company: *EMCASCO Insurance Company, ...* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *AR-WC-2008-01*
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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 02/04/2008

Comments:

Attachment:

P&C Transmittal- B-1405.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 02/04/2008

Bypass Reason: N/A

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 02/04/2008

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="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> 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-2008-01
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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 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	B-1405
18.	Company's Date of Filing	2/4/08
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-2008-01
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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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With this filing, we are transmitting for filing our intention to adopt item B-1405- Terrorism Risk Insurance Act of 2007.

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.)**