

SERFF Tracking Number: NYLX-125297635 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 36951
Company Tracking Number: LTCAR0021601A01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: CP Adv Natl Cons - Prod Spec
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0021601A01

Filing at a Glance

Company: New York Life Insurance Company
Product Name: CP Adv Natl Cons - Prod Spec SERFF Tr Num: NYLX-125297635 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 36951
Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTCAR0021601A01 State Status: Filed-Closed
Filing Type: Advertisement Co Status: Reviewer(s): Harris Shearer
Author: SPI NewYorkLifeInsCoLTC Disposition Date: 07/17/2008
Date Submitted: 09/20/2007 Disposition Status: Filed-Closed
Implementation Date Requested: 10/31/2007 Implementation Date:
State Filing Description:

General Information

Project Name: CP Adv Natl Cons - Prod Spec Status of Filing in Domicile:
Project Number: LTCAR0021601A01 Date Approved in Domicile:
Requested Filing Mode: File & Use 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: 07/17/2008
State Status Changed: 07/17/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
See attached cover letter and NAIC Transmittal

Company and Contact

Filing Contact Information

Marryjo Ortiz, Sr. Contracts & Compliance mortiz@newyorklifeltc.com
Assistant
6200 Bridge Point Parkway, Suite 400 (512) 703-5555 [Phone]

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Product Name: CP Adv Natl Cons - Prod Spec
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0021601A01

Austin, TX 78730-5006 (512) 703-5564[FAX]

Filing Company Information

New York Life Insurance Company CoCode: 66915 State of Domicile: New York
6200 Bridge Point Parkway Suite 400 Group Code: 826 Company Type:
Austin, TX 78730 Group Name: State ID Number:
(512) 703-5555 ext. [Phone] FEIN Number: 13-5582869

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Filing Fees

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
5990360544	\$75.00	09/20/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/17/2008	07/17/2008

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Disposition

Disposition Date: 07/17/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	AR CvrLtr(09-14-07), AR NAIC Trans	Filed-Closed	Yes
Form	ABC LTC Ads	Filed-Closed	Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	CPADNCP	Advertising	ABC LTC Ads	Initial		0	CPADNCPS CP Adv Natl Cons Prod.PDF



Long-Term Care Insurance A promise to be there

[PHOTO]

If you are counting on your long-term care insurance company to make good on its promises there is something you should know: New York Life Insurance Company (New York Life) has been making and keeping promises for more than 160 years.

Our long-term care insurance policies are backed by the same financial strength and core values that have been the foundation of our respected insurance and financial products for generations.

If you are considering long-term care insurance, consider New York Life.

[Producer Name]

[Producer phone]

[Producer e-mail address @ft.newyorklife.com]

[Producer P.O. address, City, State Zip]

[CA Producer License # - in CA only]

The Company You Keep®

351662CV-A

The purpose of this material is solicitation of insurance. An insurance producer may contact you.
2007 New York Life Insurance Company, 51 Madison Ave, New York, NY 10010



Long-Term Care Insurance Protection for you and your family

[PHOTO]

Sure it's about maintaining personal and financial independence, but as a fundamental part of your retirement plan, having long-term care insurance can signify so much more to your loved ones. Most of all, it can include more choices for living life the way you see fit.

Talk to a New York Life Insurance Company producer. Find out if long-term care insurance is right for you. They offer knowledge and experience to help protect your retirement assets and income, standard of living and quality of life.

[Producer Name]

[Producer phone]

[Producer e-mail address @ft.newyorklife.com]

[Producer P.O. address, City, State Zip]

[CA Producer License # - in CA only]

The Company You Keep®

351662CV-B

The purpose of this material is solicitation of insurance. An insurance producer may contact you.
2007 New York Life Insurance Company, 51 Madison Ave, New York, NY 10010



Long-Term Care Insurance Support far beyond money

[PHOTO]

Too often family members pay the emotional, physical and financial costs of caring for a loved one over an extended period of time. Our long-term care insurance can help support caregivers by eliminating the guesswork and providing care choices and planning services during a potentially stressful time in your and your family's life.

Talk to a New York Life Insurance Company producer. Find out if long-term care insurance is right for you. They offer knowledge and experience to help protect retirement income, standard of living and quality of life for you and those you love.

[Producer Name]

[Producer phone]

[Producer e-mail address @ft.newyorklife.com]

[Producer P.O. address, City, State Zip]

[CA Producer License # - in CA only]

The Company You Keep®

351662CV-C

The purpose of this material is solicitation of insurance. An insurance producer may contact you.
2007 New York Life Insurance Company, 51 Madison Ave, New York, NY 10010

SERFF Tracking Number: NYLX-125297635 *State:* Arkansas
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Company Tracking Number: LTCAR0021601A01
TOI: LTC03I Individual Long Term Care *Sub-TOI:* LTC03I.001 Qualified
Product Name: CP Adv Natl Cons - Prod Spec
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0021601A01

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: AR CvrLtr(09-14-07), AR NAIC
Trans

Review Status:

Filed-Closed

07/17/2008

Comments:

Attachments:

AR CvrLtr(09-14-07).PDF

AR NAIC Trans .PDF



New York Life Insurance Company

Long-Term Care Division

6200 Bridge Point Parkway, Suite 400

Austin, Texas 78730-5006

Bus: 800--723-5555 x 5584

Fax: 512-703-5564

E-mail: sbyrnes@newyorklifeltc.com

www.newyorklifeltc.com

Susan Byrnes

Senior Contracts and Compliance Associate

September 14, 2007

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number: 351622CV-A, 351622CV-B and 351622CV-C

Dear Mr. Shields,

The above-captioned form is being submitted for your review. The form is new and does not replace any previously approved form.

We consider this advertisement to be an invitation to inquire. These advertisements are for use in magazines and/or new paper's. These forms will be available to prospects, clients and the general public.

Certain information has been bracketed as variable, such as producer name and contact information, photo and license number.

We want to have the right to use this piece in other media in PDF format, as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction. Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

Susan Byrnes
Sr. Contract and Compliance Associate

Attachment(s)

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID	N/A					
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	New York Life Insurance Company 6200 Bridge Point Parkway Suite 400 Austin, Texas 78730-5006	New York	N/A		826-66915	13-5582869	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Susan Byrnes New York Life Insurance Company 6200 Bridge Point Parkway Austin, Texas 78730-5006	1-800-723-5555 x 5584	512-703-5575	sbyrnes@newyorklifeltc.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): _____					
6.	Company Tracking Number	35166CV-A, 35166CV-B, 35166CV-C					
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"/> 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: _____					
9.	Type of Insurance	LTC 03I Individual Long-Term Care					
10.	Product Coding Matrix Filing Code	<u>LTC03L001 Qualified</u>					
11.	Submitted Documents	<input type="checkbox"/> <u>FORMS</u> <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 <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <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	September 14, 2007	
13.	Filing Fee (If required)	Amount	\$75.00
		Retaliatory	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Check Date	08-28-07
		Check Number	5990360544
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
	<p>The above-captioned form is being submitted for your review. The form is new and does not replace any previously approved form.</p> <p>We consider this advertisement to be an invitation to inquire. These advertisements are for use in magazines and/or new paper's. These forms will be available to prospects, clients and the general public.</p> <p>Certain information has been bracketed as variable, such as producer name and contact information, photo and license number.</p> <p>We want to have the right to use this piece in other media in PDF format, as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.</p> <p>To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction. Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.</p> <p>Sincerely,</p> <p></p> <p>Susan Byrnes Sr. Contract and Compliance Associate</p>		

16.	Certification (If required)		
	<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Michael Francescone</u> Title <u>VP & Actuary</u></p> <p>Original Signature <u></u> Date <u>September 14, 2007</u></p>		

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

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Counting on Long-Term Care Advertising	351662CV-A	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
02	Long-Term Care Protection Advertising	351662CV-B	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
03	Long-Term Care Support Advertising	351662CV-C	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
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 _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH-FFA-1

13			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
14			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
15			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
16			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
17			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
18			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
19			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
20			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
21			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
22			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
23			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N N/A N/A /A
24			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
25			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
26			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A

LH-FFA-2

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		N/A		
This filing corresponds to form filing company tracking number		N/A		
Overall percentage rate indication (when applicable)		N/A		
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 _____	N/A
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