

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Insurer Name: Employers Mutual Casualty Company Contact Person: Stephanie McBride
 NAIC Number: 062-21415 Signature: *Stephanie McBride*
 Name of Advisory Organization Whose Filing You Are Referencing _____ Telephone No.: 800-247-2128 ext 2684
 Company Affiliation to Advisory Organization:
 Member _____ Subscriber _____ Service Purchaser _____
 Reference Filing #: _____ Proposed Effective Date: 03/15/08

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Private Passenger Auto Liability	-6.1%	-9.4%					
Private Passenger Auto Medical	1.3%	-13.2%					
Private Passenger Auto Comprehensive	-4.5%	-4.5%					
Private Passenger Auto Collision	-2.1%	-0.1%					
Private Passenger Auto Uninsured Motorists	N/A	1.6%					
Private Passenger Auto Underinsured Motorists	N/A	49.4%					
TOTAL OVERALL EFFECT	-4.4%	-4.4%					

N/A Apply Loss Cost Factors To Future Filings? (Y or N)
17.9% Estimated Maximum Rate Increase for any Arkansas Insured (%) *
-11.6% Estimated Maximum Rate Decrease for any Arkansas Insured (%) *

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History

EMCC

Year	Policy Count	Rate Change History		AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
		%	Eff. Date				
2002	92			129	112	87.0%	63.6%
2003	94	1.6%	02/01/03	139	36	25.9%	53.8%
2004	82	0.2%	03/01/04	131	87	66.6%	66.4%
2005	57	-8.0%	09/01/05	96	315	0.3%	53.4%
2006	40	-0.8%	11/01/06	56	17	30.1%	53.6%

Selected Provisions

A. Total Production Expense		<u>23.0%</u>
B. General Expense		<u>5.5%</u>
C. Taxes, Licenses & Fee	2.7% (Liab)	<u>2.7% (PD)</u>
D. Underwriting Profit & Contingencies	2.1% (Liab)	<u>4.5% (PD)</u>
E. Other (Explain)		
F. TOTAL	33.3% (Liab)	<u>35.7% (PD)</u>

* We do not have the ability to re-rate each policy, but if we had an insured who received all the maximum increases (or maximum decreases) for all changes, this is the change they would receive.

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Insurer Name: Emcasco Insurance Company Contact Person: Stephanie McBride
 NAIC Number: 062-21407 Signature: *Stephanie McBride*
 Name of Advisory Organization Whose Filing You Are Referencing _____ Telephone No.: 800-247-2128 ext 2684
 Company Affiliation to Advisory Organization: _____
 Member _____ Subscriber _____ Service Purchaser _____
 Reference Filing #: _____ Proposed Effective Date: 03/15/08

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Private Passenger Auto Liability	-6.1%	-8.7%					
Private Passenger Auto Medical	1.3%	-4.5%					
Private Passenger Auto Comprehensive	-4.5%	-4.6%					
Private Passenger Auto Collision	-2.1%	-0.1%					
Private Passenger Auto Uninsured Motorists	N/A	1.6%					
Private Passenger Auto Underinsured Motorists	N/A	49.5%					
TOTAL OVERALL EFFECT	-4.4%	-2.2%					

N/A Apply Loss Cost Factors To Future Filings? (Y or N)
17.9% Estimated Maximum Rate Increase for any Arkansas Insured (%) *
-11.6% Estimated Maximum Rate Decrease for any Arkansas Insured (%) *

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History

Year	Policy Count	Rate Change History		AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
		%	Eff. Date				
2002	777			989	396	40.0%	55.7%
2003	736	1.6%	02/01/03	987	486	49.3%	54.4%
2004	611	-0.7%	03/01/04	894	641	71.7%	58.0%
2005	464	-9.0%	09/01/05	692	280	40.5%	60.2%
2006	409	-2.5%	11/01/06	507	122	24.2%	55.7%

Selected Provisions

A. Total Production Expense		<u>23.0%</u>
B. General Expense		<u>5.5%</u>
C. Taxes, Licenses & Fee	2.7% (Liab)	<u>2.7% (PD)</u>
D. Underwriting Profit & Contingencies	2.1% (Liab)	<u>4.5% (PD)</u>
E. Other (Explain)		
F. TOTAL	33.3% (Liab)	<u>35.7% (PD)</u>

* We do not have the ability to re-rate each policy, but if we had an insured who received all the maximum increases (or maximum decreases) for all changes, this is the change they would receive.

**ARKANSAS INSURANCE DEPARTMENT
PRIVATE PASSENGER AUTOMOBILE ABSTRACT**

Instructions: All questions must be answered. If the answer is "none" or "not applicable," so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent automobile rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Employers Mutual Casualty Company
 NAIC No. 21415 GROUP No. 062

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance?
No

2. Do you furnish a market for young drivers? Yes
 Over age 65 drivers? Yes

3. Do you require collateral business to support a youthful driver risk? Yes

4. Do you insure drivers with an international or foreign drivers' license? No

5. Specify the percentage you allow in credits or discounts for the following:
 a. Driver Over 55 10 %
 b. Good Student Discount 10 %
 c. Multi-car Discount 5-25 %
 d. Accident Free Discount* N/A %
 *Please Specify Qualification for Discount _____

e. Anti-theft Discount 5-15 %

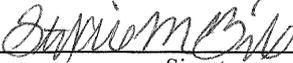
f. Other (Specify)
Driver training 10 %
Safety equipment 5-30 %
Motor vehicle accident prevention course 10 %
Combination with homeowners 15 %
College graduate scholastic achievement 5 %
Insurance Scoring ranges from .55 discount to 1.00 (new discounts)

6. Do you have an installment plan for automobile insurance? Yes
 If so, what is the fee for installment payments? \$3.00

7. Does your company utilize a tiered rating plan?
 If so, list the programs and percentage differences. No

State the current volume for each program.
N/A

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



 Signature
 Filings Analyst

 Title
 800-247-2128 x.2684

 Telephone Number

**ARKANSAS INSURANCE DEPARTMENT
PRIVATE PASSENGER AUTOMOBILE ABSTRACT**

Instructions: All questions must be answered. If the answer is "none" or "not applicable," so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent automobile rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Emcasco Insurance Company
 NAIC No. 21407 GROUP No. 062

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance?
No

2. Do you furnish a market for young drivers? Yes
 Over age 65 drivers? Yes

3. Do you require collateral business to support a youthful driver risk? Yes

4. Do you insure drivers with an international or foreign drivers' license? No

5. Specify the percentage you allow in credits or discounts for the following:
 a. Driver Over 55 10 %
 b. Good Student Discount 10 %
 c. Multi-car Discount 5-25 %
 d. Accident Free Discount* N/A %
 *Please Specify Qualification for Discount _____

e. Anti-theft Discount 5-15 %

f. Other (Specify)
Driver training 10 %
Safety equipment 5-30 %
Motor vehicle accident prevention course 10 %
Combination with homeowners 15 %
College graduate scholastic achievement 5 %
Insurance Scoring ranges from .55 discount to 1.00 (new discounts)

6. Do you have an installment plan for automobile insurance? Yes
 If so, what is the fee for installment payments? \$3.00

7. Does your company utilize a tiered rating plan?
 If so, list the programs and percentage differences. No

State the current volume for each program.
N/A

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Janice M. Bilo
 Signature
 Filings Analyst
 Title
800-247-2128 x.2684
 Telephone Number