

SERFF Tracking Number: EMCC-125770370 State: Arkansas  
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: #? \$?  
Company Tracking Number: AR-PA-2008-02  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Personal Auto  
Project Name/Number: /

## Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Personal Auto SERFF Tr Num: EMCC-125770370 State: Arkansas  
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: #? \$?  
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: AR-PA-2008-02 State Status: Fees verified and received (PPA)  
Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty Montesi  
Author: Jo Byers Disposition Date: 08/21/2008  
Date Submitted: 08/11/2008 Disposition Status: Approved  
Effective Date Requested (New): 01/01/2009 Effective Date (New):  
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal): 01/01/2009

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Not Filed  
Project Number: Domicile Status Comments:  
Reference Organization: ISO Reference Number: PP-2008-OCEFO  
Reference Title: Custom Equipment Exclusion & Related Ooptional Advisory Org. Circular: LI-PA-2008-188  
Endorsement  
Filing Status Changed: 08/21/2008  
State Status Changed: 08/21/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
August 11, 2008

Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third St.

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Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

EMCASCO INSURANCE COMPANY – 062-21407

Personal Auto

Non-adoption of ISO's Custom Equipment Exclusion & Related Optional Endorsement

Reference Filing #: PP-2008-OCEFO

Company File # AR-PA-2008-02

The captioned companies are members of Insurance Services Office and the Personal Auto program is filed on our behalf. ISO has filed the Custom Equipment Coverage Exclusion and Related Optional Endorsement revision on our behalf, to be applicable to policies written on or after January 1, 2009.

At this time, we are notifying your department of our intention to non-adopt the revision found in reference filing number PP-2008-OCEFO. We will continue to use our currently filed program until such time as we are in a position to implement these changes.

We have attached the Property-Casualty Transmittal Document.

We respectfully request your approval of this filing for our records. Thank you.

Jo L. Byers, Filings Analyst

Rates and Filings Dept.

(800) 247-2128 Ext. 2707

jo.l.byers@emcins.com

## Company and Contact

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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**

EMCASCO Insurance Company	CoCode: 21407	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: 42-6070764	

Employers Mutual Casualty Company	CoCode: 21415	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: 42-0234980	

**Filing Fees**

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMCASCO Insurance Company	\$0.00	08/11/2008	
Employers Mutual Casualty Company	\$0.00	08/11/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08/21/2008	08/21/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	08/19/2008	08/19/2008	Jo Byers	08/19/2008	08/19/2008
Industry Response						

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## Disposition

Disposition Date: 08/21/2008  
Effective Date (New):  
Effective Date (Renewal): 01/01/2009  
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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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/19/2008

Submitted Date 08/19/2008

Respond By Date

Dear Jo Byers,

This will acknowledge receipt of the captioned filing. Please submit the required filing fee and advise via SERFF when you do so. Upon the receipt of the fee, the filing will be reviewed.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 08/19/2008

Submitted Date 08/19/2008

Dear Alexa Grissom,

### Comments:

### Response 1

Comments: According to procedures, no filing fee is required for non-adoptions. Please advise if this rule has changed and what the fee is for non-adoptions. Thank you.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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*Product Name:* Personal Auto

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Sincerely,

Jo Byers

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## Rate Information

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 08/21/2008

**Comments:**

**Attachment:**

pctd.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <span>New Business</span> <input style="width: 150px;" type="text"/> </div> <div style="display: flex; justify-content: space-between;"> <span>Renewal Business</span> <input style="width: 150px;" type="text"/> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>
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

<b>5. Company Tracking Number</b>	<b>AR-PA-2008-02</b>
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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)	Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	Private Passenger Auto
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Personal Auto
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: 1/1/09      Renewal: 1/1/09

## Property & Casualty Transmittal Document---

15.	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	<b>Reference Organization</b> (if applicable)	ISO
17.	<b>Reference Organization # &amp; Title</b>	PP-2008-OCEFO
18.	<b>Company's Date of Filing</b>	8/11/08
19.	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	<b>This filing transmittal is part of Company Tracking #</b>	AR-PA-2008-02
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	
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22.	<b>Filing Fees</b> (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><b>Check #:</b> <b>Amount:</b> N/A</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>		

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**