Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: Hospital Indemnity	SERFF Tr Num: ELCC-126212197	State: ArkansasLH
TOI: H14I Individual Health - Hospital Indemnity	SERFF Status: Closed	State Tr Num: 42825
Sub-TOI: H14I.000 Health - Hospital Indemnity	Co Tr Num: 3011RATEFIX	State Status: Approved-Closed
Filing Type: Rate	Co Status: Submitted	Reviewer(s): Rosalind Minor
	Authors: Kathy Foster, Mark Banks, Jana Peterson	Disposition Date: 07/06/2009
	Date Submitted: 07/01/2009	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 3011RateFix

Project Number: 3011RateFix

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/06/2009

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/06/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Thank you for your approval of Equitable Life and Casualty Insurance Company's submission of our new Hospital Indemnity with Related Benefits product filing Form 3011 et al. (SERFF Tracking # ELCC-125677375). This filing was approved by the Arkansas Insurance Department on June 11, 2008. We appreciate your timely response.

We have recently discovered that there was an error in the filing. When the product was submitted to you, an incorrect version of the rates was included. Please be assured that no policies of this form have been sold in your state at this

time.

Attached please find a correct copy of the rates for this product. If you have any questions, please feel free to contact me at 800-352-5150, ext. 3468, or by email at kathy.foster@equilife.com.

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?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	$50.00	07/01/2009	28930866

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/06/2009	07/06/2009

Disposition

Disposition Date: 07/06/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ELCC-126212197*	*State:*	*Arkansas*
Filing Company:	*Equitable Life & Casualty Insurance Company*	*State Tracking Number:*	*42825*
Company Tracking Number:	*3011RATEFIX*		
TOI:	*H14I Individual Health - Hospital Indemnity*	*Sub-TOI:*	*H14I.000 Health - Hospital Indemnity*
Product Name:	*Hospital Indemnity*		
Project Name/Number:	*3011RateFix/3011RateFix*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	Premium Rate Sheets	Approved-Closed	No

Rate Information

Rate data does NOT apply to filing.

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:		Attachments
Approved-Closed	Premium Rate Sheets	Form 3011	Revised	Previous State Filing Number:	39213	PremiumRates 50% lr 062909.pdf

Exhibit 2

Annual Premium Rates - Level 1

	Daily Hospital Benefit								
Issue Age	$100	$150	$200	$250	$300	$350	$400	$450	$500
18-49	123.60	159.60	195.60	231.60	267.60	304.80	342.00	379.20	416.40
50	140.40	181.20	222.00	264.00	304.80	346.80	388.80	430.80	472.80
51	146.40	188.40	230.40	273.60	316.80	361.20	404.40	448.80	492.00
52	153.60	198.00	242.40	286.80	331.20	376.80	422.40	468.00	513.60
53	158.40	205.20	250.80	297.60	344.40	391.20	438.00	486.00	532.80
54	164.40	212.40	260.40	308.40	356.40	404.40	453.60	502.80	552.00
55	170.40	219.60	268.80	318.00	368.40	418.80	469.20	520.80	571.20
56	175.20	226.80	277.20	328.80	380.40	433.20	484.80	537.60	590.40
57	181.20	234.00	286.80	339.60	392.40	446.40	500.40	555.60	609.60
58	188.40	243.60	297.60	352.80	409.20	464.40	520.80	577.20	633.60
59	195.60	252.00	309.60	367.20	424.80	482.40	540.00	598.80	657.60
60	202.80	261.60	320.40	380.40	440.40	500.40	560.40	621.60	682.80
61	210.00	271.20	332.40	393.60	456.00	517.20	579.60	643.20	706.80
62	217.20	280.80	344.40	408.00	471.60	535.20	600.00	664.80	730.80
63	224.40	290.40	356.40	422.40	488.40	554.40	621.60	688.80	757.20
64	232.80	300.00	368.40	436.80	505.20	573.60	643.20	712.80	783.60
65	240.00	310.80	381.60	451.20	522.00	592.80	664.80	736.80	810.00
66	248.40	320.40	393.60	466.80	538.80	612.00	686.40	760.80	836.40
67	255.60	331.20	406.80	481.20	555.60	631.20	708.00	784.80	862.80
68	266.40	344.40	422.40	500.40	577.20	656.40	735.60	816.00	896.40
69	276.00	356.40	438.00	518.40	598.80	681.60	763.20	846.00	930.00
70	285.60	369.60	453.60	537.60	621.60	705.60	790.80	877.20	963.60
71	296.40	382.80	469.20	555.60	643.20	730.80	818.40	907.20	997.20
72	306.00	394.80	484.80	574.80	664.80	754.80	846.00	938.40	1,030.80
73	315.60	408.00	499.20	592.80	685.20	778.80	871.20	967.20	1,062.00
74	324.00	420.00	514.80	609.60	705.60	801.60	897.60	996.00	1,094.40
75	333.60	432.00	529.20	627.60	726.00	824.40	924.00	1,024.80	1,125.60
76	343.20	444.00	544.80	645.60	746.40	847.20	949.20	1,053.60	1,156.80
77	352.80	456.00	559.20	662.40	766.80	871.20	975.60	1,082.40	1,188.00
78	360.00	465.60	571.20	676.80	782.40	889.20	996.00	1,104.00	1,213.20
79	367.20	475.20	582.00	690.00	798.00	907.20	1,015.20	1,126.80	1,237.20
80	374.40	483.60	594.00	703.20	813.60	924.00	1,035.60	1,148.40	1,262.40
81	381.60	493.20	606.00	717.60	829.20	942.00	1,056.00	1,171.20	1,286.40
82	387.60	502.80	616.80	730.80	844.80	960.00	1,076.40	1,194.00	1,310.40
83	394.80	511.20	628.80	744.00	860.40	978.00	1,096.80	1,215.60	1,335.60
84	402.00	520.80	640.80	758.40	876.00	997.20	1,117.20	1,239.60	1,360.80
85	409.20	530.40	652.80	772.80	892.80	1,015.20	1,138.80	1,262.40	1,387.20

One Time Policy Fee - $25

Premium Modal Factors:

	Factor
Semi-Annual	0.520 x Annual
Quarterly	0.265 x Annual
Monthly - Direct Bill	0.090 x Annual
Monthly - Bank Draft	1/12th Annual

Exhibit 2

Annual Premium Rates - Level 2

	Daily Hospital Benefit								
Issue Age	$100	$150	$200	$250	$300	$350	$400	$450	$500
18-49	174.00	225.60	277.20	330.00	382.80	434.40	486.00	538.80	591.60
50	196.80	255.60	314.40	375.60	435.60	494.40	553.20	613.20	672.00
51	205.20	266.40	326.40	390.00	453.60	514.80	574.80	637.20	699.60
52	216.00	278.40	342.00	406.80	472.80	536.40	601.20	664.80	729.60
53	223.20	289.20	354.00	422.40	489.60	556.80	622.80	690.00	757.20
54	231.60	298.80	366.00	436.80	507.60	577.20	645.60	715.20	783.60
55	238.80	308.40	379.20	452.40	525.60	596.40	667.20	739.20	811.20
56	247.20	319.20	391.20	466.80	543.60	616.80	690.00	764.40	837.60
57	254.40	328.80	404.40	482.40	560.40	636.00	712.80	788.40	865.20
58	265.20	343.20	420.00	501.60	583.20	662.40	740.40	820.80	900.00
59	274.80	356.40	436.80	520.80	606.00	687.60	769.20	852.00	934.80
60	285.60	369.60	453.60	541.20	628.80	712.80	798.00	883.20	969.60
61	296.40	382.80	469.20	560.40	650.40	738.00	825.60	915.60	1,004.40
62	306.00	396.00	486.00	579.60	673.20	763.20	854.40	946.80	1,039.20
63	316.80	410.40	502.80	600.00	697.20	790.80	884.40	980.40	1,076.40
64	327.60	424.80	520.80	620.40	721.20	818.40	915.60	1,014.00	1,113.60
65	339.60	438.00	537.60	642.00	745.20	846.00	945.60	1,048.80	1,150.80
66	350.40	452.40	555.60	662.40	769.20	872.40	976.80	1,082.40	1,188.00
67	361.20	466.80	572.40	682.80	793.20	900.00	1,006.80	1,116.00	1,225.20
68	375.60	484.80	595.20	709.20	824.40	934.80	1,046.40	1,159.20	1,273.20
69	388.80	502.80	616.80	735.60	854.40	970.80	1,086.00	1,203.60	1,321.20
70	403.20	520.80	639.60	762.00	885.60	1,005.60	1,124.40	1,246.80	1,368.00
71	416.40	538.80	661.20	789.60	916.80	1,040.40	1,164.00	1,290.00	1,416.00
72	430.80	558.00	684.00	816.00	946.80	1,075.20	1,203.60	1,333.20	1,464.00
73	444.00	574.80	705.60	841.20	976.80	1,108.80	1,239.60	1,374.00	1,508.40
74	457.20	591.60	726.00	865.20	1,005.60	1,141.20	1,276.80	1,414.80	1,554.00
75	470.40	608.40	746.40	890.40	1,034.40	1,174.80	1,314.00	1,455.60	1,598.40
76	483.60	625.20	768.00	915.60	1,064.40	1,207.20	1,351.20	1,496.40	1,642.80
77	496.80	643.20	788.40	940.80	1,093.20	1,240.80	1,388.40	1,538.40	1,688.40
78	507.60	656.40	805.20	960.00	1,116.00	1,266.00	1,417.20	1,569.60	1,723.20
79	517.20	669.60	820.80	979.20	1,137.60	1,291.20	1,444.80	1,602.00	1,758.00
80	528.00	682.80	837.60	999.60	1,160.40	1,317.60	1,473.60	1,633.20	1,792.80
81	537.60	696.00	854.40	1,018.80	1,183.20	1,342.80	1,502.40	1,664.40	1,827.60
82	548.40	709.20	870.00	1,038.00	1,206.00	1,368.00	1,531.20	1,696.80	1,861.20
83	559.20	722.40	886.80	1,057.20	1,228.80	1,394.40	1,560.00	1,729.20	1,897.20
84	568.80	736.80	903.60	1,077.60	1,251.60	1,420.80	1,590.00	1,761.60	1,933.20
85	579.60	751.20	921.60	1,098.00	1,275.60	1,447.20	1,620.00	1,795.20	1,969.20

One Time Policy Fee - $25

Premium Modal Factors:

	Factor
Semi-Annual	0.520 x Annual
Quarterly	0.265 x Annual
Monthly - Direct Bill	0.090 x Annual
Monthly - Bank Draft	1/12th Annual

Exhibit 2

Annual Premium Rates - Level 3

	Daily Hospital Benefit								
Issue Age	$100	$150	$200	$250	$300	$350	$400	$450	$500
18-49	244.80	326.40	408.00	488.40	570.00	651.60	733.20	816.00	900.00
50	278.40	370.80	463.20	555.60	649.20	741.60	834.00	928.80	1,022.40
51	289.20	385.20	482.40	578.40	675.60	771.60	867.60	966.00	1,064.40
52	302.40	403.20	502.80	603.60	704.40	805.20	906.00	1,008.00	1,111.20
53	313.20	417.60	522.00	626.40	729.60	835.20	939.60	1,046.40	1,152.00
54	324.00	432.00	540.00	648.00	756.00	864.00	973.20	1,083.60	1,194.00
55	334.80	447.60	559.20	670.80	782.40	894.00	1,006.80	1,120.80	1,234.80
56	346.80	462.00	577.20	692.40	808.80	924.00	1,040.40	1,158.00	1,275.60
57	357.60	476.40	596.40	715.20	835.20	954.00	1,074.00	1,195.20	1,317.60
58	372.00	495.60	620.40	744.00	867.60	992.40	1,116.00	1,243.20	1,370.40
59	386.40	514.80	643.20	772.80	901.20	1,030.80	1,159.20	1,291.20	1,423.20
60	400.80	534.00	667.20	800.40	934.80	1,068.00	1,202.40	1,339.20	1,476.00
61	415.20	553.20	691.20	829.20	967.20	1,106.40	1,244.40	1,386.00	1,528.80
62	429.60	572.40	715.20	858.00	1,000.80	1,144.80	1,287.60	1,434.00	1,581.60
63	445.20	592.80	740.40	889.20	1,036.80	1,185.60	1,334.40	1,485.60	1,638.00
64	460.80	613.20	766.80	920.40	1,072.80	1,226.40	1,380.00	1,537.20	1,695.60
65	476.40	633.60	792.00	950.40	1,108.80	1,268.40	1,426.80	1,588.80	1,752.00
66	490.80	655.20	818.40	981.60	1,144.80	1,309.20	1,472.40	1,640.40	1,808.40
67	506.40	675.60	844.80	1,012.80	1,180.80	1,350.00	1,519.20	1,692.00	1,864.80
68	526.80	702.00	877.20	1,052.40	1,227.60	1,402.80	1,578.00	1,758.00	1,938.00
69	546.00	728.40	910.80	1,092.00	1,273.20	1,455.60	1,638.00	1,824.00	2,010.00
70	565.20	754.80	943.20	1,131.60	1,318.80	1,508.40	1,696.80	1,890.00	2,083.20
71	585.60	780.00	975.60	1,170.00	1,365.60	1,561.20	1,755.60	1,956.00	2,155.20
72	604.80	806.40	1,008.00	1,209.60	1,411.20	1,612.80	1,815.60	2,022.00	2,227.20
73	622.80	831.60	1,039.20	1,246.80	1,454.40	1,663.20	1,870.80	2,083.20	2,295.60
74	642.00	855.60	1,070.40	1,284.00	1,497.60	1,712.40	1,926.00	2,145.60	2,364.00
75	660.00	880.80	1,100.40	1,321.20	1,540.80	1,761.60	1,982.40	2,206.80	2,432.40
76	679.20	904.80	1,131.60	1,358.40	1,585.20	1,810.80	2,037.60	2,269.20	2,500.80
77	697.20	930.00	1,162.80	1,395.60	1,628.40	1,860.00	2,092.80	2,331.60	2,569.20
78	711.60	949.20	1,186.80	1,424.40	1,660.80	1,898.40	2,136.00	2,378.40	2,622.00
79	726.00	968.40	1,210.80	1,452.00	1,694.40	1,936.80	2,179.20	2,426.40	2,674.80
80	740.40	987.60	1,233.60	1,480.80	1,728.00	1,975.20	2,221.20	2,474.40	2,727.60
81	754.80	1,005.60	1,257.60	1,509.60	1,760.40	2,012.40	2,264.40	2,522.40	2,780.40
82	769.20	1,024.80	1,281.60	1,538.40	1,794.00	2,050.80	2,307.60	2,570.40	2,833.20
83	783.60	1,044.00	1,305.60	1,567.20	1,828.80	2,089.20	2,350.80	2,619.60	2,887.20
84	798.00	1,064.40	1,329.60	1,597.20	1,863.60	2,128.80	2,395.20	2,668.80	2,942.40
85	813.60	1,084.80	1,354.80	1,627.20	1,898.40	2,169.60	2,440.80	2,719.20	2,998.80

One Time Policy Fee - $25

Premium Modal Factors:

	Factor
Semi-Annual	0.520 x Annual
Quarterly	0.265 x Annual
Monthly - Direct Bill	0.090 x Annual
Monthly - Bank Draft	1/12th Annual

Exhibit 2

Annual Premium Rates - Lump Sum Cancer Rider

Rates Per $1,000 of Benefit

Issue Age	Premium
18-49	15.60
50	16.80
51	18.00
52	18.00
53	19.20
54	20.40
55	22.80
56	24.00
57	25.20
58	26.40
59	27.60
60	30.00
61	31.20
62	32.40
63	33.60
64	34.80
65	37.20
66	38.40
67	39.60
68	40.80
69	40.80
70	42.00
71	42.00
72	43.20
73	43.20
74	44.40
75	44.40
76	45.60
77	45.60
78	45.60
79	45.60
80	45.60
81	45.60
82	45.60
83	45.60
84	45.60
85	45.60

Premium Modal Factors:

	Factor
Semi-Annual	0.520 x Annual
Quarterly	0.265 x Annual
Monthly - Direct Bill	0.090 x Annual
Monthly - Bank Draft	1/12th Annual

EXHIBIT 3 - ANTICIPATED DURATIONAL LOSS RATIO PATTERN

Policy Year	Earned Premium	Incurred Claims	Loss Ratio*
1	468	154	33%
2	341	138	40%
3	289	128	44%
4	254	118	46%
5	227	109	48%
6	203	102	50%
7	184	96	52%
8	166	90	54%
9	149	84	56%
10	134	79	58%
11	122	74	60%
12	111	69	63%
13	100	65	65%
14	90	60	67%
15	80	55	69%
16	71	50	71%
17	63	46	73%
18	55	41	75%
19	48	37	77%
20	42	33	79%
21	36	29	81%
22	31	25	83%
23	26	22	85%
24	22	19	87%
25	18	16	89%
26	15	14	91%
27	12	11	93%
28	10	9	95%
29	8	8	98%
30	6	6	100%
Anticipated LR @ 4%	$2,558.97	$1,271.20	50%

* Includes the one time policy fee of $25

Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Health - Actuarial Justification	Approved-Closed	07/06/2009
Bypass Reason:	Actuarial Memorandum previously submitted and approved		
Comments:			