

SERFF Tracking Number: ELCC-125668783 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 39107
Company Tracking Number: MS-CM
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: EquiChoice
Project Name/Number: MS-CM/MS-CM

Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: EquiChoice

SERFF Tr Num: ELCC-125668783 State: ArkansasLH

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 39107

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: MS-CM

State Status: FEES PAID

Filing Type: Advertisement

Co Status: Submitted

Reviewer(s): Stephanie Fowler

Author: Jana Peterson

Disposition Date: 06/12/2008

Date Submitted: 05/28/2008

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MS-CM

Status of Filing in Domicile: Pending

Project Number: MS-CM

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: 06/12/2008

State Status Changed: 05/29/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We submit the above referenced form for filing by your department. This will be used in the marketing of our Medicare Supplement policies, Form 920, which were previously approved for use in your state.

This form will be mailed to prospective applicants, and positive responses will be forwarded to our licensed and appointed agents in this state. This form states that a licensed agent may contact the consumer.

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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 Filing Fee
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$25.00	05/28/2008	20543398

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	06/12/2008	06/12/2008

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Disposition

Disposition Date: 06/12/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Form	Advertisement Card	Filed	No

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Form Schedule

Lead Form Number: MS-CM

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	MS-CM	Advertising	Advertisement Card	Initial		0	MS-CM.pdf

ARE YOU PAYING TOO MUCH FOR MEDICARE SUPPLEMENT INSURANCE?

You've already enrolled in Medicare and purchased a Medicare Supplement insurance plan . . . but, did you choose the plan that best fits your needs? Compare your current plan with Medicare Supplement insurance plans from Equitable Life & Casualty Insurance Company. You will find the **PRICE, PERSONALIZED SERVICES, and PROMPT CLAIMS HANDLING** make Equitable's plans among the finest available.

FOR MORE INFORMATION, return this postage paid response card {or call 888-888-8888}. This information is **FREE** and there is absolutely no obligation!

FIRST & LAST
STREET ADDRESS
CITY, STATE ZIP CODE

Date of Birth _____

Phone _____

Spouse _____

Date of Birth _____

Email _____

{code}

A Licensed Equitable Insurance Agent will contact you.

MS-CM **Equitable Life & Casualty Insurance Company is not affiliated with or endorsed by any Government Agency.**

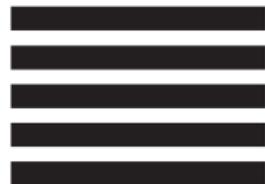
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 537 SALT LAKE CITY UT

POSTAGE WILL BE PAID BY ADDRESSEE

EQUITABLE LIFE & CASUALTY INS CO
3 TRIAD CENTER SUITE 200
PO BOX 2460
SALT LAKE CITY UT 84110-9944



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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