

SERFF Tracking Number: EMCC-125713297 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: AR-WC-2008-03
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Adopt Item B-1407
Project Name/Number: /

Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Adopt Item B-1407

SERFF Tr Num: EMCC-125713297 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-2008-03

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Author: Stephanie McBride

Disposition Date: 06/26/2008

Date Submitted: 06/26/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

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: B-1407

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/26/2008

State Status Changed: 06/26/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

June 26, 2008

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-1407

Company Filing #: AR-WC-2008-03

Effective Date: September 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-1407 – Catastrophe Provisions Miscellaneous Values, Rules, and Statistical Codes.

Please find attached the Transmittal Document and manual page WC-R-011 (per company) which replaces that same page currently filed. A filing fee in the amount of \$25 is being sent via EFT.

We respectfully request your approval of this filing to be applicable to policies effective on or after September 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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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	06/26/2008	21112750
Employers Mutual Casualty Company	\$0.00	06/26/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/26/2008	06/26/2008

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Disposition

Disposition Date: 06/26/2008
Effective Date (New): 09/01/2008
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

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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

SERFF Tracking Number: *EMCC-125713297* *State:* *Arkansas*
First Filing Company: *EMCASCO Insurance Company, ...* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *AR-WC-2008-03*
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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-011	Replacement	Manual Pages.pdf

TABLE OF SPECIFIC DISEASE LOADINGS

DISEASE SYMBOLS

Asb = Asbestos **S** = Silica

Code No.		Specific Disease Loadings	Disease Symbol
0059	D	0.37	S
0065	D	0.07	S
0066	D	0.07	S
0067	D	0.07	S
1164	E	0.11	S
1165	E	0.05	S
1624	E	0.05	S
1710	E	0.07	S
1741	E	0.30	S
1803	D	0.30	S
1852	D	0.05	Asb
3081	D	0.05	S
3082	D	0.07	S
3085	D	0.07	S
3175	D	0.04	S
4024	E	0.02	S
5508	D	0.04	S
6251	D	0.07	S
6252	D	0.05	S
6260	D	0.04	S

Miscellaneous Values

- * Terrorism.....0.02
- * Catastrophe (Other than Certified Acts of Terrorism).....0.02

**TABLE OF SPECIFIC DISEASE LOADINGS
DISEASE SYMBOLS**

Asb = Asbestos **S** = Silica

Code No.		Specific Disease Loadings	Disease Symbol
0059	D	0.32	S
0065	D	0.06	S
0066	D	0.06	S
0067	D	0.06	S
1164	E	0.09	S
1165	E	0.05	S
1624	E	0.05	S
1710	E	0.06	S
1741	E	0.26	S
1803	D	0.26	S
1852	D	0.05	Asb
3081	D	0.05	S
3082	D	0.06	S
3085	D	0.06	S
3175	D	0.03	S
4024	E	0.02	S
5508	D	0.03	S
6251	D	0.06	S
6252	D	0.05	S
6260	D	0.03	S

Miscellaneous Values

- * Terrorism.....0.02
- * Catastrophe (Other than Certified Acts of Terrorism)0.02

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 06/26/2008

Comments:

Attachment:

P&C Transmittal- B-1407.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 06/26/2008

Bypass Reason: N/A

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 06/26/2008

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 #
Employers Mutual Casualty Company	IA	21415	42-0234980
EMCASCO Insurance Company	IA	21407	42-6070764

5. Company Tracking Number	AR-WC-2008-03
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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: 9/1/08 Renewal: 9/1/08

