

SERFF Tracking Number: ELCC-126553061 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 45228
Company Tracking Number: AR-RAN
TOI: L021 Individual Life - Endowment Sub-TOI: L021.001 Single Life - Fixed/Indeterminate Premium
Product Name: Life Replacement Memorandum
Project Name/Number: AR-RAN/AR-RAN

Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: Life Replacement Memorandum SERFF Tr Num: ELCC-126553061 State: Arkansas

TOI: L021 Individual Life - Endowment SERFF Status: Closed-Accepted State Tr Num: 45228
For Informational Purposes

Sub-TOI: L021.001 Single Life - Fixed/Indeterminate Premium Co Tr Num: AR-RAN State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Mark Banks, Kathy Foster, John Neville, Disposition Date: 03/23/2010

Date Submitted: 03/22/2010

Disposition Status: Accepted For Informational Purposes

Implementation Date:

Implementation Date Requested: 03/22/2010

State Filing Description:

General Information

Project Name: AR-RAN

Project Number: AR-RAN

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/23/2010

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: 03/23/2010

Created By: Kathy Foster

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kathy Foster

Filing Description:

Filed for informational purposes, please find Equitable Life and Casualty Insurance Company's Replacement Memorandum. This Replacement Memorandum (form # AR-RAN) will be used with all of our Life products sold in the state of Arkansas after this date, to individuals who are contemplating replacement of existing products, pursuant to Arkansas Insurance Department's Bulletin No. 8-2009 regarding Department Rule 97.

Please note that the form will be completed, when appropriate, in duplicate, with one copy being returned to the Home

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Office at time of application, and one copy being retained by the applicant.

Company and Contact

Filing Contact Information

Kathy Foster, Regulatory Compliance Analyst Kathy.Foster@Equilife.com
 Equitable Life & Casualty Insurance Company 801-579-3468 [Phone]
 3 Triad Center 801-579-3471 [FAX]
 Suite 200
 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: \$50.00
 Retaliatory? Yes
 Fee Explanation: UT is domicile state, and has no filing fees. We are paying the \$50 fee required by AR.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$50.00	03/22/2010	35060257

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	03/23/2010	03/23/2010

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Premium
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Disposition

Disposition Date: 03/23/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Replacement Memorandum		Yes

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Form Schedule

Lead Form Number: AR-RAN

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AR-RAN	Other	Replacement Memorandum	Initial			AR-RAN.pdf

Equitable Life & Casualty Insurance Company

LIFE INSURANCE AND ANNUITIES REPLACEMENT MEMORANDUM

EXISTING CONTRACT/POLICY

Owner / Annuitant(s) _____

Insurer _____

Contract # _____

Product Type * _____

Product Name _____

PROPOSED CONTRACT/POLICY

Owner / Annuitant(s) _____

Insurer _____

Application # _____

Product Type * _____

Product Name _____

FOR BOTH LIFE INSURANCE AND ANNUITIES

(Complete all that is applicable)

CONTRACT OR POLICY PROVISION	EXISTING CONTRACT/POLICY	REPLACEMENT CONTRACT/POLICY
Current Proposed Premium / Annual Consideration		
Current Contract Value		
Current Surrender Value		
Death Benefit Amount		
Current Interest Rate & Guarantee Period		
Guaranteed Minimum Accumulation/Interest Rate		

* Deferred Fixed Annuity, Deferred Variable Annuity, Deferred Indexed Fixed Annuity, Immediate Annuity, Indexed Life Insurance, Variable Life Insurance, Whole Life Insurance, Universal Life insurance, Term Life Insurance and Endowment

Surrender Charge Period in Years/ Charge Percentage Per Year/ Years Remaining		
Are free withdrawals available? IF yes, what percentage? List options.		
Other significant policy or contract provisions		

FOR ANNUITIES ONLY
(Complete all that is applicable)

CONTRACT PROVISION	EXISTING CONTRACT/POLICY	REPLACEMENT CONTRACT/POLICY
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Annuity is Exchanged, Surrendered or Funds Withdrawn		
Sub-Account Choices		
Guaranteed Purchase/Settlement Options		

I have received a copy of this completed form.

_____ / _____
Owner/Annuitant Date

_____ / _____
Joint Owner/Annuitant Date

I certify that the above provisions, and any other significant provisions, of the existing policy or contract and the proposed policy or contract were discussed with the applicant(s).

_____ / _____
Producer Signature Date

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	not applicable		
Comments:			

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Bypassed - Item:	Application		
Bypass Reason:	not applicable		
Comments:			