

SERFF Tracking Number: NYLX-125940668 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 41088
Company Tracking Number: LTCAR0024801A01
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/LTCAR0024801A01

Filing at a Glance

Company: New York Life Insurance Company
Product Name: CP Adv Natl Cons - Prod Spec SERFF Tr Num: NYLX-125940668 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 41088
Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTCAR0024801A01 State Status: Filed-Closed
Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett
Author: SPI NewYorkLifeInsCoLTC Disposition Date: 12/18/2008
Date Submitted: 12/10/2008 Disposition Status: Filed-Closed
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: LTCAR0024801A01 Date Approved in Domicile:
Requested Filing Mode: File & Use 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: 12/18/2008
State Status Changed: 12/18/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
December 10, 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

SERFF Tracking Number: NYLX-125940668 *State:* Arkansas
Filing Company: New York Life Insurance Company *State Tracking Number:* 41088
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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/LTCAR0024801A01

Re: New York Life Insurance Company

NAIC # 826-66915; FEIN # 13-5582869

Long-Term Care Advertising Form Number 382363CV-A and 382363CV-B

Dear Mr. Shields,

The above-captioned form is being submitted for your review. The form is new and does not replace any previously approved form.

We consider the advertisements an invitation to inquire. This is a direct mail letter and reply card to create an interest in finding out more about long-term care insurance.

Certain information has been bracketed as variable, such as date, name, address 1, address 2, City, State, Zip, agents phone number, agents signature, agent name, phone number, prospect name and address.

We want to have the right to use this piece in other format or media 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.

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)

SERFF Tracking Number: NYLX-125940668 State: Arkansas
 Filing Company: New York Life Insurance Company State Tracking Number: 41088
 Company Tracking Number: LTCAR0024801A01
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 Product Name: CP Adv Natl Cons - Prod Spec
 Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0024801A01

Company and Contact

Filing Contact Information

Susan Byrnes, Sr. Contracts & Compliance sbyrnes@newyorklifeltc.com
 Associate
 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:
 Austin, TX 78730 Group Name: State ID Number:
 (512) 703-5555 ext. [Phone] FEIN Number: 13-5582869

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	12/10/2008	24452734

SERFF Tracking Number: NYLX-125940668 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	12/18/2008	12/18/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Direct Mail Letter and Reply Card	Form	SPI NewYorkLifeInsCo LTC	12/12/2008	12/12/2008
AR Amed Cvr Supporting Document Ltr 12-12-08		SPI NewYorkLifeInsCo LTC	12/12/2008	12/12/2008

SERFF Tracking Number: NYLX-125940668 *State:* Arkansas
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Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0024801A01

Disposition

Disposition Date: 12/18/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NYLX-125940668 State: Arkansas
 Filing Company: New York Life Insurance Company State Tracking Number: 41088
 Company Tracking Number: LTCAR0024801A01
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
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 Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0024801A01

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	AR Amed Cvr Ltr 12-12-08		Yes
Supporting Document	AR Cvr Ltr, AR Fee Sched Form, AR NAIC Tran		Yes
Form (revised)	Direct Mail Letter and Reply Card		Yes
Form	Direct Mail Letter and Reply Card		Yes

SERFF Tracking Number: NYLX-125940668 State: Arkansas
 Filing Company: New York Life Insurance Company State Tracking Number: 41088
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 Product Name: CP Adv Natl Cons - Prod Spec
 Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0024801A01

Amendment Letter

Amendment Date:
 Submitted Date: 12/12/2008

Comments:
 See attached corrected form and cover letter explaining the changes.

Changed Items:
Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
382363CV-A & B	Advertising	Direct Mail Letter and Reply Card	Revised					382363CV-A & B.PDF

Supporting Document Schedule Item Changes:

User Added -Name: AR Amed Cvr Ltr 12-12-08
 Comment:
 AR Amed Cvr Ltr 12-12-08.PDF

SERFF Tracking Number: NYLX-125940668 State: Arkansas
 Filing Company: New York Life Insurance Company State Tracking Number: 41088
 Company Tracking Number: LTCAR0024801A01
 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/LTCAR0024801A01

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	382363CV-A & B	Advertising	Direct Mail Letter and Reply Card	Revised	Replaced Form #: Previous Filing #:		382363CV-A & B.PDF

[DATE]

[NAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY, STATE ZIP]

Dear [NAME]:

Creating a comprehensive retirement plan is a very important element to your future. As you pull together the pieces to make your retirement plan complete, you have probably thought about life insurance and annuities. But, have you considered adding long-term care insurance into your plan?

A **Long-term care insurance** policy can help protect your hard earned assets from an unforeseen illness or accident. A long-term care need can be very expensive – the average annual cost of a nursing home today is over [\$76,400] per year, according to the [September 2008] New York Life Insurance Company Nursing Home Cost of Care Survey. Long-term care insurance benefits help pay the expenses associated with a long-term care need, and keep other pieces of your retirement plan such as life insurance and annuities available for their intended purpose.

Even though your retirement may seem a long time in the future, it is important to address some of these issues today. A long-term care insurance policy can only help you if it is in place before the need arises. You have to qualify medically to purchase a policy, and it is difficult to predict what your future health may be, even a year from now. Plus, premiums are generally lower if you purchase at a younger age. If you wait to purchase a policy until you are 50 years old, **your premium could be over 37% more** than if you purchased the same coverage at age 49.

Please contact me at [123-123-1234] [or return the attached reply card] for more information about this important protection from **New York Life Insurance Company** for your retirement plan.

Sincerely,
[AGENT SIGNATURE]

[AGENT NAME]
Agent, New York Life Insurance Company
[PHONE NUMBER]

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.

382363CV-A

{BRC is optional}

(Detach and return this section in the enclosed postage-paid envelope today!)

(I understand that any information provided will be free, and that there is no obligation whatsoever.)

- Yes, I would like more information about long-term care insurance from **New York Life Insurance Company** for...**
- Myself My spouse/partner A friend or family member

Telephone #: (____) _____ Best Time to Call: _____ AM/PM

E-mail address: _____

[Prospect Name]
[Address]
[City, State Zip]

An insurance agent may contact you as a result of mailing this card. The purpose of this form is solicitation of insurance.

382363CV-B

SERFF Tracking Number: NYLX-125940668 *State:* Arkansas
Filing Company: New York Life Insurance Company *State Tracking Number:* 41088
Company Tracking Number: LTCAR0024801A01
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/LTCAR0024801A01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NYLX-125940668 State: Arkansas
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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/LTCAR0024801A01

Supporting Document Schedules

Review Status:

Satisfied -Name: AR Amed Cvr Ltr 12-12-08

12/12/2008

Comments:

Attachment:

AR Amed Cvr Ltr 12-12-08.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

December 12, 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 382363CV-A and 382363CV-B

Dear Mr. Shields,

The above-captioned form was provided on December 10, 2008 under SERFF filing number NYLX-125940668 and would like to replace that form with the form now being provided as some bracketing was missing from the source/statistical information, [\$76,400] and [September 2008]. No other change were made to the form.

I apologize for the confusion but appreciate your consider of this form version.

If 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)

SERFF Tracking Number: NYLX-125940668 State: Arkansas
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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Direct Mail Letter and Reply Card	12/10/2008	382363CV-A & B.PDF
No original date	Supporting Document	AR Cvr Ltr, AR Fee Sched Form, AR NAIC Tran	12/10/2008	AR Cvr Ltr.PDF AR Fee Sched Form.PDF AR NAIC Tran.PDF

[DATE]

[NAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY, STATE ZIP]

Dear [NAME]:

Creating a comprehensive retirement plan is a very important element to your future. As you pull together the pieces to make your retirement plan complete, you have probably thought about life insurance and annuities. But, have you considered adding long-term care insurance into your plan?

A **Long-term care insurance** policy can help protect your hard earned assets from an unforeseen illness or accident. A long-term care need can be very expensive – the average annual cost of a nursing home today is over \$76,700 per year, according to the September 2008 New York Life Insurance Company Nursing Home Cost of Care Survey. Long-term care insurance benefits help pay the expenses associated with a long-term care need, and keep other pieces of your retirement plan such as life insurance and annuities available for their intended purpose.

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Please contact me at [123-123-1234] [or return the attached reply card] for more information about this important protection from **New York Life Insurance Company** for your retirement plan.

Sincerely,
[AGENT SIGNATURE]

[AGENT NAME]
Agent, New York Life Insurance Company
[PHONE NUMBER]

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.

382363CV-A

{BRC is optional}

(Detach and return this section in the enclosed postage-paid envelope today!)

(I understand that any information provided will be free, and that there is no obligation whatsoever.)

Yes, I would like more information about long-term care insurance from **New York Life Insurance Company for...**
 Myself My spouse/partner A friend or family member

Telephone #: (____) _____ Best Time to Call: _____ AM/PM

E-mail address: _____

[Prospect Name]
[Address]
[City, State Zip]

An insurance agent may contact you as a result of mailing this card. The purpose of this form is solicitation of insurance.

382363CV-B



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

December 10, 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 382363CV-A and 382363CV-B

Dear Mr. Shields,

The above-captioned form is being submitted for your review. The form is new and does not replace any previously approved form.

We consider the advertisements an invitation to inquire. This is a direct mail letter and reply card to create an interest in finding out more about long-term care insurance.

Certain information has been bracketed as variable, such as date, name, address 1, address 2, City, State, Zip, agents phone number, agents signature, agent name, phone number, prospect name and address.

We want to have the right to use this piece in other format or media 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.

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)



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

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	382363CV-A and 382363CV-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"/> <u>FORMS</u> <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 <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <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	December 10, 2008	
13.	Filing Fee (If required)	Amount	\$50.00
		Retaliatory	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Check Date	EFT
		Check Number	
14.	Date of Domiciliary Approval	N/A	

15.	Filing Description:
	<p>The above-captioned form is being submitted for your review. The form is new and does not replace any previously approved form.</p> <p>We consider the advertisements an invitation to inquire. This is a direct mail letter and reply card to create an interest in finding out more about long-term care insurance.</p> <p>Certain information has been bracketed as variable, such as date, name, address 1, address 2, City, State, Zip, agents phone number, agents signature, agent name, phone number, prospect name and address.</p> <p>We want to have the right to use this piece in other format or media 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.</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> <p>Print Name <u>Michael Francescone</u> Title <u>VP & Actuary</u></p> <p>Original Signature  Date <u>December 10, 2008</u></p>

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	Direct Mail Letter Advertising	382363CV-A	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
02	Reply Card Advertising	382363CV-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 _____	
17			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
18			<input type="checkbox"/> Other _____	
19			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
20			<input type="checkbox"/> Other _____	
21			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
22			<input type="checkbox"/> Other _____	
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 _____	
			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
			<input type="checkbox"/> Other _____	

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	Affected Form Numbers		Previous State Filing Number
	Description			
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 _____	

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