

SERFF Tracking Number: EMCC-125473621 State: Arkansas
Filing Company: Employers Mutual Casualty Company State Tracking Number: EFT \$20
Company Tracking Number: AR-CIM-2008-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Uncontrolled Inland Marine
Project Name/Number: /

Filing at a Glance

Company: Employers Mutual Casualty Company

Product Name: Uncontrolled Inland Marine	SERFF Tr Num: EMCC-125473621	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$20
Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations	Co Tr Num: AR-CIM-2008-01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Jo Byers	Disposition Date: 02/19/2008
	Date Submitted: 02/05/2008	Disposition Status: Approved
Effective Date Requested (New): 03/15/2008		Effective Date (New): 03/15/2008
Effective Date Requested (Renewal): 03/15/2008		Effective Date (Renewal): 03/15/2008

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization: AAIS	Reference Number: AAIS-2008-4IMGF
Reference Title:	Advisory Org. Circular: 08-0379
Filing Status Changed: 02/19/2008	
State Status Changed: 02/19/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
February 5, 2008	

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third St.

SERFF Tracking Number: EMCC-125473621 State: Arkansas
Filing Company: Employers Mutual Casualty Company State Tracking Number: EFT \$20
Company Tracking Number: AR-CIM-2008-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Uncontrolled Inland Marine
Project Name/Number: /
Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

Uncontrolled Inland Marine

Adoption of AAIS Revised Terrorism Endorsements

Reference # AAIS-2008-4IMGF

Company File # AR-CIM-2008-01

Effective: March 15, 2008

The captioned company is a member of American Association of Insurance Services (AAIS) and submits this reference filing of our adoption of the revised Terrorism Endorsements found in reference filing AAIS-2008-4IMGF.

We supplement this filing with the \$20.00 filing fee (EFT) and Property Casualty Transmittal Document.

We respectfully request your approval of our filing, to be applicable to policies written on or after March 15, 2008.

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

Company and Contact

Filing Contact Information

Jo Byers, Filings Analyst
PO Box 712
Des Moines, IA 50306-0712

Jo.L.Byers@EMCIns.com
(800) 247-2128 [Phone]
(515) 345-2223[FAX]

Filing Company Information

SERFF Tracking Number: EMCC-125473621 State: Arkansas
Filing Company: Employers Mutual Casualty Company State Tracking Number: EFT \$20
Company Tracking Number: AR-CIM-2008-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Uncontrolled Inland Marine
Project Name/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:

SERFF Tracking Number: EMCC-125473621 State: Arkansas
Filing Company: Employers Mutual Casualty Company State Tracking Number: EFT \$20
Company Tracking Number: AR-CIM-2008-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Uncontrolled Inland Marine
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: \$20.00 for adoption of AAIS forms
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Mutual Casualty Company	\$20.00	02/05/2008	17821415

SERFF Tracking Number: EMCC-125473621 State: Arkansas
Filing Company: Employers Mutual Casualty Company State Tracking Number: EFT \$20
Company Tracking Number: AR-CIM-2008-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Uncontrolled Inland Marine
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/19/2008	02/19/2008

SERFF Tracking Number: EMCC-125473621 State: Arkansas
Filing Company: Employers Mutual Casualty Company State Tracking Number: EFT \$20
Company Tracking Number: AR-CIM-2008-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Uncontrolled Inland Marine
Project Name/Number: /

Disposition

Disposition Date: 02/19/2008

Effective Date (New): 03/15/2008

Effective Date (Renewal): 03/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: EMCC-125473621 State: Arkansas
Filing Company: Employers Mutual Casualty Company State Tracking Number: EFT \$20
Company Tracking Number: AR-CIM-2008-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Uncontrolled Inland Marine
Project Name/Number: /

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

SERFF Tracking Number: EMCC-125473621 State: Arkansas
Filing Company: Employers Mutual Casualty Company State Tracking Number: EFT \$20
Company Tracking Number: AR-CIM-2008-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Uncontrolled Inland Marine
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: EMCC-125473621 State: Arkansas
Filing Company: Employers Mutual Casualty Company State Tracking Number: EFT \$20
Company Tracking Number: AR-CIM-2008-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Uncontrolled Inland Marine
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 02/19/2008

Comments:

Attachment:

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="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					

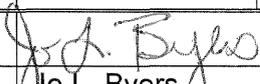
3. Group Name	Group NAIC #
EMC Insurance Companies	062

4. Company Name(s)	Domicile	NAIC #	FEIN #
Employers Mutual Casualty Company	IA	21415	42-0234980

5. Company Tracking Number	AR-CIM-2008-01
-----------------------------------	-----------------------

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)	Commercial Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	Uncontrolled Inland Marine
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Uncontrolled Inland Marine
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: 3/15/08 Renewal: 3/15/08

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	AAIS
17.	Reference Organization # & Title	AAIS-2008-4IMGF
18.	Company's Date of Filing	2/5/08
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-CIM-2008-01
------------	--	----------------

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

The captioned company is a member of American Association of Insurance Services (AAIS) and submits this reference filing of our adoption of the revised Terrorism Endorsements found in reference filing AAIS-2008-4IMGF.

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: \$20.00

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.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-CIM-2008-01			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	n/a			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Certified Terrorism Loss	CL 0600 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Certified Terrorism Loss Disclosure of Premium and Federal Share of Insured Losses	CL 0605 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Certified Act of Terrorism Exclusion	CL 0610 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		