

SERFF Tracking Number: ELCC-128094682 State: Arkansas  
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number:  
Company Tracking Number: '11 MEDICARE SUPPLEMENT DUPLICATION REPORT  
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
Product Name: '11 Medicare Supplement Duplication Report  
Project Name/Number: '11 Medicare Supplement Duplication Report/'11 Medicare Supplement Duplication Report

## Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: '11 Medicare Supplement SERFF Tr Num: ELCC-128094682 State: Arkansas  
Duplication Report

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Accepted State Tr Num:  
For Informational Purposes

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: '11 MEDICARE State Status: Filed-Closed  
Other 2010 SUPPLEMENT DUPLICATION  
REPORT

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Mark Banks, Kathy Foster, Disposition Date: 02/28/2012  
John Neville

Date Submitted: 02/16/2012

Disposition Status: Accepted For  
Informational Purposes  
Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: '11 Medicare Supplement Duplication Report  
Project Number: '11 Medicare Supplement Duplication Report  
Requested Filing Mode:  
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: 02/28/2012

State Status Changed: 02/28/2012

Created By: Kathy Foster

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kathy Foster

Filing Description:

Attached please find the Medicare Supplement Duplication Report for Equitable Life & Casualty Insurance Company for 2011 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: 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? No  
 Fee Explanation: Annual report filing  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$50.00	02/16/2012	56413975

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	02/28/2012	02/28/2012

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## Disposition

Disposition Date: 02/28/2012

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		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	'11 Med Sup Duplication Report	Accepted for Informational Purposes	Yes

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> Not required for a report filing. <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not a policy filing. <b>Comments:</b>		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> Not required for a report filing. <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Not required for a report filing. <b>Comments:</b>		
<b>Satisfied - Item:</b> '11 Med Sup Duplication Report <b>Comments:</b> Attached please find Equitable Life & Casualty Insurance Company's 2011 Medicare Supplement Duplication Report as required. <b>Attachment:</b>	Accepted for Informational Purposes	02/28/2012

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'11 MS Duplication Report.pdf

# 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>	



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Signature

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

February 13, 2012  
Date