Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: Profiles	SERFF Tr Num: ELCC-125623209	State: ArkansasLH
TOI: LTC06 Long Term Care - Other	SERFF Status: Closed	State Tr Num: 38794
Sub-TOI: LTC06.000 Long Term Care - Other	Co Tr Num: A-PICR	State Status: Filed-Closed
Filing Type: Advertisement	Co Status: Submitted	Reviewer(s): Marie Bennett, Harris Shearer
	Author: Jana Peterson	Disposition Date: 05/08/2008
	Date Submitted: 04/25/2008	Disposition Status: Filed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: A-PICR	Status of Filing in Domicile: Authorized
Project Number: A-PICR	Date Approved in Domicile: 04/25/2008
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: 05/08/2008	
State Status Changed: 05/08/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Our company is currently sponsoring the internationally televised program “Profiles in Caring”, and we have developed grants available to volunteer organizations. This program is called the “Ambassadors of Caring Awards” and is awarded annually.

We have developed a campaign encouraging consumers to nominate their favorite volunteer organization for consideration for the grant. I am submitting the application we will be sending to consumers and inserting in newspapers.

Company and Contact

Filing Contact Information

Jana Peterson, Compliance Specialist	Jana.Peterson@Equilife.com	
3 Triad Center	(877) 579-3782 [Phone]	
Salt Lake City, UT 84180	(801) 579-3781[FAX]	

Filing Company Information

Equitable Life & Casualty Insurance Company	CoCode: 62952	State of Domicile: Utah
3 Triad Center	Group Code: -99	Company Type: Life and Health
Suite 200		
Salt Lake City, UT 84180	Group Name:	State ID Number:
(801) 579-3400 ext. [Phone]	FEIN Number: 87-0129771	

Filing Fees

Fee Required?	Yes
Fee Amount:	$25.00
Retaliatory?	No
Fee Explanation:	State Fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	$25.00	04/25/2008	19910182

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	05/08/2008	05/08/2008

Disposition

Disposition Date: 05/08/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ELCC-125623209*	*State:*	*Arkansas*
Filing Company:	*Equitable Life & Casualty Insurance Company*	*State Tracking Number:*	*38794*
Company Tracking Number:	*A-PICR*		
TOI:	*LTC06 Long Term Care - Other*	*Sub-TOI:*	*LTC06.000 Long Term Care - Other*
Product Name:	*Profiles*		
Project Name/Number:	*A-PICR/A-PICR*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Transmittal		Yes
Form	Award Application		Yes

Form Schedule

Lead Form Number: A-PICR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	A-PICR	Advertising	Award Application	Initial		0	A-PICR.pdf

If awarded a charitable donation, how will you use the money? Be as specific as possible: _____

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for your submission. This application will be presented to the *Profiles In Caring* Review Committee, and we will be in contact as soon as a decision is made.

***Together*, We Can Make A World of Difference!**

Send completed applications to:

Ambassadors Of Caring™
Award Committee
P.O. Box 2460
Salt Lake City, UT 84110

The Ambassadors Of Caring™ Award is presented by Equitable Life & Casualty Insurance Company and *Profiles In Caring*

Equitable & You
. . . Committed To Caring

profiles in caring

Ambassadors Of Caring™ Award candidates and winners will be selected by an objective, non-partial panel of judges. None are employees of Equitable or *Profiles In Caring*.

Ambassadors Of Caring™

Presented by Equitable and *Profiles In Caring*

Ambassadors Of Caring™ Award Application

Equitable & You
. . . Committed To Caring

profiles in caring

A-PICR

Application For
The Ambassadors Of Caring™ Award

Please fill out and return this application to the address listed below, or go to www.profilesincaring.org to fill out this same form and send it electronically.

Nominator's Name (you **can** nominate yourself): _____

Nominator's Address: _____

City _____

State/Zip: _____

Nominator's Phone Number: _____

Non-Profit Organization Name: _____

Address: _____

City _____

State/Zip: _____

U.S. Phone Number: _____

Primary Contact Name: _____

Primary Contact's Email: _____

Website Address (if applicable): _____

501-c (3) Number: _____

The above fields are required. If they are not complete, the application cannot be considered.

Organization Mission Statement: _____

Whom do you serve? _____

Where do you serve? _____

Years in business: _____

Yearly budget: _____

Annual salary of your top 3 employees: _____

Potential television shooting dates (as many as possible): _____

The signature of *Profiles In Caring* is to not only "highlight" the history of the extraordinary volunteer work accomplished by your organization, but more importantly to "profile" individual inspirational stories of the people helping and being helped. Telling these personal stories will help make your organization's work have a greater emotional impact. Please tell us these personal stories in the fields below:

Best story of an emotional moment experienced by an individual while serving: _____

Is this person available for an interview on the dates listed above? _____

Best success story of an individual who has been helped: _____

What was their life like before your organization's help? _____

How has their life improved since? _____

Is this person available for an interview on the dates listed above? _____

Do you have any existing historical/current pictures and/or video footage available for us to use? (If yes, be specific on what format it is in, what it is, and how we might use it.) _____

Supporting Document Schedules

Review Status:

Satisfied -Name: NAIC Transmittal 04/25/2008

Comments:

Attachment:

NAIC Uniform Transmittal A-PICR.pdf

Effective March 1, 2007

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas

2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Equitable Life & Casualty Insurance Company 3 Triad Center, Suite 200 Salt Lake City UT 84180	UT	Life & Health	000	62952	87-0129771	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Jana Peterson, Compliance Specialist Equitable Life & Casualty Insurance Company 3 Triad Center, Suite 200 Salt Lake City UT 84180	1-877-579-3782	801-579-3471	Jana.Peterson@Equilife.com

5.	Requested Filing Mode	☑ Review & Approval ☐ File & Use ☐ Informational ☐ Combination (please explain): _____ ☐ Other (please explain): _____

6.	Company Tracking Number	A-PICR
7.	☑ New Submission	☐ Resubmission Previous File # _____
8.	Market	☑ Individual ☐ Franchise Group: ☐ Small ☐ Large ☐ Small and Large _____ ☐ Employer ☐ Association ☐ Blanket ☐ Discretionary ☐ Trust ☐ Other: _____
9.	Type of Insurance	LTC06 Long Term Care - Other
10.	Product Coding Matrix Filing Code	LTC06.000 Long Term Care - Other
11.	Submitted Documents	☑ **FORMS** ☐ Policy ☐ Outline of Coverage ☐ Certificate ☐ Application/Enrollment ☐ Rider/Endorsement ☑ Advertising ☐ Schedule of Benefits ☐ Other: _____ ☐ **RATES** ☐ New Rate ☐ Revised Rate ☐ **FILING OTHER THAN FORM OR RATE** Please explain: _____ **SUPPORTING DOCUMENTATION** ☐ Articles of Incorporation ☐ Third Party Authorization ☐ Association Bylaws ☐ Trust Agreements ☐ Statement of Variability ☐ Certifications ☐ Actuarial Memorandum ☐ Other: _____

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12.	**Filing Submission Date**	**04/25/2008**
13.	**Filing Fee (If Required)**	Amount ____25.00__ Check Date _____ Retaliatory ☐ Yes ☑ No Check Number _EFT_____
14.	**Date of Domiciliary Approval**	
15.	**Filing Description:**	

Our company is currently sponsoring the internationally televised program "Profiles in Caring", and we have developed grants available to volunteer organizations. This program is called the "Ambassadors of Caring Awards" and is awarded annually.

We have developed a campaign encouraging consumers to nominate their favorite volunteer organization for consideration for the grant. I am submitting the application we will be sending to consumers and inserting in newspapers.

16.	**Certification (If required)**

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of __Arkansas_____ .

Print Name *Jana Peterson* Title__Senior Compliance Specialist_____

Signature Date ____4-25-2008_____

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

	Document Name / Description	Form Number		Replaced Form Number / Previous State Filing Number
01.	Award Application Advertising	A-PICR	☑ **Initial** ☐ **Revised** ☐ Other _____	
02.			☐ **Initial** ☐ **Revised** ☐ Other _____	
03.			☐ **Initial** ☐ **Revised** ☐ Other _____	
04.			☐ **Initial** ☐ **Revised** ☐ Other _____	
05.			☐ **Initial** ☐ **Revised** ☐ Other _____	
06.			☐ **Initial** ☐ **Revised** ☐ Other _____	
07.			☐ **Initial** ☐ **Revised** ☐ Other _____	
08.			☐ **Initial** ☐ **Revised** ☐ Other _____	
09.			☐ **Initial** ☐ **Revised** ☐ Other _____	
10.			☐ **Initial** ☐ **Revised** ☐ Other _____	

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18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			**%**	
	Document Name **Description**	**Affected Form Numbers**		**Previous State Filing Number**
01			☐ **New** ☐ **Revised** **Request** +___% -___% ☐ **Other** _____	
02			☐ **New** ☐ **Revised** **Request** +___% -___% ☐ **Other** _____	
03			☐ **New** ☐ **Revised** **Request** +___% -___% ☐ **Other** _____	
04			☐ **New** ☐ **Revised** **Request** +___% -___% ☐ **Other** _____	
05			☐ **New** ☐ **Revised** **Request** +___% -___% ☐ **Other** _____	
06			☐ **New** ☐ **Revised** **Request** +___% -___% ☐ **Other** _____	
07			☐ **New** ☐ **Revised** **Request** +___% -___% ☐ **Other** _____	
08			☐ **New** ☐ **Revised** **Request** +___% -___% ☐ **Other** _____	
09			☐ **New** ☐ **Revised** **Request** +___% -___% ☐ **Other** _____	
10			☐ **New** ☐ **Revised** **Request** +___% -___% ☐ **Other** _____	

LH RFA-1

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