

SERFF Tracking Number: EMCC-125473770 State: Arkansas
Filing Company: EMCASCO Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: AR-WC-2008-02
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Manual Page Correction
Project Name/Number: /

Filing at a Glance

Company: EMCASCO Insurance Company

Product Name: Manual Page Correction

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate/Rule

Effective Date Requested (New): 02/01/2008

Effective Date Requested (Renewal): 02/01/2008

State Filing Description:

SERFF Tr Num: EMCC-125473770 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR-WC-2008-02

Co Status:

Author: Stephanie McBride

Date Submitted: 02/05/2008

State Tr Num: EFT \$25

State Status: Fees verified and received

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

Disposition Date: 02/05/2008

Disposition Status: Approved

Effective Date (New): 02/05/2008

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 02/05/2008

State Status Changed: 02/05/2008

Corresponding Filing Tracking Number:

Filing Description:

February 5, 2008

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Honorable Julie Benafield Bowman

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1904

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EMCASCO INSURANCE COMPANY – 062-21407

Workers Compensation

Correction to the 2/1/08 Rate Revision

Company File #: AR-WC-2008-02

Effective Date: February 1, 2008

This filing is in reference to previous filing number AR-WC-2007-07 that was submitted on 12/28/07 and approved on 12/31/07. With that filing we submitted a rate revision which included revised Miscellaneous Values. We have recently discovered that the rate for Code 9040 ex-medical general hospital for Emcasco is incorrect. The correct rate is .15.

Please find attached the transmittal document and corrected manual page WC-R-007 for Emcasco, which replaces that same page currently filed. A filing fee in the amount of \$25 is available via EFT.

We respectfully request your approval of this filing to be applicable to policies effective on or after February 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

CoCode: 21407

Group Code: 62

State of Domicile: Iowa

Company Type: P & C

SERFF Tracking Number: EMCC-125473770

State: Arkansas

Filing Company: EMCASCO Insurance Company

State Tracking Number: EFT \$25

Company Tracking Number: AR-WC-2008-02

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Manual Page Correction

Project Name/Number: /

Des Moines, IA 50309
(800) 247-2128 ext. [Phone]

Group Name:
FEIN Number: 42-6070764

State ID Number:

SERFF Tracking Number: EMCC-125473770 State: Arkansas
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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	02/05/2008	17823061

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/05/2008	02/05/2008

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Project Name/Number: /

Disposition

Disposition Date: 02/05/2008

Effective Date (New): 02/05/2008

Effective Date (Renewal):

Status: Approved

Comment: In Arkansas, workers' compensation filings are prior approval and cannot be approved retroactively. The earliest the filing can be approved is the date is approved.

Rate data does NOT apply to filing.

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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	Manual Page	Approved	Yes

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Manual Page	WC-R-007	Replacement	Manual Page.pdf

LEGEND

- A** Rate for each individual risk must be obtained by Home Office from Rating Organization having jurisdiction.
- D** Special Disease Rule for this classification-See Rule 3-A-7 of NCCI Basic Manual – Disease Loading.
- E** Classification involving specific disease loading. Refer to Home Office for amount.
- F** Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. The rate contains a provision for federal assessment.
- M** Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for federal assessment is included for those classifications under Program II USL Act.
- X** Refer to special classification phraseology in the NCCI Manual which is applicable in this state.

MISCELLANEOUS VALUES

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$200
 Premium Discount Percentages – the following premium discounts are applicable to Standard Premiums.

			Stock
First	\$ 5,000 —	—
Next	95,000 "a"	10.9%
Next	400,000 "b"	12.6%
Over	500,000 "c"	14.4%

FOOTNOTES*

- Code 1005:** Rate includes a non-ratable disease element of \$4.28. (For coverage written separately for federal benefits only, \$3.23. For coverage written separately for state benefits only, \$1.05.)
- Code 1016:** Rate includes a non-ratable disease element of \$17.10. (For coverage written separately for federal benefits only, \$12.89. For coverage written separately for state benefits only \$4.22.) It also includes a catastrophe loading of \$0.15 Refer to the manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.
- Code 6702** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.215.
- Code 6703** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate x 2.140 and elr x 1.982.
- Code 6704** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.35.
- Codes 7420** Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005.
- Code 8018:** See Arkansas Special Classification for Warehousing groceries exclusively.
- Code 8833:** The ex-medical rate for this classification is \$.65. A charge of \$0.15 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- * Code 9040** The ex-medical rate for this classification is \$1.86. A charge of \$0.15 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 02/05/2008

Comments:

Attachment:

P&C Transmittal- 2nd Corr to 2-1-08 Rev.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 02/05/2008

Bypass Reason: N/A

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 02/05/2008

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 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 #
EMCASC0 Insurance Company	IA	21407	42-6070764

5. Company Tracking Number	AR-WC-2008-02
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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 type="checkbox"/> Rules <input checked="" 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: 2/1/08 Renewal: 2/1/08

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing	2/5/08		
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-2008-02
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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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This filing is in reference to previous filing number AR-WC-2007-07 that was submitted on 12/28/07 and approved on 12/31/07. With that filing we submitted a rate revision which included revised Miscellaneous Values. We have recently discovered that the rate for Code 9040 ex-medical general hospital for Emcasco is incorrect. The correct rate is .15.

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We respectfully request your approval of this filing to be applicable to policies effective on or after February 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]
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Check #: EFT
Amount: \$25.00

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.)**