

SERFF Tracking Number: ELCC-127208857 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 49092
Company Tracking Number: LTC-ANNUAL REPORTS 2010
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Long Term Care
Project Name/Number: LTC-Annual Reports 2010/LTC-Annual Reports 2010

Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: Long Term Care SERFF Tr Num: ELCC-127208857 State: Arkansas
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 49092
For Informational Purposes

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

Filing Type: Form

Reviewer(s): Harris Shearer,
Stephanie Fowler

Authors: Mark Banks, Kathy Foster, Disposition Date: 07/13/2011
John Neville

Date Submitted: 06/20/2011 Disposition Status: Accepted For
Informational Purposes
Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: LTC-Annual Reports 2010
Project Number: LTC-Annual Reports 2010
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 07/13/2011
State Status Changed: 07/13/2011
Created By: Kathy Foster
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kathy Foster

Filing Description:

Filed for your information please find Equitable Life & Casualty Insurance Company's Long-Term Care Annual Reports (Claims Denial, Suitability and Lapse-Replacement reports) as required by law.

Company and Contact

Filing Contact Information

Kathy Foster, Regulatory Compliance Analyst Kathy.Foster@Equilife.com

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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: 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.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$50.00	06/20/2011	48887676

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	07/13/2011	07/13/2011

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Disposition

Disposition Date: 07/13/2011

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		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	2010 Annual Long Term Care Reports	Accepted for Informational Purposes	No

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: Not applicable to this filing. Comments:		
Bypassed - Item: Application Bypass Reason: Not applicable to this filing. Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not applicable to this filing. Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: Not applicable to this filing. Comments:		
Satisfied - Item: 2010 Annual Long Term Care Reports Comments: Attachments: '10 Suitability Report.pdf 2010 CLAIMS DENIAL REPORTING FORM rev 2009.pdf	Accepted for Informational Purposes	07/13/2011

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2010 Replacement and Lapse Reporting Form - AR.pdf

2010 Suitability Report – ARKANSAS

Company Name: Equitable Life & Casualty Insurance Company
NAIC #: 62952

1.	Total number of applications received from residents of this state	2
2.	Number of applicants who declined to provide information on the personal worksheet	0
3.	Number of applicants who did not meet the suitability standards	0
4.	Number of those who chose to confirm after receiving a Suitability Letter	0

CLAIMS DENIAL REPORTING FORM LONG-TERM CARE INSURANCE

For the State of: ARKANSAS
For the Reporting Year of: 2010
Company Name: Equitable Life & Casualty Insurance Company
Company Address: 3 Triad Center, Suite 200
 Salt Lake City UT 84180-1200
Company NAIC Number: 62952
Contact Person: Kathy Foster
Phone Number: 800-352-5150, ext. 3468
Line of Business: Individual

Due: June 30, 2011

- Per Claimant – counts each individual who makes one or a series of claim requests.
 Per Transaction – counts each claim payment request.

Inforce Data

	STATE DATA	NATIONWIDE DATA
TOTAL NUMBER OF INFORCE POLICIES AS OF DECEMBER 31 ST	1092	29940

Claims & Denial Data

	STATE DATA	NATIONWIDE DATA
1. TOTAL NUMBER OF LTC CLAIMS REPORTED	84 3179	
2. TOTAL NUMBER OF LTC CLAIMS DENIED/NOT PAID	25	799
3. NUMBER OF CLAIMS NOT PAID DUE TO PREEXISTING CONDITION EXCLUSION		
4. NUMBER OF CLAIMS NOT PAID DUE TO WAITING (ELIMINATION) PERIOD NOT MET	5	121
5. NET NUMBER OF LTC CLAIMS DENIED FOR REPORTING PURPOSES (LINE 2 - LINE 3 - LINE 4)	20	678
6. PERCENTAGE OF LTC CLAIMS DENIED OF THOSE REPORTED (LINE 5 DIV LINE 1)	23.80	21.32
7. NUMBER OF LTC CLAIMS DENIED DUE TO:		
8. LONG TERM CARE SERVICES NOT COVERED UNDER THE POLICY		1
9. PROVIDER/FACILITY NOT QUALIFIED UNDER THE POLICY		3
10. BENEFIT ELIGIBILITY CRITERIA NOT MET	8	334
11. OTHER	12 340	

Long-Term Care Insurance
Replacement and Lapse Reporting Form

For the state of: Arkansas

For the Reporting Year of: 2010

Company Name: Equitable Life & Casualty Insurance Company
 Company Address: 3 Triad Center, Salt Lake City, UT 84084
 Contact Person: Mark Banks

Due: June 30 annually
 Company NAIC Number: 62952
 Phone Number: (801) 579-3756

Instructions

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Replaced By This Agent	Number of Replacements As % of Number Sold By this Agent
Douglas Drees	1	1	100%
Eric Reynolds	2	1	50%

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Lapsed By This Agent	Number of Lapses As % of Number Sold By this Agent
None			

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales 18%

Percentage of Replacement Policies Sold to Policies in Force (as of the end of the preceding calendar year) .2%

Percentage of Lapsed Policies to Total Annual Sales N/A%

Percentage of Lapsed Policies Sold to Policies in Force (as of the end of the preceding calendar year) N/A%