

SERFF Tracking Number: SKML-125607205 State: Arkansas
Filing Company: Metlife Insurance Company of Connecticut State Tracking Number: 38696
Company Tracking Number:
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
Product Name: Adjustable Term Rider
Project Name/Number: 2001 CSO Revision/L-17775 2001 CSO

Filing at a Glance

Company: Metlife Insurance Company of Connecticut

Product Name: Adjustable Term Rider SERFF Tr Num: SKML-125607205 State: ArkansasLH
TOI: L06I Individual Life - Variable SERFF Status: Closed State Tr Num: 38696
Sub-TOI: L06I.002 Single Life - Flexible Co Tr Num: State Status: Filed-Closed
Premium
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Alvah Shelton Disposition Date: 04/21/2008
Date Submitted: 04/13/2008 Disposition Status: Filed
Implementation Date Requested: 01/01/2009 Implementation Date:

State Filing Description:

General Information

Project Name: 2001 CSO Revision Status of Filing in Domicile: Pending
Project Number: L-17775 2001 CSO Date Approved in Domicile:
Requested Filing Mode: Informational Domicile Status Comments: All states filed
concurrently
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 04/21/2008
State Status Changed: 04/21/2008 Deemer Date:
Corresponding Filing Tracking Number: L-17775 2001 CSO
Filing Description:
2001 CSO Mortality Table Revisions – L-17776

The enclosed filing is being submitted on behalf of MetLife Insurance Company of Connecticut for your information. The purpose of this filing is to change the mortality basis from 1980 CSO to the new 2001 CSO Mortality Table for the Company's previously approved Adjustable Term Insurance Rider shown below. The effective date of this change will be 01/01/2009.

SERFF Tracking Number: SKML-125607205 State: Arkansas
 Filing Company: Metlife Insurance Company of Connecticut State Tracking Number: 38696
 Company Tracking Number:
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
 Product Name: Adjustable Term Rider
 Project Name/Number: 2001 CSO Revision/L-17775 2001 CSO

Policy Form No. Approved Tracking Number
 L-17775 8/3/2007 36487

Enclosed are the revised Actuarial Memorandum and Policy Summary pages for the rider form.

There have been no other changes made to these forms other than those required by the new 2001 Commissioner's Standard Ordinary Mortality Table, and these policy summary pages will not be used until the effective date of 01/01/2009.

Company and Contact

Filing Contact Information

(This filing was made by a third party - sandrakmeltzerandassociates)

Alvah Shelton, Policy Analyst alvah@skminc.com
 1750 Century Circle (404) 633-5353 [Phone]
 Atlanta, GA 30345 (404) 633-6301[FAX]

Filing Company Information

Metlife Insurance Company of Connecticut	CoCode: 87726	State of Domicile: Connecticut
1 City Place	Group Code: 41	Company Type: Life & Health Insurance
Hartford, CT 06103	Group Name:	State ID Number:
(732) 602-6400 ext. [Phone]	FEIN Number: 06-0566090	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metlife Insurance Company of Connecticut	\$0.00	04/13/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Linda Bird	04/21/2008	04/21/2008

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Disposition

Disposition Date: 04/21/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Policy Summary Pages		Yes

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 04/12/2008
Comments:
Attachment:
AR Certification.pdf

Review Status:
Bypassed -Name: Application 04/12/2008
Bypass Reason: No policy is being submitted wiht this filing. This filing is in response to the change in mortality basis.
Comments:

Review Status:
Satisfied -Name: Authorization Letter 04/13/2008
Comments:
Attachment:
Authoriz ltr-signed.pdf

Review Status:
Satisfied -Name: Policy Summary Pages 04/13/2008
Comments:
Attachment:
NW COLI Policy Summary L-17776 (2001CSO) MDBF CORR.pdf

METLIFE INSURANCE COMPANY OF CONNECTICUT

CERTIFICATION OF COMPLIANCE

ARKANSAS

Re: **2001 CSO Mortality Table Revisions – Rider Schedule Form L-17776**

With respect to submission of the above-referenced forms, METLIFE INSURANCE COMPANY OF CONNECTICUT hereby agrees as follows:

1. The Company will comply with the requirements of Rule and Regulation 19, concerning Unfair Sex Discrimination in the Sale of Insurance, when marketing these forms in the State of Arkansas.
2. The Company will comply with the requirements of Rule and Regulation 49 by providing a copy of the Life and Health Insurance Guaranty Association Notice to the group contract holder.
4. The Company will provide the Consumer Information Notice in compliance with ACA 23-79-138.

METLIFE INSURANCE COMPANY OF CONNECTICUT



By _____
Herbert B. Brown, Vice President

MetLife Insurance Company of Connecticut
Specialized Benefit Resources
485-B US Highway One South, Suite 420
Iselin, NJ 08830
Tel 732 602-6464 Fax 732 602-6455



Herbert Brown
Vice President

March 10, 2008

RE: Policy Summary Pages
(2001 CSO Mortality Table Revisions)

Dear State Regulator:

I hereby authorize:

Sandra K. Meltzer & Associates, Inc.
1925 Century Blvd., Suite 1
Atlanta, Georgia 30345

to carry out the state filings (including the District of Columbia) on behalf of MetLife Insurance Company of Connecticut. This authorization is to be used with our adjustable term life insurance rider form L-17775 and associated forms which may consist of but are not limited to, policy insert pages, endorsements, applications, certificates and rider forms.

Sincerely,

A handwritten signature in black ink that reads "Herbert A. Brown Jr." in a cursive script.

Herbert Brown
Vice President

POLICY SUMMARY

POLICY NUMBER: SPECIMEN	STATED AMOUNT:	\$ 100,000
INSURED : JOHN DOE	POLICY DATE:	MAY 01, 1999
AGE: 35	ISSUE DATE:	MAY 01, 1999
	MATURITY DATE:	MAY 01, 2064
	MONTHLY DEDUCTION DAY:	1ST DAY OF MONTH

[THE FOLLOWING INFORMATION WILL ONLY APPEAR IF A RIDER IS ELECTED]

INITIAL RIDER
STATED AMOUNT: \$ [50,000]

TARGET STATED AMOUNT: \$ [50,000]

RIDER EXPIRY DATE: [MAY 01, 2064]

POLICY SUMMARY

POLICY NUMBER:		STATED AMOUNT:	\$100,000
INSURED :	JOHN DOE	POLICY DATE:	MAY 01, 1999
AGE:	35	ISSUE DATE:	MAY 01, 1999
		MATURITY DATE:	MAY 01, 2064
		MONTHLY DEDUCTION DAY:	1ST DAY OF MONTH

MINIMUM AMOUNT INSURED: THE FOLLOWING PERCENTAGE OF THE CASH VALUE ARE THE MINIMUM AMOUNT INSURED ON ANY POLICY ANNIVERSARY.

<u>POLICY YEAR</u>	<u>MAXIMUM RATE</u>	<u>POLICY YEAR</u>	<u>MAXIMUM RATE</u>	<u>POLICY YEAR</u>	<u>MAXIMUM RATE</u>
1	479%	23	232%	45	148%
2	462%	24	225%	46	146%
3	447%	25	219%	47	143%
4	431%	26	213%	48	141%
5	417%	27	207%	49	139%
6	403%	28	201%	50	137%
7	389%	29	196%	51	130%
8	376%	30	191%	52	129%
9	363%	31	186%	53	127%
10	351%	32	181%	54	126%
11	340%	33	177%	55	124%
12	329%	34	172%	56	123%
13	318%	35	168%	57	121%
14	308%	36	164%	58	120%
15	298%	37	160%	59	118%
16	288%	38	157%	60	117%
17	279%	39	153%	61	115%
18	270%	40	150%	62	113%
19	262%	41	147%	63	112%
20	254%	42	155%	64	109%
21	246%	43	153%	65	107%]
22	239%	44	150%		

RATE CLASS: MALE PREFERRED NONSMOKER