

State: Arkansas **Filing Company:** Equitable Life & Casualty Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Legacy Life
Project Name/Number: 2013 Interest change/2013 Interest change

Filing at a Glance

Company: Equitable Life & Casualty Insurance Company
Product Name: Legacy Life
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 11/27/2012
SERFF Tr Num: ELCC-128763295
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 2013 INTEREST CHANGE

Implementation: On Approval
Date Requested:
Author(s): Mark Banks, Kathy Foster, John Neville, Jennifer Wilson
Reviewer(s): Linda Bird (primary)
Disposition Date: 12/03/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

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General Information

Project Name: 2013 Interest change Status of Filing in Domicile: Pending
Project Number: 2013 Interest change Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 12/03/2012
State Status Changed: 12/03/2012
Deemer Date: Created By: Jennifer Wilson
Submitted By: Jennifer Wilson Corresponding Filing Tracking Number:

Filing Description:

Re: Maximum Statutory Interest Rate for 2013 Life Insurance Issues

Submitted for your review please find revised policy schedule pages for Equitable Life and Casualty Insurance Company's Legacy Life product (policy form # 1004 AR and 1005 AR). This filing is being made to comply with the reduction in the maximum valuation interest rates for 2013 life insurance issues. This filing is required since the valuation interest rate is changing and it is explicitly stated in the current policy form. We will be filing for the change in the cash value interest rate at a later date, prior to 1/1/14.

No other changes to the policy are included in the filing. There are no changes to the gross premium rates.

The SERFF filing numbers of the original contracts that are being modified by this filing are: ELCC-125296094 and ELCC-125296103, approved on 10/12/2007 and 10/10/2007. The state tracking numbers are 36926 and 36928.

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

Company and Contact

Filing Contact Information

Jennifer Wilson, Jennifer.Wilson@Equilife.com
3 Triad Center 800-352-5150 [Phone] 3468 [Ext]
Salt Lake City, UT 84180-1200 801-579-3741 [FAX]

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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: \$100.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form for 2 forms.
 Per Company: No

Company	Amount	Date Processed	Transaction #
Equitable Life & Casualty Insurance Company	\$100.00	11/27/2012	65192009

SERFF Tracking #:

ELCC-128763295

State Tracking #:

Company Tracking #:

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/03/2012	12/03/2012

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Disposition

Disposition Date: 12/03/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Redlined forms.		Yes
Form	Policy Schedule Page		Yes
Form	Policy Schedule Page		Yes

State: Arkansas

Filing Company:

Equitable Life & Casualty Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

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Form Schedule

Lead Form Number: 1004

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Policy Schedule Page	1004 AR	POL	Initial			1004_ar.pdf
2		Policy Schedule Page	1005 AR	POL	Initial			1005_ar.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

POLICY SCHEDULE

Insured: {I. M. Policyowner} Policy Number: {123456}
Age: {50} Effective Date: {08/28/07}
Gender: {Male}
Policyowner: {Insured}
{Alternate Payor: Jane Doe}
Face Amount: {\$1,000.00}

Beneficiary: Shown on Application unless changed by Policyowner
Endorsements: {None} {Accidental Death} {}; {NHWP}

PREMIUMS (INCLUDES ANY ADDITIONAL BENEFITS PURCHASED)

Annual	Semi-Annual	Quarterly	Monthly	Bank Draft Monthly
\${30.39}	\${15.80}	\${8.05}	\${2.74}	\${2.54}

GUARANTEED VALUES FOR EACH \$1,000 OF FACE AMOUNT

Policy Year	Face Amount	Cash Value	Paid Up Insurance
{1	\$1000.00	\$0.00	\$0.00
2	\$1000.00	\$0.00	\$0.00
3	\$1000.00	\$14.94	\$47.00
4	\$1000.00	\$33.30	\$99.00
5	\$1000.00	\$52.07	\$149.00
6	\$1000.00	\$71.21	\$197.00
7	\$1000.00	\$90.76	\$242.00
8	\$1000.00	\$110.72	\$284.00
9	\$1000.00	\$131.11	\$325.00
10	\$1000.00	\$151.89	\$364.00
15	\$1000.00	\$260.35	\$529.00
20	\$1000.00	\$372.74	\$655.00}

The Guaranteed Values of this policy are calculated with the Standard Nonforfeiture Law for Life Insurance. The values are for a policy with no outstanding Policy Loan. Values for any year not shown will be furnished upon request.

Reserves are calculated using the Commissioner's Reserve Valuation Method and the 2001 CSO Mortality Table. The annual interest rate for the Reserve calculation is 3.5%. The annual interest rate for Cash Value calculation is 5%.

The annual Policy Loan Interest rate is 8%, accruing daily.

The annual interest rate for Reinstatement of the Policy is 5% compounded.

POLICY SCHEDULE

Insured:	{I. M. Policyowner}	Policy Number:	{123456}
Age:	{50}	Effective Date:	{08/28/07}
Gender:	{Male}		
Policyowner:	{Insured}		
{Alternate Payor:	Jane Doe}		
Ultimate Face Amount:	{ \$1,000.00 }		
First Year Face Amount:	{ \$300.00 }		
Second Year Face Amount:	{ \$700.00 }		

Beneficiary: Shown on Application unless changed by Policyowner

PREMIUMS (INCLUDES ANY ADDITIONAL BENEFITS PURCHASED)

Annual	Semi-Annual	Quarterly	Monthly	Bank Draft Monthly
\${47.80}	\${24.86}	\${12.67}	\${4.78}	\${3.99}

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2013 INTEREST CHANGE

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Product Name:

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Redlined forms.		
Comments:			
Attachment(s):			
1004_ar redlined.pdf			
1005_ar redlined.pdf			

POLICY SCHEDULE

Insured:	{I. M. Policyowner}	Policy Number:	{123456}
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Policyowner:	{Insured}		
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Ultimate Face Amount:	{ \$1,000.00 }		
First Year Face Amount:	{ \$300.00 }		
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