

SERFF Tracking Number: EMCC-125640153 State: Arkansas
First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AR-IL-2008-04
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: /

Filing at a Glance

Companies: EMC Property & Casualty Company, Union Insurance Company of Providence

Product Name: Commercial Interline SERFF Tr Num: EMCC-125640153 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: AR-IL-2008-04 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Jo Byers Disposition Date: 05/13/2008
Date Submitted: 05/08/2008 Disposition Status: Approved
Effective Date Requested (New): 07/01/2008 Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal): 07/01/2008

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 05/13/2008
State Status Changed: 05/13/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
May 8, 2008

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third St.
Little Rock, AR 72201-1904

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UNION INSURANCE COMPANY OF PROVIDENCE – 062-21423

EMC PROPERTY & CASUALTY COMPANY – 062-25186

Commercial Interline

Form Filing

Introduce New Companies

Company File # AR-IL-2008-04

Effective: July 1, 2008

We are pleased to introduce Union Insurance Company of Providence and EMC Property & Casualty Company. These companies are members of the EMC Insurance Companies group. We currently have Commercial Interline forms on file with your department under Employers Mutual Casualty Company and EMCASCO Insurance Company. These new companies will be available for policies written on or after July 1, 2008.

Under separate cover, we are introducing Union and EMC P&C to our Commercial lines of business. This decision is based on the competitive market place and will allow us to compete on a more competitive level. Our currently filed forms and endorsements will be applicable to Union and EMC P&C. A listing of our currently filed forms and endorsements is attached.

We supplement this filing with the \$50.00 filing fee (EFT), Property and Casualty Transmittal Document, and Forms List.

We respectfully request your approval of this filing, to be applicable to policies written on or after July 1, 2008. Thank you.

Jo L. Byers, Filings Analyst

Rates and Filings Dept.

(800) 247-2128 Ext. 2707

jo.l.byers@emcins.com

Company and Contact

SERFF Tracking Number: EMCC-125640153 State: Arkansas
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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

EMC Property & Casualty Company	CoCode: 25186	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: 63-0329091	

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMC Property & Casualty Company	\$50.00	05/08/2008	20171942
Union Insurance Company of Providence	\$0.00	05/08/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/13/2008	05/13/2008

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Disposition

Disposition Date: 05/13/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal): 07/01/2008
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

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

SERFF Tracking Number: *EMCC-125640153* *State:* *Arkansas*
First Filing Company: *EMC Property & Casualty Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AR-IL-2008-04*
TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *Commercial Interline*
Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/13/2008

Comments:

Attachment:

pctd.pdf

Satisfied -Name: Forms list **Review Status:** Approved 05/13/2008

Comments:

Attachment:

Forms list.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: 100px;"></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 #
Union Insurance Company of Providence	IA	21423	05-0230479
EMC Property & Casualty Company	IA	25186	63-0329091

5. Company Tracking Number	AR-IL-2008-04
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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)	Commercial Interline
10.	Sub-Type of Insurance (Sub-TOI)	Commercial Interline
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Commercial Interline
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: 7/1/08 Renewal: 7/1/08

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	5/8/08	
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-IL-2008-04
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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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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: 50.00

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-IL-2008-04			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	See forms list attached		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input 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		

State	Number	Editor	LOB	Co	Current	Description	Eff Date	Appr Date	Special Action	Dept File #
AR	0013	01-99	CIL	A	<input checked="" type="checkbox"/>	Resident Agent Countersignature Endst. (O)	5/1/1999	3/1/1999		
AR	IL1201	01-99	CIL	A	<input checked="" type="checkbox"/>	Change Endorsement (O)	5/1/1999	3/1/1999		
AR	IL1201A	01-86	CIL	A	<input checked="" type="checkbox"/>	Change Endorsement - Auto (O)	1/1/1986	12/11/1985		
AR	IL7000	09-02	CIL	A	<input checked="" type="checkbox"/>	Business Protection Package (O)	9/1/2002	7/8/2002		
AR	IL7000.1	09-96	CIL	A	<input checked="" type="checkbox"/>	Business Prot Pkg Common Dec - BOP (O)	1/1/1997	10/22/1996		
AR	IL7000.1A	09-96	CIL	A	<input checked="" type="checkbox"/>	Business Prot Pkg Common Dec - BOP - (O)	1/1/1997	10/22/1996		
AR	IL7000A	09-02	CIL	A	<input checked="" type="checkbox"/>	Business Protection Package (O)	9/1/2002	7/8/2002		
AR	IL7004	09-07	CIL	A	<input checked="" type="checkbox"/>	Mutual Provisions	12/1/2007	10/17/2007		AR-PC-07-026439
AR	IL7004.1	09-07	CIL	A	<input checked="" type="checkbox"/>	Policy Jacket	12/1/2007	10/17/2007		AR-PC-07-026439
AR	IL7028	10-05	CIL	A	<input checked="" type="checkbox"/>	Asbestos Exclusion	12/1/2005	9/27/2005		6GLRPC315
AR	IL7050.1	09-90	CIL	A	<input checked="" type="checkbox"/>	Automatic Termination Endst.	3/1/1991	2/27/1991		
AR	IL7117	01-08	CIL	A	<input checked="" type="checkbox"/>	Arkansas Changes Cancellation & Nonrenewal	3/15/2008	2/5/2008		
AR	IL7130A	04-01	CIL	A	<input checked="" type="checkbox"/>	Named Insured Endorsement (O)	4/5/2001	4/5/2001		
AR	IL7131A	04-01	CIL	A	<input checked="" type="checkbox"/>	Commercial Policy Endorsement Schedule (O)	4/5/2001	4/5/2001		
AR	IL7143	06-07	CIL	A	<input checked="" type="checkbox"/>	Exclusion Manganese Fumes	10/15/2007	7/27/2007		AR-PC-07-025511
AR	IL7146	11-07	CIL	A	<input checked="" type="checkbox"/>	Aircraft Products Exclusion	5/1/2008	3/11/2008		
AR	IL7147	11-07	CIL	A	<input checked="" type="checkbox"/>	Tobacco Product Exclusion	5/1/2008	3/11/2008		
AR	IL7149	01-08	CIL	A	<input checked="" type="checkbox"/>	Common Policy Conditions	3/15/2008	2/5/2008		
AR	IL7306	08-98	CIL	A	<input checked="" type="checkbox"/>	Exclusion of Certain Comp-Rel Losses (CP)	10/1/1999	8/16/1999		
AR	IL7315	08-99	CIL	A	<input checked="" type="checkbox"/>	AR Rural Water Assoc Safety Div Part. Endst.	11/1/1999	9/22/1999		
AR	IL7323	06-07	CIL	A	<input checked="" type="checkbox"/>	Exclusion Treated Wood	10/15/2007	7/27/2007		AR-PC-07-025511
AR	IL7324	01-08	CIL	A	<input checked="" type="checkbox"/>	Ark Changes Trans of Rights of Recovery Agai	3/15/2008	2/5/2008		
AR	IL7326	01-08	CIL	A	<input checked="" type="checkbox"/>	Calculation of Premium	3/15/2008	2/5/2008		
AR	IL8021	04-88	CIL	A	<input checked="" type="checkbox"/>	Asbestos Notice (O)	10/1/1988	9/1/1988		
AR	IL8269	05-06	CIL	A	<input checked="" type="checkbox"/>	Paint and Body Shop Questionnaire	5/1/2006	3/14/2006		AR-PC-06-018478
AR	IL8383.2	01-08	CIL	A	<input checked="" type="checkbox"/>	Disclosure Pursuant to Terrorism Risk Ins Act	3/1/2008	2/22/2008		
AR	IL8383.5	01-08	CIL	A	<input checked="" type="checkbox"/>	Disclosure Pursuant to Terrorism Risk Ins Act	3/1/2008	2/22/2008		
AR	IL8539	11-07	CIL	A	<input checked="" type="checkbox"/>	EMC Choice Equipment Dealers Supp Questio	12/1/2007	10/17/2007		AR-PC-07-026439