### Edgar Filing: Hanson Rodney Dale - Form 4

Hanson Rodney I	Dale										
Form 4											
June 13, 2018											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						MISSION	OMB Number:	3235-0287		
Check this box									Expires:	January 31,	
if no longer subject to	STATE	EMENT (	<b>OF CHANGES</b>	IN BENI	BENEFICIAL OWNERSHIP OF				Estimated average 2005		
Section 16.	SECURITI				TIES				burden hours per response 0.5		
Form 4 or											
Form 5	-		Section 16(a) o				-				
obligations may continue.	Section 1		e Public Utility H	•	- ·			5 or Section			
See Instruction	l	30(h	) of the Investm	ent Com	pany Ac	t of 1	940				
1(b).											
(Print or Type Respo	nses)										
1 Name and Addres	s of Reportir	ng Person *	2 Januar Nama	and Tisles	n on Trodic		5 Re	lationship of I	Reporting Perso	n(s) to	
1. Name and Address of Reporting Person * Hanson Rodney Dale2. Issuer Na Symbol								Relationship of Reporting Person(s) to suer			
, ,			•	RANCE GROUP INC							
			[EMCI]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earlie	st Transacti	ion			Director	10% 0	Owner	
			(Month/Day/Yea	r) Officer (give			-	title Other (specify below)			
EMPLOYERS MUTUAL 06/12/2018				below)			vice President				
CASUALTY CO		717									
MULBERRY ST	FREET										
(Street) 4. If Amendment Filed(Month/Day/				t, Date Original 6. I			6. Inc	Individual or Joint/Group Filing(Check			
								cable Line)			
								ne Reporting Person ore than One Reporting			
DES MOINES, 1	IA 50309						Person	•	sie unun one rep	Julig	
(City)	(State)	(Zip)	Table I - No	on-Derivat	ive Secur	ities A	cquired,	Disposed of,	or Beneficially	Owned	
1.Title of Security	2. Transac	tion Date 2	A. Deemed	ecution Date, if Transaction(A) or Disposed of (D)				5. Amount o	f 6.	7. Nature	
(Instr. 3)	(Month/Da									of Indirect	
	any (Month/Day/Year)			Code (Instr. 3, 4 and 5) (Instr. 8)			Beneficially Owned	<ul> <li>Form: Beneficia</li> <li>Direct (D) Ownersh</li> </ul>			
		(	Wonth Day Tear)	(Instr. 0)				Following	or Indirect	(Instr. 4)	
						(A)		Reported	(I)	. ,	
						or		Transaction(			
				Code V	Amount		Price	(Instr. 3 and	4)		
EMCI-Common	06/12/20	)18		Μ	500	А	\$ 16.27	15,229	D		
Stock							10.27				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year			7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Stock	\$ 16.27	06/12/2018		М	500	03/01/2012(1)	03/01/2021	Common Stock	500	

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### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Hanson Rodney Dale						
EMPLOYERS MUTUAL CASUALTY COMPANY			Sr. Vice			
717 MULBERRY STREET			President			
DES MOINES, IA 50309						

# Signatures

Rodney D. 06/13/2018 Hanson

<u>\*\*</u>Signature of Reporting Person Date

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Options vest in five equal annual installments (20%)beginning one year after date of grant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.