

SERFF Tracking Number: NYLX-125882869 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 40741
Company Tracking Number: LTCAR0024501A01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: CP Adv Natl Cons - Prod Spec
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0024501A01

Filing at a Glance

Company: New York Life Insurance Company
Product Name: CP Adv Natl Cons - Prod Spec SERFF Tr Num: NYLX-125882869 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 40741
Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTCAR0024501A01 State Status: Filed-Closed
Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett
Author: SPI NewYorkLifeInsCoLTC Disposition Date: 11/05/2008
Date Submitted: 10/31/2008 Disposition Status: Filed
Implementation Date Requested: Implementation Date:
State Filing Description:

General Information

Project Name: CP Adv Natl Cons - Prod Spec Status of Filing in Domicile:
Project Number: LTCAR0024501A01 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 11/05/2008
State Status Changed: 11/05/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

The above-captioned forms are being submitted for your review. These forms are new and do not replace any previously approved forms.

We consider these forms to be an invitation to inquire. There are two form numbers on one 8 1/2 X 14 page, one is a direct mail letter about the importance of protecting your assets from the high-cost of long-term care and the second is a reply card to be detached and returned if the prospect/client requests additional information. The forms are product specific and will be sent to prospects, clients and/or the general public.

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Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0024501A01

Certain information has been bracketed as variable, such as date, insurance company address, city, state, zip, prospect/client address, city state zip, prospects/clients name, agent name, agent title, control number and scan line.

We want to have the right to use this piece in other media in PDF format, as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

Susan Byrnes
Senior Contract Compliance Associate

Attachment(s)

Company and Contact

Filing Contact Information

Susan Byrnes, Sr. Contracts & Compliance Associate sbyrnes@newyorklifeltc.com
6200 Bridge Point Parkway Suite 400 (512) 703-5555 [Phone]
Austin, TX 78730-5006 (512) 703-5564[FAX]

Filing Company Information

New York Life Insurance Company CoCode: 66915 State of Domicile: New York
6200 Bridge Point Parkway Suite 400 Group Code: 826 Company Type:

SERFF Tracking Number: NYLX-125882869 State: Arkansas
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Product Name: CP Adv Natl Cons - Prod Spec
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0024501A01
Austin, TX 78730 Group Name: State ID Number:
(512) 703-5555 ext. [Phone] FEIN Number: 13-5582869

SERFF Tracking Number: NYLX-125882869 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$50.00	10/31/2008	23641719

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	11/05/2008	11/05/2008

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Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0024501A01

Disposition

Disposition Date: 11/05/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NYLX-125882869 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	AR CvrLtr (10-31-08), AR NAIC Trans , AR Fee Sched Fm		Yes
Form	Affluent Ltr & Reply Card		Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	377572CV A - B	Advertising	Affluent Ltr & Reply Card	Initial			377572CV A - B.PDF

It Took Lots Of Sound Financial Decisions To Get Where You Are... This One Can Keep You There.

[Agent Name, CLU]

New York Life Insurance Company
[123 Main Street]
[Anytown, US 12345-6789]

[Date]

[Control Number]
[Mr. John Q. Sample]
[123 Main Street]
[Anywhere, US 12345-7891]

Dear [Prospect/Client Name]:

In an emergency, could you afford to buy a new car? How about a new home? Or decent medical care for your family?

Given your sound financial standing, I would imagine the answer to all those questions is "Yes." Yet you still probably have insurance to protect you from those expenses. After all, you didn't get where you are today by making poor financial decisions.

***And that's why you really should consider protecting your wealth and legacy
from the high-cost of long-term care.***

With the national average U.S. nursing home now charging over [\$76,000] a year¹ (more in many states), a prolonged injury or illness could dramatically affect your future or estate. And with people living longer than ever, there's a good chance you may need to rely on some form of long-term care as you age.

Don't let your hard work and careful planning go to waste. With affordable Long-Term Care Insurance from New York Life Insurance Company (New York Life), you can secure the quality care you deserve -- while helping safeguard your wealth for future generations. And with *The Company You Keep*[®], you get another valuable benefit: the security and peace-of-mind that comes from knowing your coverage is backed by a *Fortune 100* company with more than 160-years of industry experience.

To find out more about this important protection, just give me a call at [Agent Number] or complete and return the reply card below. Either way, I will be happy to set up a convenient time for us to take a closer look at this coverage and go over any questions you have. I look forward to hearing from you soon.

Sincerely,

[Agent Name]
Agent

P.S. – In most cases, Long-Term Care Insurance can also be used to help pay for the in-home or adult day care services that may keep you from entering a nursing home in the first place. And in so doing, may allow you to leave more of your estate to your loved-ones, church, or a favorite charity. Reply today.

¹ *New York Life Insurance Company. Cost of Care Survey. [September 2007].*

An insurance agent may contact you. The purpose of this form is for solicitation of insurance. New York Life Insurance Company's individual tax qualified Long-Term Care Insurance policies are issued on policy form series ILTC-5000, FLTC-5000, INH-5000 and FNH-5000. The actual policy form numbers vary by state and are identified with the two letter state identifier and an edition number. The policy(s) have exclusions/limitations. For cost and complete details of coverage, please call or write your insurance agent or the company. New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010.

377572CV-A

(Return this section in the enclosed postage-paid envelope today)

**YES! I Want to Find Out More About Protecting My Wealth And Legacy
From The Potentially High Cost of Long-Term Care.**

(I understand that any information provided will be at no obligation whatsoever.)

Person to Contact: _____

Res. Tel: (____) _____ Bus. Tel: (____) _____ Best Time to Call: _____ AM/PM

An insurance agent may contact you.

*** Indicate name or address changes on the reverse side.**

[Control Number]
[Name]
[Address]
[Street], [City] [ZIP]
(Logo)

***I Would Like To Learn More About The
Following:*** (Check all that apply)

- Life Insurance
- Long-Term Care Insurance
- College Funding
- Retirement Income
- Estate Conservation
- Mortgage Protection
- Funding for Buy-Sell
- Key Person Protection
- Other _____

The Company You Keep[®]

New York Life Insurance Company, [5505 W. Cypress, Tampa FL 33607] [Scan Line]

377572CV-B

SERFF Tracking Number: NYLX-125882869 *State:* Arkansas
Filing Company: New York Life Insurance Company *State Tracking Number:* 40741
Company Tracking Number: LTCAR0024501A01
TOI: LTC03I Individual Long Term Care *Sub-TOI:* LTC03I.001 Qualified
Product Name: CP Adv Natl Cons - Prod Spec
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0024501A01

Rate Information

Rate data does NOT apply to filing.

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Product Name: CP Adv Natl Cons - Prod Spec
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0024501A01

Supporting Document Schedules

Review Status:

Satisfied -Name: AR CvrLtr (10-31-08), AR NAIC
Trans , AR Fee Sched Fm

10/31/2008

Comments:

Attachments:

AR CvrLtr (10-31-08).PDF
AR NAIC Trans .PDF
AR Fee Sched Fm.PDF



New York Life Insurance Company
Long-Term Care Division
6200 Bridge Point Parkway, Suite 400
Austin, Texas 78730-5006
Bus: 800--723-5555 x 5584
Fax: 512-703-5564
E-mail: sbyrnes@newyorklifeltc.com
www.newyorklifeltc.com

Susan Byrnes
Senior Contracts and Compliance Associate

October 31, 2008

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number 377572CV-A and 377572CV-B

Dear Mr. Shields,

The above-captioned forms are being submitted for your review. These forms are new and do not replace any previously approved forms.

We consider these forms to be an invitation to inquire. There are two form numbers on one 8 1/2 X 14 page, one is a direct mail letter about the importance of protecting your assets from the high-cost of long-term care and the second is a reply card to be detached and returned if the prospect/client requests additional information. The forms are product specific and will be sent to prospects, clients and/or the general public.

Certain information has been bracketed as variable, such as date, insurance company address, city, state, zip, prospect/client address, city state zip, prospects/clients name, agent name, agent title, control number and scan line.

We want to have the right to use this piece in other media in PDF format, as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

New York Life Insurance Company
Advertising Filing-377572CV-A & 377572CV-B
October 31, 2008
Page 2

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Susan Byrnes".

Susan Byrnes
Senior Contract Compliance Associate

Attachment(s)

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
N/A							
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	New York Life Insurance Company 6200 Bridge Point Parkway Suite 400 Austin, Texas 78730-5006	New York	N/A		826-66915	13-5582869	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Susan Byrnes New York Life Insurance Company 6200 Bridge Point Parkway Austin, Texas 78730-5006	1-800-723-5555 x 5584	512-703-5575	sbyrnes@newyorklifeltc.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	377572CV A & B					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____					
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	LTC 03I Individual Long-Term Care					
10.	Product Coding Matrix Filing Code	<u>LTC03L001 Qualified</u>					
11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____					

12.	Filing Submission Date	October 31, 2008	
13.	Filing Fee (If required)	Amount <u>\$50.00</u>	Check Date <u>EFT</u>
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
<p>The above-captioned forms are being submitted for your review. These forms are new and do not replace any previously approved forms.</p> <p>We consider these forms to be an invitation to inquire. There are two form numbers on one 8 1/2 X 14 page, one is a direct mail letter about the importance of protecting your assets from the high-cost of long-term care and the second is a reply card to be detached and returned if the prospect/client requests additional information. The forms are product specific and will be sent to prospects, clients and/or the general public.</p> <p>Certain information has been bracketed as variable, such as date, insurance company address, city, state, zip, prospect/client address, city state zip, prospects/clients name, agent name, agent title, control number and scan line.</p> <p>We want to have the right to use this piece in other media in PDF format, as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.</p> <p>To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.</p> <p>Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.</p> <p>Sincerely,</p> <p>Susan Byrnes Senior Contract Compliance Associate</p> <p>Attachment(s)</p>			

16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u>.</p>			
Print Name <u>Michael Francescone</u>		Title <u>VP & Actuary</u>	
Original Signature <u></u>		Date <u>October 31, 2008</u>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	N/A	
This filing corresponds to rate filing company tracking number	N/A	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Affluent Letter Advertising	377572CV-A	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
02	Business Reply Card Advertising	377572CV-B	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH-FFA-1

13			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
14			<input type="checkbox"/> Other _____	N/A
				N/A
15			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
16			<input type="checkbox"/> Other _____	N/A
				N/A
17			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
18			<input type="checkbox"/> Other _____	N/A
				N/A
19			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
20			<input type="checkbox"/> Other _____	N/A
				N/A
21			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
22			<input type="checkbox"/> Other _____	N/A
				N/A
23			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N N/A
24			<input type="checkbox"/> Other _____	N/A /A
25			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
26			<input type="checkbox"/> Other _____	N/A
				N/A

LH-FFA-2

18.		Rate Filing Attachment	
This filing transmittal is part of company tracking number		N/A	
This filing corresponds to form filing company tracking number		N/A	
Overall percentage rate indication (when applicable)		N/A	
Overall percentage rate impact for this filing		%	
	Document Name Description	Affected Form Numbers	Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ N/A
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____

LH RFA-1



ARKANSAS INSURANCE DEPARTMENT

**Mike Pickens
Commissioner**

1200 West Third Street
Little Rock, AR 77201-1904
1-501-371-2600
1-800-282-9134
Fax 1-501-371-2618

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: New York Life Insurance Company

Company NAIC Code: 66915

Company Contact Person & Telephone # Susan Byrnes, 1-800-723-5555, ext. 5584

INSURANCE DEPARTMENT USE ONLY

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS,
UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and /or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. * _____ x\$ 50= _____
**Retaliatory _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing per each insurer. * _____ x\$ 50= _____
**Retaliatory _____

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. * _____ x\$ 20= _____
**Retaliatory _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. * 2 _____ x\$ 25=\$50.00
**Retaliatory _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. * _____ x\$400= _____

Filing to amend Certificate of Authority. ** _____ x\$100= _____

- * THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS AOUTLINED UNDER RULE AND REGULATION 57.
- ** THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-65-102, RETALIATORY TAX.
- *** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. CODE ANN §23-61-401