

SERFF Tracking Number: EMCC-125780419 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: #? \$0
Company Tracking Number: AR-WC-2008-04
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: /

Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Workers Compensation SERFF Tr Num: EMCC-125780419 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$0
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: AR-WC-2008-04 State Status: Fees verified and received
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Author: Jo Byers Disposition Date: 08/19/2008
Date Submitted: 08/18/2008 Disposition Status: Non-Adoption
Effective Date Requested (New): 01/01/2009 Effective Date (New): 12/01/2008
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Domicile Status Comments:
Reference Organization: NCCI Reference Number: R-1398
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/19/2008
State Status Changed: 08/19/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
August 18, 2008

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

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EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

EMCASCO INSURANCE COMPANY – 062-21407

Workers Compensation

Non-Adopt Item R-1398

Company File # AR-WC-2008-04

The captioned companies are members of the National Council on Compensation Insurance and the Workers Compensation program is filed on our behalf.

We are submitting for filing our intention to non-adopt Item R-1398 - 2008 Update to Retrospective Rating Plan. This revision is to be effective January 1, 2009. We will continue to use our current Workers Compensation program as filed.

The Property and Casualty Transmittal Document is attached.

We respectfully request your approval of our non-adoption. Thank you.

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

EMCASCO Insurance Company

717 Mulberry Street

CoCode: 21407

Group Code: 62

State of Domicile: Iowa

Company Type: P & C

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Product Name: Workers Compensation
Project Name/Number: /

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

Group Name:
FEIN Number: 42-6070764

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------|--------|----------------|---------------|
| EMCASCO Insurance Company | \$0.00 | 08/18/2008 | |
| Employers Mutual Casualty Company | \$0.00 | 08/18/2008 | |

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Product Name: Workers Compensation
Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------|----------------|------------|----------------|
| Non-Adoption | Carol Stiffler | 08/19/2008 | 08/19/2008 |

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Product Name: Workers Compensation
Project Name/Number: /

Disposition

Disposition Date: 08/19/2008
Effective Date (New): 12/01/2008
Effective Date (Renewal):
Status: Non-Adoption
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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 Product Name: Workers Compensation
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| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------------------------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Accepted for Informational Purposes | Yes |
| Supporting Document | NAIC Loss Cost Filing Document for Workers' Compensation | Accepted for Informational Purposes | Yes |
| Supporting Document | NAIC loss cost data entry document | Accepted for Informational Purposes | Yes |

SERFF Tracking Number: *EMCC-125780419* *State:* *Arkansas*
First Filing Company: *EMCASCO Insurance Company, ...* *State Tracking Number:* *#? \$0*
Company Tracking Number: *AR-WC-2008-04*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0000 WC Sub-TOI Combinations*
Product Name: *Workers Compensation*
Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

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Product Name: Workers Compensation
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Supporting Document Schedules

| | | | | |
|-------------------------|--|-----------------------|-------------------------------------|------------|
| Satisfied -Name: | Uniform Transmittal Document-Property & Casualty | Review Status: | Accepted for Informational Purposes | 08/19/2008 |
| Comments: | | | | |
| Attachment: | pctd.pdf | | | |
| Bypassed -Name: | NAIC Loss Cost Filing Document for Workers' Compensation | Review Status: | Accepted for Informational Purposes | 08/19/2008 |
| Bypass Reason: | n/a | | | |
| Comments: | | | | |
| Bypassed -Name: | NAIC loss cost data entry document | Review Status: | Accepted for Informational Purposes | 08/19/2008 |
| 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 | | | | | |

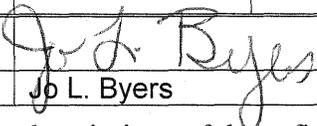
| | |
|-------------------------|---------------------|
| 3. Group Name | Group NAIC # |
| EMC Insurance Companies | 062 |

| 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-2008-04 |
|-----------------------------------|----------------------|

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) | Workers Compensation |
| 10. | Sub-Type of Insurance (Sub-TOI) | Workers Compensation |
| 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 checked="" type="checkbox"/> Rules <input 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: 1/1/09 Renewal: 1/1/09 |

Property & Casualty Transmittal Document---

| | | |
|------------|---|---|
| 15. | Reference Filing? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | NCCI |
| 17. | Reference Organization # & Title | Item R-1398 |
| 18. | Company's Date of Filing | 8/18/08 |
| 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-WC-2008-04 |
|------------|--|---------------|

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

We are submitting for filing our intention to non-adopt Item R-1398 - 2008 Update to Retrospective Rating Plan. This revision is to be effective January 1, 2009. We will continue to use our current Workers Compensation program as filed.

| | |
|------------|---|
| 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 #: N/A
Amount: N/A

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.)**