

SERFF Tracking Number: ELCC-126269212 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 43285
Company Tracking Number: LTCPARTNERSHIP
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: EquiCare
Project Name/Number: LTCPartnership/LTCPartnership

Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: EquiCare SERFF Tr Num: ELCC-126269212 State: Arkansas
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed State Tr Num: 43285
Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTCPARTNERSHIP State Status: Waiting Industry Response
Filing Type: Form Reviewer(s): Harris Shearer
Disposition Date: 10/05/2009
Authors: Mark Banks, Jana Peterson, Kathy Foster
Date Submitted: 08/17/2009 Disposition Status: Filed
Implementation Date Requested: 07/31/2009 Implementation Date:

State Filing Description:

General Information

Project Name: LTCPartnership Status of Filing in Domicile: Not Filed
Project Number: LTCPartnership Date Approved in Domicile:
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: 10/05/2009 Explanation for Other Group Market Type:
State Status Changed: 09/30/2009
Deemer Date: Created By: Jana Peterson
Submitted By: Jana Peterson Corresponding Filing Tracking Number:
Filing Description:
Submitted for your review is an Arkansas Long-Term Care Insurance Partnership Program "Issuer Certification Form" for Equitable Life & Casualty Insurance Company ("Equitable").

This Issuer Certification Form applies to Equitable's individual tax-qualified long term care insurance policies #LTC 2020 AR 08, originally approved by the Arkansas Insurance Department ("Department") on December 27, 2004 (State Tracking #28275), with amendments recently approved on November 12, 2008 (State Tracking #40634); and #LTC 8000 AR, approved by the Department on August 24, 2006 (State Tracking #32721).

In addition to the Issuer Certification Form, the following are also submitted:

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#LTC-AR – Partnership Disclosure Notice
#PRN-AR – Partnership Program Notice
#TYK AR – “Things You Should Know” Disclosure Form
#E-RCPUL – Policy Endorsement Form

Forms #LTC-AR, #PRN-AR and #E-RCPUL are new forms and do not replace any form previously approved by the Department.

Form #TYK AR replaces form #TYK, previously approved by the Department with LTC 2020 AR 08 filing (State Tracking #28275). Form #TYK AR was previously approved with the LTC 8000 AR filing, and mirrors Appendix C of Rule 13.

The Solicitation Disclosure Form (#PRN-AR) and the Policy Disclosure Form (#LTC-AR) follow Appendix A and Appendix B, respectively, from Rule 94. The Solicitation Disclosure Form will be provided to all prospective insureds at the time of application. The Policy Disclosure Form will be provided to insureds that purchase a policy that qualifies for the partnership program at the time of policy issue.

The policy endorsement form #E-RCPUL will be attached to both policy form #LTC 2020 AR 08 and #LTC 8000 AR. This endorsement form contains a new provision titled “Protection Against Unintentional Lapse”, which replaces the policy provisions “Alternate Payor” and “Conservation Period”, found on page 25 of policy form #LTC 2020 AR 08 and page 14 of policy form #LTC 8000 AR. This new provision more closely follows the language contained in Section 7 of Rule 13. This endorsement form also contains a new provision titled “Reduction in Coverage and Premium”. This provision is being added in accordance with Section 27 of Rule 13.

Policy forms #LTC 2020 AR 08 and #LTC 8000 AR currently provide a number of inflation protection options that applicants may choose from. The primary option is automatic compound inflation protection, where the daily amounts increase each year by a certain percentage of the previous year’s daily amounts. Under the #LTC 2020 AR 08, applicants may choose the automatic compound benefit with an increase amount of 5% or 3%. Under policy form #LTC 8000 AR, the automatic compound benefit is set at 5%, as a 3% option is not available.

To qualify for the partnership program, policies sold to individuals:

- under the age of 61 will contain the automatic compound inflation protection benefits described above;
- ages 61 through 75 will contain a simple inflation protection benefit with an increase amount no less than 3%.

Inflation protection benefits will be available and offered to individuals ages 76 and older, but purchase will not be required to obtain a partnership qualified policy.

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Currently available under policy form #LTC 8000 AR is a (future) guaranteed purchase option inflation protection benefit. Policies that contain the guaranteed purchase option will not be issued as qualified partnership policies.

Company and Contact

Filing Contact Information

Jana Peterson, Compliance Specialist Jana.Peterson@Equilife.com
 3 Triad Center 877-579-3782 [Phone]
 Suite 200 801-579-3781 [FAX]
 Salt Lake City, UT 84180

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 Group Name: State ID Number:
 Salt Lake City, UT 84180 FEIN Number: 87-0129771
 (801) 579-3400 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$80.00
 Retaliatory? No
 Fee Explanation: AR Filing Fee
 \$20.00 per form X 4 forms = \$80.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$80.00	08/17/2009	29893579

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	10/05/2009	10/05/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Harris Shearer	09/30/2009	09/30/2009	Jana Peterson	09/30/2009	09/30/2009
Industry Response						

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Disposition

Disposition Date: 10/05/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Issuer Certification Form	Accepted for Informational Purposes	Yes
Form	Endorsement	Accepted for Informational Purposes	Yes
Form	Important Information Regarding Your Policy's Long Term Care Insurance Partnership Status	Accepted for Informational Purposes	Yes
Form	Important Consumer Information Regarding the Arkansas Long-term Care Insurance Partnership Program	Accepted for Informational Purposes	Yes
Form	Things You Should Know Before You Buy Long Term Care Insurance	Accepted for Informational Purposes	Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/30/2009
Submitted Date	09/30/2009
Respond By Date	10/15/2009

Dear Jana Peterson,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: ISSUER CERTIFICATION FORM - Your submission letter indicates this form is attached to the filing. I am unable to locate it. Please advise.

Please feel free to contact me if you have questions.

Sincerely,

Harris Shearer

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/30/2009
Submitted Date 09/30/2009

Dear Harris Shearer,

Comments:

I am in receipt of your Objection Letter.

Response 1

Comments: I apologize, I missed adding this one to the Supporting Documents Tab.

Related Objection 1

Comment:

ISSUER CERTIFICATION FORM - Your submission letter indicates this form is attached to the filing. I am unable to locate it. Please advise.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Issuer Certification Form

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I hope this will be all that you need to speedily approve this filing.

Sincerely,

Jana Peterson, Kathy Foster, Mark Banks

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Form Schedule

Lead Form Number: E-RCPUL

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Accepted for Information al Purposes 10/05/2009	E-RCPUL	Certificate	Endorsement Amendmen t, Insert Page, Endorseme nt or Rider	Initial			E-RCPUL.pdf
Accepted for Information al Purposes 10/05/2009	LTC-AR	Certificate	Important Information Amendmen t, Insert Page, Endorseme nt or Rider	Initial	Regarding Your Policy's Long Term Care Insurance Partnership Status		LTC-AR.pdf
Accepted for Information al Purposes 10/05/2009	PRN-AR	Certificate	Important Consumer Amendmen t, Insert Page, Endorseme nt or Rider	Initial	Information Regarding the Arkansas Long-term Care Insurance Partnership Program		PRN-AR.pdf
Accepted for Information al Purposes 10/05/2009	TYK AR	Certificate	Things You Should Know Before You Buy Long Term Care Insurance Endorseme nt or Rider	Initial			TYK-AR.pdf

ENDORSEMENT

This Endorsement modifies, and is made a part of, Your Policy. Please attach this Endorsement to Your Policy.

The "Alternate Payor" and "Conservation Period" provisions on page 25 of Your Policy have been replaced in their entirety with the following new provision:

Protection Against Unintentional Lapse (Alternate Payor): You may select at least one person other than Yourself to receive a notice of the renewal premium owed if not paid by the date that it is due. This notice will not be given until 30 days after a premium is due and unpaid. This notice will be sent to You and Your Alternate Payor by first class United States mail, postage prepaid. This notice shall be deemed to have been given as of 5 days after the date of mailing. You will have an additional 30 days to pay the premium due before this Policy will lapse or terminate. Your Alternate Payor is not responsible for the payment of any premium due for Your Policy. Your Alternate Payor is shown on the Policy Schedule. You may select or change Your Alternate Payor at any time.

The following benefit is added to Your Policy under the "Important Contract Provisions" section on page 25:

Reduction of Coverage and Premium: You may reduce the coverage provided in Your Policy at any time by written notice to Us. You may reduce Your coverage in each of the following ways:

- a) Reducing Your Daily Amounts and Maximum Benefit Periods;
- b) Increasing Your Elimination Periods; or
- c) Terminating any optional benefits (nonforfeiture, etc.) provided by Your Policy. **Please contact Us at {1-800-352-5150} before You submit Your request to terminate any optional benefits.**

Any reduction in coverage or termination of optional benefits will be effective at the beginning of the month following Our receipt of Your request for such reduction or termination. The premium You pay for Your Policy will be adjusted in accordance with the reduction of Your Policy coverage and will be based on Your age at the time Your Policy was issued to You. We will amend Your Policy with a new Policy Schedule that will show Your new coverage and premium. Your new Policy Schedule will also show the Effective Date of Your new coverage.

This Endorsement has no effect on and in no way modifies any other benefits in your Policy.



President



Secretary

Important Information Regarding Your Policy's Long-Term Care Insurance Partnership Status

This disclosure notice is issued in conjunction with your long-term care policy:

Some long-term care insurance policies sold in Arkansas qualify for the Arkansas Long-Term Care Insurance Partnership Program. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies that qualify as Partnership Policies may be entitled to special treatment, and in particular an "Asset Disregard," under Arkansas's Medicaid program.

Asset Disregard means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply. Asset Disregard is **not** available under a long-term care insurance policy that is not a Partnership Policy. **The purchase of a Partnership Policy does not automatically qualify you for Medicaid.**

Partnership Policy Status. Your long-term care insurance policy is intended to qualify as a Partnership Policy under the Arkansas Long-Term Care Partnership Program as of your Policy's effective date.

What Could Disqualify Your Policy as a Partnership Policy. If you make any changes to your policy, such changes could affect whether your policy continues to be a Partnership Policy. ***Before you make any changes, you should consult with Us to determine the effect of a proposed change.*** In addition, if you move to a State that does not maintain a Partnership Program or does not recognize your policy as a Partnership Policy, you would not receive beneficial treatment of your policy under the Medicaid program of that State. The information contained in this Notice is based on current State and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy under Arkansas's Medicaid program.

Additional Information. If you have questions regarding your insurance policy please contact Us. If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas Department of Human Services.

This form and all benefit statements received should be kept with your policy.

Important Consumer Information Regarding the Arkansas Long-Term Care Insurance Partnership Program

Some long-term care insurance policies sold in Arkansas may qualify for the Arkansas Long-Term Care Insurance Partnership Program (the Partnership Program). The Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning their long-term care needs. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies that qualify as Partnership Policies may protect the policyholder's assets through a feature known as "Asset Disregard" under Arkansas Medicaid program.

Asset Disregard means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply. Asset Disregard is not available under a long-term care insurance policy that is not a Partnership Policy. Therefore, you should consider whether Asset Disregard is important to you, and whether a Partnership Policy meets your needs.

The purchase of a Partnership Policy does not automatically qualify you for Medicaid.

What are the Requirements for a Partnership Policy? In order for a policy to qualify as a Partnership Policy, it must, among other requirements:

- be issued to an individual after January 1, 2008;
- cover an individual who was an Arkansas resident when coverage first becomes effective under the policy;
- be a tax-qualified policy under Section 7702(B)(b) of the Internal Revenue Code of 1986;
- meet stringent consumer protection standards; and,
- must provide annual inflation protection for ages 75 and younger.

If you apply and are approved for long-term care insurance coverage, Equitable Life & Casualty Insurance Company will provide you with written documentation as to whether your policy qualifies as a Partnership Policy.

What Could Disqualify a Policy as a Partnership Policy? Certain types of changes to a Partnership Policy could affect whether such policy continues to be a Partnership Policy. If you purchase a Partnership Policy and later decide to make any changes, you should first consult with Equitable Life & Casualty Insurance Company to determine the effect of a proposed change. In addition, if you move to a state that does not maintain a Partnership Program or does not recognize your policy as a Partnership Policy, you would not receive beneficial treatment of your policy under the Medicaid program of that state. The information contained in this disclosure is based on current Arkansas and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy under Arkansas's Medicaid program.

Additional Information. If you have questions regarding long-term care insurance policies please contact Equitable Life & Casualty Insurance Company. If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas Department of Human Services.

PRN-AR

Things You Should Know Before You Buy Long Term Care Insurance

Long Term Care Insurance

- A long term care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it.
- You should **not** buy this insurance policy unless you can afford to pay the premiums every year. Remember that the company can increase premiums in the future.
- The personal worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs.

Medicare

- Medicare does **not** pay for most long term care.

Medicaid

- Medicaid will generally pay for long term care if you have very little income and few assets. You probably should **not** buy this policy if you are now eligible for Medicaid.
- Many people become eligible for Medicaid after they have used up their own financial resources by paying for long term care services.
- When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets.
- Your choice of long term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or state Medicaid agency.

Shopper's Guide

- Make sure the insurance company or agent gives you a copy of a book called the National Association of Insurance Commissioners' "Shopper's Guide to Long Term Care Insurance." Read it carefully. If you have decided to apply for long term care insurance, you have the right to return the policy within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy.

Counseling

- Free counseling and additional information about long term care insurance are available through your state's insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health insurance counseling program in your state.

Facilities

- Some long term care insurance contracts provide for benefit payments in certain facilities only if they are licensed or certified, such as in assisted living centers. However, not all states regulate these facilities in the same way. Also, many people move to a different state from where they purchased their long term care insurance policy. Read the policy carefully to determine what types of facilities qualify for benefit payments, and to determine that payment for a covered service will be made if you move to a state that has a different licensing scheme for facilities than the one in which you purchased the policy.

The State Health Insurance Assistance Program in your state is listed in the *Shopper's Guide to Long-Term Care Insurance*.

TYK AR

Receipt

RECEIPT: \$ _____ for _____ months premium with your Application

Received From _____

Please make your check payable to Equitable Life & Casualty Insurance Company. Do not make your check payable to the agent or leave the payee section blank. Your payment is not a guarantee that a policy will be issued to you and no coverage will be in effect until a policy is issued to you.

In consideration of your payment of at least two (2) month's premium, should we issue a policy to you, the Effective Date of your policy will be the date of your Application. Any change in your health that occurs from the date of your Application will not be considered by us during the underwriting period. This will not apply if you did not pay at least two (2) month's premium with your Application or requested an Effective Date beyond the date of your Application. If for any reason a policy is not issued to you, the premium you have paid with your Application will be refunded to you, without interest.

Agent _____ Date _____
Equitable Life & Casualty Insurance Company, 3 Triad Center, Salt Lake City, UT 84180-1200

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch Certificate.pdf		
Bypassed - Item: Application Bypass Reason: None being filed - not a new policy form Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: None being filed - not a new policy form Comments:		
Satisfied - Item: Issuer Certification Form Comments: Attachment: Issuer Certification Form.pdf	Accepted for Informational Purposes	10/05/2009



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CERTIFICATION

RE: E-RCPUL

This is to certify that the attached E-RCPUL, has achieved a Flesch Reading Ease Score of 48.1 and complies with the requirements of Arkansas Stat. Ann. 66-3251 through 6-3258 cited as the Life and Disability Insurance Policy Language Simplification Act.

Dated this August 17, 2009

EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

By

Kendall R. Surfass

Vice Chairman, Vice President, Secretary and General Counsel

ISSUER CERTIFICATION FORM

(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

Equitable Life & Casualty Insurance Company

3 Triad Center

Salt Lake City, UT 84180-1202

B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:

Mark Banks

3 Triad Center, Salt Lake City, UT 84180-1202

800-352-5150, ext 3756; Mark.Banks@Equilife.com

C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):

#LTC 2020 AR 08

#LTC 8000 AR

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. CERTIFICATIONS

- A.** I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B.** I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on Equitable Life & Casualty Insurance Company's behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C.** I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

August 17, 2009

Date

Kendall R. Surfass, Vice Chairman, Secretary & General Counsel

Name and title of officer of the Issuer



Signature of officer of the issuer