

SERFF Tracking Number: ELCC-126515659 State: Arkansas  
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 44985  
Company Tracking Number: 2009MSRPT  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: Medicare Supplement  
Project Name/Number: 2009MSRPT/2009MSRPT

## Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: ELCC-126515659 State: Arkansas  
TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 44985  
For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: 2009MSRPT State Status: Filed-Closed  
Other

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Mark Banks, Kathy Foster, Disposition Date: 02/25/2010  
John Neville

Date Submitted: 02/24/2010

Disposition Status: Accepted For  
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2009MSRPT

Status of Filing in Domicile: Pending

Project Number: 2009MSRPT

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:

Group Market Type:

Filing Status Changed: 02/25/2010

Explanation for Other Group Market Type:

State Status Changed: 02/25/2010

Deemer Date:

Created By: Mark Banks

Submitted By: Kathy Foster

Corresponding Filing Tracking Number:

Filing Description:

Attached for your review is Equitable Life & Casualty's 2009 Medicare Supplement multiple policy report, due March 1, 2010.

## Company and Contact

### Filing Contact Information

Mark Banks, Manager of Regulatory

Mark.Banks@Equilife.com

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**Compliance**

3 Triad Center 800-352-5150 [Phone] 3756 [Ext]  
 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]		

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: 1 form x \$50 = \$50  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$50.00	02/24/2010	34428450

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	02/25/2010	02/25/2010

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## **Disposition**

Disposition Date: 02/25/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		Yes
<b>Supporting Document</b>	Outline of Coverage		Yes
<b>Supporting Document</b>	Medicare Supplement Duplication Report	Accepted for	Yes
		Informational Purposes	

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> Not applicable <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not applicable <b>Comments:</b>		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> Not applicable <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Not applicable <b>Comments:</b>		
<b>Satisfied - Item:</b> Medicare Supplement Duplication Report <b>Comments:</b> <b>Attachment:</b> '09 MS Duplication Report.pdf	Accepted for Informational Purposes	02/25/2010

# FORM FOR REPORTING MEDICARE SUPPLEMENT POLICIES

Company Name: Equitable Life & Casualty Insurance Company

Address: 3 Triad Center  
Salt Lake City, UT 84180-1200

Phone Number: 801-579-3400

Due March 1, annually

The purpose of this form is to report the following information on each resident of this state who has in force more than one Medicare supplement policy or certificate. The information is to be grouped by individual policyholder.

Policy and Certificate #	Date of Issuance
<b>None</b>	

  
\_\_\_\_\_  
Signature

Kendall R. Surfass, Vice Chairman, Secretary & General Counsel  
Name and Title (please type)

February 24, 2010  
Date