

SERFF Tracking Number: ELCC-127050562 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 48093
Company Tracking Number: 2010 LTC RESCISSION REPORT
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Long Term Care Rescission Report
Project Name/Number: Long Term Care Rescission Report/Long Term Care Rescission Report

Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: Long Term Care Rescission Report SERFF Tr Num: ELCC-127050562 State: Arkansas

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 48093
For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: 2010 LTC State Status: Filed-Closed
RESCISSION REPORT

Filing Type: Form

Reviewer(s): Harris Shearer,
Stephanie Fowler

Authors: Mark Banks, Kathy Foster, John Neville
Disposition Date: 03/02/2011

Date Submitted: 02/24/2011

Disposition Status: Accepted For
Informational Purposes
Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Long Term Care Rescission Report
Project Number: Long Term Care Rescission Report
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/02/2011

State Status Changed: 03/02/2011

Created By: Kathy Foster

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kathy Foster

Filing Description:

Attached as an informational filing please find Equitable Life & Casualty Insurance Company's 2010 Long Term Care Rescission Report as required by law.

Company and Contact

Filing Contact Information

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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? No
 Fee Explanation: 1 informational filing - report
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$50.00	02/24/2011	45013966

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Rosalind Minor Informational Purposes		03/02/2011	03/02/2011

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Disposition

Disposition Date: 03/02/2011

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	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	Yes
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Supporting Document	'10 LTC Rescission Report	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Accepted for Informational Purposes	03/02/2011
Bypass Reason:	Not applicable to this filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application	Accepted for Informational Purposes	03/02/2011
Bypass Reason:	Not applicable to this filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Accepted for Informational Purposes	03/02/2011
Bypass Reason:	Not applicable to this filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Accepted for Informational Purposes	03/02/2011
Bypass Reason:	Not applicable to this filing.		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	'10 LTC Rescission Report	Accepted for Informational Purposes	03/02/2011

**RISCISSION REPORTING FORM FOR
LONG –TERM CARE POLICIES
FOR THE STATE OF ARKANSAS
FOR THE REPORTING YEAR 2010**

Company Name: Equitable Life & Casualty Insurance Company

Address: 3 Triad Center

Salt Lake City UT 84180-1200

Phone Number: 1-800-352-5150

Due: March 1 annually

Instructions:

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy and Certificate #	Name of Insured	Date of Policy Issuance	Dates/ Claims Submitted	Date of Rescission
NONE					

Detailed reason for rescission: _____



Signature

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

February 17, 2011
Date