

SERFF Tracking Number: ELCC-125707431 State: Arkansas  
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 39386  
Company Tracking Number: PICAD-3  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Profiles  
Project Name/Number: PICAD-3/PICAD-3

## Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: Profiles	SERFF Tr Num: ELCC-125707431	State: ArkansasLH
TOI: H21 Health - Other	SERFF Status: Closed	State Tr Num: 39386
Sub-TOI: H21.000 Health - Other	Co Tr Num: PICAD-3	State Status: Approved-Closed
Filing Type: Form	Co Status: Submitted	Reviewer(s): Rosalind Minor
	Author: Jana Peterson	Disposition Date: 06/30/2008
	Date Submitted: 06/23/2008	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: PICAD-3	Status of Filing in Domicile: Not Filed
Project Number: PICAD-3	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: 06/30/2008	
State Status Changed: 06/30/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Thank you for your speedy approval of our Form PICAD-2. We have since found that the number assigned is not a valid number for our systems. Please withdraw that filing and replace it with this one. The advertisement is identical, only the form number has been changed. Thank you.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: ELCC-125707431 State: Arkansas  
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TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Profiles  
Project Name/Number: PICAD-3/PICAD-3

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  
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SERFF Tracking Number: ELCC-125707431 State: Arkansas  
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Project Name/Number: PICAD-3/PICAD-3

## 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	06/23/2008	21048393

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/30/2008	06/30/2008

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## Disposition

Disposition Date: 06/30/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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

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 Product Name: Profiles  
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## Form Schedule

**Lead Form Number:** PICAD-3

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	PICAD-3	Advertising	Newspaper Advertisement	Initial		0	PIC AD-3.pdf

# CONGRATULATIONS!



(Person / Organization)  
of  
(City Name)

## Winner Of The Distinguished Ambassadors Of Caring™ Award

We are honored to recognize  
(Person / Organization Name)  
for their outstanding work in (i.e.;  
providing eyeglasses to children  
throughout America). Thank you  
for making our world a better  
place! **The award includes a**

**charitable contribution and a special feature  
on a *Profiles In Caring* TV program.**

Equitable Life & Casualty Insurance Company  
and *Profiles In Caring*, a national weekly TV  
program devoted to volunteerism, will recognize  
26 outstanding American non-profit organizations  
for extraordinary good works with our  
**Ambassadors Of Caring Award** annually.

I am pleased and proud that a local  
organization was selected from the many  
nominations nationwide! The spirit of caring  
is truly alive and well around the world and  
especially in (insert city name).

For more information on *Profiles In Caring*  
call toll-free **866-937-5820**.

For 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](http://www.EquiLife.com)

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*TOI:* H21 Health - Other      *Sub-TOI:* H21.000 Health - Other  
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b> Certification/Notice	<b>Review Status:</b> Approved-Closed	06/30/2008
<b>Comments:</b>		
<b>Attachment:</b>		
NAIC Uniform Transmittal 3.pdf		
<b>Bypassed -Name:</b> Application	<b>Review Status:</b> Approved-Closed	06/30/2008
<b>Bypass Reason:</b> Not required for this filing		
<b>Comments:</b>		
<b>Bypassed -Name:</b> Outline of Coverage	<b>Review Status:</b> Approved-Closed	06/30/2008
<b>Bypass Reason:</b> Not required for this filing		
<b>Comments:</b>		

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1. Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

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

<b>5. Requested Filing Mode</b>	<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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<b>6. Company Tracking Number</b>	<b>PICAD-3</b>
<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b> Previous File # _____

<b>8. Market</b>	<input checked="" type="checkbox"/> <b>Individual</b> <input type="checkbox"/> <b>Franchise</b> <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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<b>9. Type of Insurance</b>	H21 Health - Other
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<b>10. Product Coding Matrix Filing Code</b>	H21.000 Health - Other
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<b>11. Submitted Documents</b>	<p><b><u>FORMS</u></b></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><b><u>RATES</u></b></p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <p><b><u>FILING OTHER THAN FORM OR RATE</u></b></p> Please explain: _____ <p><b><u>SUPPORTING DOCUMENTATION</u></b></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: _____
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12.	<b>Filing Submission Date</b>	<b>06/23/2008</b>	
13.	<b>Filing Fee (If Required)</b>	Amount <u>25.00</u>	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>EFT</u>
14.	<b>Date of Domiciliary Approval</b>		
15.	<b>Filing Description:</b>		
<p><b>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.</b></p> <p><b>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.</b></p> <p><b>Thank you for your speedy approval of our Form PICAD-2 on June 18, 2008. We have since discovered that this form number is not compatible with our systems. Please withdraw that form and replace it with this one. The advertisement is identical, only the form number has been changed. Thank you.</b></p>			

16.	<b>Certification (If required)</b>
<p><b>I HEREBY CERTIFY</b> 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> <p style="text-align: center;"></p> <p>Signature _____ Date <u>6-23-2008</u></p>	

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		<b>PICAD-3</b>
<b>This filing corresponds to rate filing company tracking number</b>		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01.	Award Newspaper Advertisement	PICAD-3	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> Other _____	
	Advertising			
02.			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> Other _____	
03.			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> Other _____	
04.			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> Other _____	
05.			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> Other _____	
06.			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> Other _____	
07.			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> Other _____	
08.			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> Other _____	
09.			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> Other _____	
10.			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <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 _____	

LH RFA-1