

SERFF Tracking Number: NYLX-125359532 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 37401
Company Tracking Number: LTCAR0022101A01
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/LTCAR0022101A01

Filing at a Glance

Company: New York Life Insurance Company
Product Name: CP Adv Natl Cons - Prod Spec SERFF Tr Num: NYLX-125359532 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 37401
Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTCAR0022101A01 State Status: Filed-Closed
Filing Type: Advertisement Co Status: Reviewer(s): Harris Shearer
Author: SPI NewYorkLifeInsCoLTC Disposition Date: 07/17/2008
Date Submitted: 11/14/2007 Disposition Status: Filed-Closed
Implementation Date Requested: 11/14/2007 Implementation Date:
State Filing Description:

General Information

Project Name: CP Adv Natl Cons - Prod Spec Status of Filing in Domicile:
Project Number: LTCAR0022101A01 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 transmittal

Company and Contact

Filing Contact Information

Susan Byrnes, Sr. Contracts & Compliance sbyrnes@newyorklifeltc.com
Associate
6200 Bridge Point Parkway Suite 400 (512) 703-5555 [Phone]

SERFF Tracking Number: NYLX-125359532 State: Arkansas
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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/LTCAR0022101A01

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: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
5990368804	\$100.00	11/14/2007

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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, AR NAIC Trans , AR Fee Schedule Form	Filed-Closed	Yes
Form	Sales Pres Inv Adv - General	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	356492CV-A - D	Advertising	Sales Pres Inv Adv - Initial General	Initial		0	356492CV-A - D.PDF



[PHOTO]

HERE'S TO
a long life

A FREE SALES PRESENTATION ABOUT
LONG-TERM CARE INSURANCE
FROM
NEW YORK LIFE INSURANCE COMPANY

[Month, Day, Year]
[Time]

Whether you're planning to retire in five or thirty-five years, you've probably got a strategy in place to help ensure you make the most of your retirement. There's a lot to look forward to, and you want to be sure the income and assets you are counting on for the future will be there. At New York Life Insurance Company, we know a thing or two about longevity. We've been helping people plan for the future for more than 160 years.

You are invited to attend a free informational workshop to learn about the value of long-term care insurance and how it can become an essential part of your total retirement strategy. Call [Producer phone] today to reserve your space at this event.

[Sales Presentation Location]

[Address 1]

[Address 2]

[City, state and zip]

[Producer Name]

Agent

[CA Producer License # - CA Only]

[Producer phone number]

[producer e-mail address]

The Company You Keep®

This is for solicitation of insurance. An insurance producer may contact you. © 2007 New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010. All rights reserved.

1/2 vertical AD



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You are invited to attend a free informational workshop to learn about the value of long-term care insurance and how it can become an essential part of your total retirement plan. Call [Producer phone] today to reserve your space at this event.

[Sales Presentation Location]
[Any town, USA]

[Producer Name]
Agent
[CA License # - CA only]
[Producer phone]
[producer e-mail address]

The Company You Keep®

This is for solicitation of insurance. An insurance producer may contact you.
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356492CV-B

1/8 AD



HERE'S TO
 a long life

 A FREE
 SALES PRESENTATION ABOUT
 LONG-TERM CARE INSURANCE

[Month] [Day]
[Time]

[Sales Presentation Location] [Any town, USA]

Call [Producer Name] at [Producer number]
to reserve your space today.

356492CV-C

[CA License # - CA Only]

This is for the solicitation of insurance. An insurance producer may contact you.
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1/4 vertical AD



HERE'S TO
 a long life

 A FREE
 SALES PRESENTATION ABOUT
 LONG-TERM CARE
 INSURANCE

You are invited to attend a free informational workshop to learn about the value of long-term care insurance and how it can become an essential part of your total retirement plan. Call [Producer phone] today to reserve your space at this event.

[Month] [Day]
[Time]

[Sales Presentation Location] [Anytown, USA]

[Producer Name]
Agent
[CA Licence # - CA Only]
[Producer phone]
[producer e-mail address]

The Company You Keep®

356492CV-D

This is for solicitation of insurance. An insurance producer may contact you.
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: AR CvrLtr, AR NAIC Trans , AR Fee Schedule Form
Review Status: Filed-Closed 07/17/2008

Comments:

Attachments:

AR CvrLtr.PDF
AR NAIC Trans .PDF
AR Fee Schedule Form .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

November 9, 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: 356492CV-A, 356492CV-B, 356492CV-C & 356492CV-D

Dear Mr. Shields,

The above-captioned forms are being submitted for your review. These forms are new and do not replace any previously approved forms.

We consider these advertisements to be invitations 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 month, day, year, time, producer name, location, producer email address etc.

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	356492CV-A, 356492CV-B, 356492CV-C and 356492CV-D					
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"/> 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 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: _____					

12.	Filing Submission Date	November 9, 2007	
13.	Filing Fee (If required)	Amount	\$100.00
		Retaliatory	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Check Date	11-08-07
		Check Number	5990368804
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
	<p>The above-captioned forms are being submitted for your review. These forms are new and do not replace any previously approved forms.</p> <p>We consider these advertisements to be invitations 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 month, day, year, time, producer name, location, producer email address etc.</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>November 9, 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	1 st General Sales Pres. Inv. Ad Advertising	351662CV-A	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
02	2 nd General Sales Pres Inv Ad Advertising	356492CV-B	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
03	3 rd General Sales Pres Inv Ad Advertising	356492CV-C	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
04	4 th General Sales Pres Inv Ad Advertising	356492CV-D	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
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



ARKANSAS INSURANCE DEPARTMENT

Mike Pickens
Commissioner

1200 West Third Street
Little Rock, AR 77201-1904
1-501-371-2600
1-800-282-9134
Fax 1-501-371-2618

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: New York Life Insurance Company

Company NAIC Code: 66915

Company Contact Person & Telephone # Marryjo Ortiz, 1-800-723-5555, ext. 5532

INSURANCE DEPARTMENT USE ONLY

ANALYST: AMOUNT: ROUTE SLIP:

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and /or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. * x\$ 50= **Retaliatory

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing per each insurer. * x\$ 50= **Retaliatory

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. * x\$ 20= **Retaliatory

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. * 4 x\$ 25=\$100.00 **Retaliatory

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. * x\$400=

Filing to amend Certificate of Authority. ** x\$100=

- * THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS AOUTLINED UNDER RULE AND REGULATION 57.
** THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-65-102, RETALIATORY TAX.
*** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. CODE ANN §23-61-401