

SERFF Tracking Number: ELCC-126462062 State: Arkansas  
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 44622  
Company Tracking Number: 690RI2010  
TOI: H13I Individual Health - Short Term Care Sub-TOI: H13I.002 Nursing Home  
Product Name: 690  
Project Name/Number: 690RI2010/690RI2010

## Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: 690

SERFF Tr Num: ELCC-126462062 State: Arkansas

TOI: H13I Individual Health - Short Term Care

SERFF Status: Closed-Approved-  
Closed State Tr Num: 44622

Sub-TOI: H13I.002 Nursing Home

Co Tr Num: 690RI2010

State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Rosalind Minor

Authors: Mark Banks, Kathy Foster, Disposition Date: 02/16/2010  
John Neville

Date Submitted: 01/19/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 690RI2010

Status of Filing in Domicile: Pending

Project Number: 690RI2010

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 60%

Group Market Type:

Filing Status Changed: 02/16/2010

Explanation for Other Group Market Type:

State Status Changed: 02/16/2010

Deemer Date:

Created By: Mark Banks

Submitted By: Mark Banks

Corresponding Filing Tracking Number:

Filing Description:

Attached is an actuarial memorandum outlining our request for a rate increase on Short Stay Nursing Care Recovery Plan Policy Form 690 AR. We are seeking a 60% rate increase.

We are filing this rate increase to bring the cumulative lifetime loss ratio closer to the 55% loss ratio requirement. Policyowner notification of the rate increase will begin as soon as possible subject to state insurance department approval. Policyowners will be notified of the increase 30 days before it takes effect.

## Company and Contact

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**Filing Contact Information**

Mark Banks, Manager of Regulatory Compliance  
 3 Triad Center Suite 200  
 Salt Lake City, UT 84180  
 Mark.Banks@Equilife.com  
 800-352-5150 [Phone] 3756 [Ext]  
 801-579-3781 [FAX]

**Filing Company Information**

Equitable Life & Casualty Insurance Company  
 3 Triad Center Suite 200  
 Salt Lake City, UT 84180  
 (801) 579-3400 ext. [Phone]  
 -----  
 CoCode: 62952  
 Group Code: -99  
 Group Name:  
 FEIN Number: 87-0129771  
 State of Domicile: Utah  
 Company Type: Life and Health  
 State ID Number:

**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$0.00	01/19/2010	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/16/2010	02/16/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	01/25/2010	01/25/2010	Mark Banks	02/16/2010	02/16/2010

SERFF Tracking Number: ELCC-126462062 State: Arkansas  
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## Disposition

Disposition Date: 02/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request of a 15% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Equitable Life & Casualty Insurance Company	60.000%	60.000%	\$16,661	39	\$27,769	60.000%	60.000%

SERFF Tracking Number: ELCC-126462062 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Rate</b>	Actuarial Memorandum	Approved-Closed	Yes
<b>Rate</b>	Revised 15% Rates	Approved-Closed	No

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/25/2010

Submitted Date 01/25/2010

Respond By Date

Dear Mark Banks,

This will acknowledge receipt of the captioned filing.

Objection 1

- Actuarial Memorandum, [690 AR] (Rate)

Comment:

Our Department is limiting our approval of rate increases on Limited Benefit policies to no more than 15%.

The loss ratio of the actual experience is still below 50%. At this time, we will consider a 15% increase on this block of business.

If you wish to accept this amount, please provide us with a revised actuarial memorandum and rates.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 02/16/2010

Submitted Date 02/16/2010

Dear Rosalind Minor,

### Comments:

I am in receipt of your SERFF letter dated January 25, 2010 regarding the subject filing.

## Response 1

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Comments: Equitable accepts the rate increase limit of 15%. Attached are revised rate sheets reflecting this change.

### Related Objection 1

Applies To:

- Actuarial Memorandum, [690 AR] (Rate)

Comment:

Our Department is limiting our approval of rate increases on Limited Benefit policies to no more than 15%.

The loss ratio of the actual experience is still below 50%. At this time, we will consider a 15% increase on this block of business.

If you wish to accept this amount, please provide us with a revised actuarial memorandum and rates.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

### Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
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Revised 15%	690 AR	Revised		<i>Previous State Filing Number</i>
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Rates

*Percent Rate Change Request*

15

Thank you for your consideration in this matter. If you should have any questions, please call me at (801) 579-3414.

Very truly yours,  
EQUITABLE LIFE & CASUALTY INSURANCE COMPANY  
Richard E. Klar, Jr., ASA, MAAA  
Corporate Actuary

Sincerely,

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**Rate Information**

Rate data applies to filing.

**Filing Method:** Electronic  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** %  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:**

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Equitable Life & Casualty Insurance Company	60.000%	60.000%	\$16,661	39	\$27,769	60.000%	60.000%