

SERFF Tracking Number: ELCC-125696634 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 39317
Company Tracking Number: PICAD-1
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Profiles
Project Name/Number: PICAD-1/PICAD-1

Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: Profiles SERFF Tr Num: ELCC-125696634 State: ArkansasLH
TOI: H21 Health - Other SERFF Status: Closed State Tr Num: 39317
Sub-TOI: H21.000 Health - Other Co Tr Num: PICAD-1 State Status: Withdrawn
Filing Type: Form Co Status: Closed-Withdrawn Reviewer(s): Rosalind Minor
Author: Jana Peterson Disposition Date: 06/25/2008
Date Submitted: 06/16/2008 Disposition Status: Withdrawn
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: PICAD-1 Status of Filing in Domicile: Pending
Project Number: PICAD-1 Date Approved in Domicile:
Requested Filing Mode: Informational 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: 06/25/2008
State Status Changed: 06/25/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

Our company is currently sponsoring the nationally 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 advertising we will be sending to newspapers.

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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	06/16/2008	20923909

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Rosalind Minor	06/25/2008	06/25/2008
Filed-Closed	Rosalind Minor	06/18/2008	06/18/2008

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Disposition

Disposition Date: 06/25/2008

Implementation Date:

Status: Withdrawn

Comment: As requested, we are withdrawing this filing.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Withdrawn	Yes
Supporting Document	Application	Withdrawn	Yes
Supporting Document	Health - Actuarial Justification	Withdrawn	No
Supporting Document	Outline of Coverage	Withdrawn	Yes
Form	Newspaper Advertisement	Withdrawn	Yes

SERFF Tracking Number: ELCC-125696634 *State:* Arkansas
Filing Company: Equitable Life & Casualty Insurance Company *State Tracking Number:* 39317
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Product Name: Profiles
Project Name/Number: PICAD-1/PICAD-1

Disposition

Disposition Date: 06/18/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: PICAD-1

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Withdrawn	PICAD-1	Advertising	Newspaper Advertisement	Initial		0	PIC AD-1.pdf

Help Your Favorite Non-Profit Organization Win A Charitable Donation



AND THE **Ambassadors Of Caring™ Award**

Nominate your favorite non-profit organization for the good works they do. **They could win a charitable donation and be featured on *Profiles In Caring***, a weekly national TV program devoted solely to volunteerism.

Equitable Life & Casualty Insurance Company and *Profiles In Caring* will recognize 26 outstanding American non-profit organizations annually for their extraordinary good works with our Ambassadors Of Caring Award.

You could make it happen!
Call toll-free **866-937-5820** to

nominate your favorite non-profit organization and help them win the award. I would love to see a local organization win the Ambassadors Of Caring Award. **I'll send you a free *Profiles In Caring* TV program DVD when you make your nomination.**

There is absolutely no obligation of any kind!

For more information on *Profiles In Caring*, call toll-free **866-937-5820**. For more information on Equitable and our quality insurance plans, call toll-free **866-937-5824**.

(Local Equitable Agent Name)

 **Equitable & You**
... Committed To Caring



Together, We Can Make A World Of Difference!

Equitable Life & Casualty Insurance Company

3 Triad Center • Salt Lake City • UT 84180-1202 • www.EquiLife.com

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Withdrawn 06/25/2008
Comments:
Attachment:
NAIC Uniform Transmittal 1.pdf

Bypassed -Name: Application **Review Status:** Withdrawn 06/25/2008
Bypass Reason: Not required for this filing
Comments:

Bypassed -Name: Outline of Coverage **Review Status:** Withdrawn 06/25/2008
Bypass Reason: Not required for this filing
Comments:

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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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	<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): _____
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6.	Company Tracking Number	PICAD-1
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission Previous File # _____

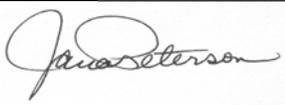
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	H21 Health - Other
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10.	Product Coding Matrix Filing Code	H21.000 Health - Other
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11.	Submitted Documents	<p><u>FORMS</u></p> <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: _____ <p><u>RATES</u></p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <p><u>FILING OTHER THAN FORM OR RATE</u></p> Please explain: _____
<p><u>SUPPORTING DOCUMENTATION</u></p> <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	06/16/2008	
13.	Filing Fee (If Required)	Amount <u>25.00</u>	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>EFT</u>
14.	Date of Domiciliary Approval		
15.	Filing Description:		
<p>Our company is currently sponsoring the nationally 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.</p> <p>We have developed a campaign encouraging consumers to nominate their favorite volunteer organization for consideration for the grant. I am submitting the advertising we will be sending to newspapers.</p>			

16.	Certification (If required)
<p>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 <u>Arkansas</u>.</p>	
<p>Print Name <u>Jana Peterson</u> Title <u>Senior Compliance Specialist</u></p>	
	
Signature	Date <u>6-16-2008</u>

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

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01.	Award Newspaper Advertisement Advertising	PICAD-1	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02.			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
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 _____	

LH FFA-1

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	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
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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