

SERFF Tracking Number: ELCC-125638077 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 38958
Company Tracking Number: PICL-2
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Profiles
Project Name/Number: PICL-2/PICL-2

Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: Profiles SERFF Tr Num: ELCC-125638077 State: ArkansasLH
TOI: LTC06 Long Term Care - Other SERFF Status: Closed State Tr Num: 38958
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: PICL-2 State Status: Filed-Closed
Filing Type: Advertisement Co Status: Submitted Reviewer(s): Harris Shearer
Author: Jana Peterson Disposition Date: 07/03/2008
Date Submitted: 05/08/2008 Disposition Status: Filed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: PICL-2 Status of Filing in Domicile: Authorized
Project Number: PICL-2 Date Approved in Domicile: 05/07/2008
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: 07/03/2008
State Status Changed: 07/03/2008 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 advertising letter we will be sending to consumers. Your Department has already reviewed and approved the Long Term Care Assessment Guide mentioned.

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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	05/08/2008	20170563

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	07/03/2008	07/03/2008

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Disposition

Disposition Date: 07/03/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Transmittal		Yes
Form	Advertising Letter		Yes

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Form Schedule

Lead Form Number: PIC-L

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PICL-2	Advertising	Advertising Letter	Initial		0	PICL-2.pdf

Nominate Your Favorite Non-Profit Organization For The Ambassadors Of Caring™ Award!



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



Dear **Name**,

Doing the right thing and helping others! As much as we would like to, many of us just don't have the time or the money to commit to good causes.

Without volunteering or spending a dime, and with just a few minutes of your time, you can help make our world a better place.

Nominate a deserving non-profit organization for their exceptional work helping others. They could win one of our 26 annual **Ambassadors Of Caring™ Awards**. **Winners receive a charitable donation to help with their work and a special recognition feature on Profiles In Caring**, a national TV program devoted to volunteerism. The awards are given by Equitable and *Profiles In Caring*.

First name, the spotlight could shine on the non-profit group you nominate. Help them get the recognition they deserve and the cash they need. Complete and mail the enclosed Nomination Form in the postage paid envelope. I'll send you a free *Profiles In Caring* program DVD when I receive your nomination.

For more information on *Profiles In Caring* and the Ambassadors Of Caring™ Award, call toll-free: **866-937-5820**. **There is absolutely no obligation of any kind!**

Equitable Life & Casualty Insurance Company provides quality insurance plans that ease the pressures of aging by helping to secure peace of mind, independence and choice. We have helped hundreds of thousands of people with our plans, including:

- Home Care
- Assisted Living
- Nursing Home (Long Term Care)
- Life
- Final Expense
- Medicare Supplement, Part D
- Critical Illness

For information about Equitable and our insurance plans, please call me, **Agent Full Name**, toll-free at **866-937-5824**. Or complete the response form below and return it in the postage paid envelope. Don't forget to include your Ambassadors Of Caring™ Nomination Form.

Sincerely,

Agent Name
Your Equitable Agent



Equitable Life & Casualty Insurance Company is not connected with or endorsed by Medicare or any Government Agency. A professional Equitable Insurance Agent may contact you. **There is absolutely no obligation.**
Equitable Life & Casualty Insurance Company • 3 Triad Center • Salt Lake City • Utah 84180-1202 • www.EquiLife.com

PICL-2

Together We Can Touch Hearts ... And Change Lives!

- Yes!** I am nominating my favorite non-profit organization for the Ambassadors of Caring™ Award.
- Yes!** I'm interested in learning more about Equitable and Equitable's quality insurance plans.
- Yes!** I would like a **free Equitable Long Term Care Assessment & Planning Guide**.

A professional Equitable Insurance Agent may contact you. **There is absolutely no obligation.**

Prospect Name
and Address

Date Of Birth (Month/Date/Year): _____

Phone Number with Area Code: _____

Spouse's Name: _____

Spouse's Date Of Birth (Month/Date/Year): _____

Best Time To Reach You: _____



Equitable Life & Casualty Insurance Company • 3 Triad Center • Salt Lake City • Utah 84180-1202

{INSC}

{order code}
{lead code}

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: NAIC Transmittal

05/08/2008

Comments:

Attachment:

NAIC Uniform Transmittal PICL-2.pdf

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	PICL-2
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission Previous File # _____

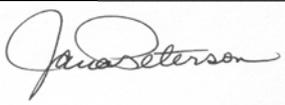
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	LTC06 Long Term Care - Other
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10.	Product Coding Matrix Filing Code	LTC06.000 Long Term Care - Other
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11.	Submitted Documents	<input checked="" type="checkbox"/> FORMS <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: _____ <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE Please explain: _____ SUPPORTING DOCUMENTATION <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.	Filing Submission Date	05/08/2008	
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	05/07/2008	
15.	Filing Description:		
<p>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.</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 letter we will be sending to consumers . Your Department has already reviewed and approved the Long Term Care Assessment Guide mentioned.</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>			
Print Name <u>Jana Peterson</u>		Title <u>Senior Compliance Specialist</u>	
		Date <u>5-08-2008</u>	
Signature		Date	

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.	Letter Advertising	PICL-2	<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 _____	

LH RFA-1