

SERFF Tracking Number: META-125651378 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39033
Company Tracking Number: IDG08-33
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: iDG08-33/IDG08-33

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual LTCI Advertising SERFF Tr Num: META-125651378 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 39033
Sub-TOI: LTC03I.001 Qualified Co Tr Num: IDG08-33 State Status: Filed-Closed
Filing Type: Advertisement Co Status: Reviewer(s): Harris Shearer
Author: Mary Rinaldi Disposition Date: 07/23/2008
Date Submitted: 05/19/2008 Disposition Status: Filed-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: iDG08-33 Status of Filing in Domicile: Authorized
Project Number: IDG08-33 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 07/23/2008
State Status Changed: 07/23/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Re: Filing No. IDG08-33
Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
NAIC Company No. 65978 - FEIN No. 13-5581829

Dear Sir/Madam:

We enclose for filing electronic copies of the Individual long-term care advertising material described below. The

SERFF Tracking Number: META-125651378 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39033
Company Tracking Number: IDG08-33
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCL Advertising
Project Name/Number: iDG08-33/IDG08-33

material is intended for use with the following approved Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department January 13, 2005 and LTC2007-AR approved August 17, 2007.

The advertising materials are new and do not replace any materials previously filed with your Department.

Advertising Form Number Brief Description of Invitation to Inquire Advertising Material

ADF#1857.08 Multi-Life Client Flyer

– promotes our program to clients for businesses with 3-9 employees

ADF#1858.08 Multi-Life Client Flyer

– promotes our program to clients for businesses with 10+ employees

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Mary J. Rinaldi

Consultant-Compliance Marketing/AD

Company and Contact

Filing Contact Information

Mary Rinaldi, Consultant- Compliance
MKTG/AD

mrinaldi@metlife.com

Green Farms Road
Westport, CT 06880

(203) 221-3859 [Phone]

Filing Company Information

Metropolitan Life Insurance Company.
1MetLife Plaza
Long Island City, NY 11101-4015
(111) 111-1111 ext. [Phone]

CoCode: 65978

Group Code: -99

Group Name:

FEIN Number: 13-5581829

State of Domicile: New York

Company Type: Life

State ID Number:

SERFF Tracking Number: META-125651378 State: Arkansas
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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$0.00	05/19/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
000922116	\$50.00	05/12/2008

SERFF Tracking Number: META-125651378 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/23/2008	07/23/2008

SERFF Tracking Number: *META-125651378* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *39033*
Company Tracking Number: *IDG08-33*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual LTCI Advertising*
Project Name/Number: *iDG08-33/IDG08-33*

Disposition

Disposition Date: 07/23/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125651378 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39033
 Company Tracking Number: IDG08-33
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual LTCI Advertising
 Project Name/Number: iDG08-33/IDG08-33

Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Form	Filed-Closed	Yes
Supporting Document	Cover Letter	Filed-Closed	Yes
Form	Multi-Life Client Flyer	Filed-Closed	Yes
Form	Multi-Life Client Flyer	Filed-Closed	Yes

SERFF Tracking Number: META-125651378 State: Arkansas
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Form Schedule

Lead Form Number: ADF #1857.08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	ADF#1857.08	Advertising	Multi-Life Client Flyer Initial			0	ADF #1857.08_ML Client Flyer.pdf
Filed-Closed	ADF#1858.08	Advertising	Multi-Life Client Flyer Initial			0	ADF #1858.08_MJ Clinet Flyer.pdf

Multi-Life Discount Program

Our Service and Expertise. Your Benefit Solution.SM



MetLife[®]



**Available to Employers
with between 3 and 9
Potential Participants¹**

MetLife can implement a Long-Term Care Insurance (LTCI) Multi-Life Discount Program with as few as 3 participants. You have the flexibility to offer a program that meets the needs of both your business and your employees.

MetLife is the easy choice:

- Top rated carrier with proven success in the long-term care insurance and Multi-Life market.
- Choose either of MetLife's individual products to make available to your business and your employees. You can choose the policy that best meets your needs.
- You have the flexibility to financially contribute to either all of your employees who are accepted for coverage, only a select class of employees, or none of your employees and still offer all employees the opportunity to apply.²

Which program best meets your needs?

If the business will be financially contributing towards the premium of at least 3 employee lives, the following program is available:

Simplified Underwriting

- Premium discount of 10% for all employees, spouses, which includes where permitted by law, domestic partners and civil union partners, eligible family members, retirees and part-time employees.
- Simplified Underwriting is available to eligible W2 employees who are actively at work at least 30 hours per week and under the age of 66. All applicants receiving Simplified Underwriting will receive a standard health rating. Preferred health discount is not available.
- Spouses, domestic partners, eligible family members, retirees and part-time associates will complete Modified Underwriting. Preferred health discount is not available.
- The maximum benefit allowed for an applicant receiving Simplified Underwriting is \$300 per day for 5 years subject to state availability. All other policy options and benefits are available. An employee wishing to exceed the Simplified Underwriting limits can do so by completing Modified Underwriting.

¹ Participants means an accepted applicant with placed premium. Your Multi-life Program Advisor will work with you to determine the number of potential participants based on employer contribution levels, group demographics and average participation rates.

² Minimum contribution amounts may apply.



If the business will be financially contributing to an employee's premium or if it will be a purely voluntary benefit, the following underwriting is available:

Modified Underwriting

- Premium discount of 5% for employees, spouses, which includes where permitted by law, domestic partners and civil union partners, eligible family members, retirees and part-time employees.
- A Modified Underwriting program is available for all eligibles.
- Preferred Health discount is available to those who qualify.
- All policy benefits, options, and riders are available. State variations may apply.

Your Multi-Life Program Advisor must review each case to determine if the group is acceptable and at that time it will be determined which underwriting and discount program(s) can be offered.

For more information, contact: [MGA Name, Phone number]

This advertisement describes coverage offered by MetLife. Depending upon state availability, coverage may be offered by the following MetLife policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC and LTC2007. In some states, coverage may be offered by the above-referenced policy number followed by the state's 2-letter abbreviation; the state's 2-letter abbreviation plus "ML" for Multi-Life policies; or the state's 2-letter abbreviation plus "P" for Partnership policies.

MetLife Long-Term Care Insurance policies are guaranteed renewable. This means that once a policy is issued, it cannot be cancelled due to an increase in your age or a change in your health. Premium rates can only be raised as the result of a rate increase made on a class-wide basis in the state where the policy is issued and approved by the Department of Insurance.

Like most Long-Term Care Insurance policies, MetLife's policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. For complete costs and details, please contact your MetLife Representative/Insurance Agent/Producer.

Long-Term Care Insurance is issued and distributed by Metropolitan Life Insurance Company ("MetLife®"), New York, NY 10166 and also distributed by MetLife Investors Distribution Company, Irvine, CA 92614. May 2008

- Not a Deposit Or Other Obligation Of Bank • Not FDIC-Insured • Not Insured By Any Federal Government Agency
- Not Issued, Guaranteed Or Underwritten By Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking Service Or Activity • Policy Is An Obligation Of The Issuing Insurance Company

Multi-Life Discount Program

Our Service and Expertise. Your Benefit Solution.SM



MetLife[®]



Over 90 of the nation's top one hundred FORTUNE 500^{®*} companies trust MetLife to provide the financial tools and protection their employees need to live life to the fullest.² You can trust MetLife for your business needs. With MetLife's Multi-Life Discount Program you have the flexibility to offer the program that meets the needs of both your business and your employees.

MetLife is the easy choice:

- Top rated carrier with proven success in the long-term care insurance and Multi-Life market.
- Choose either of MetLife's individual products to make available to your business and your employees. You can choose the policy that best meets your needs.
- You have the flexibility to financially contribute to either all of your employees who are accepted for coverage, only a select class of employees, or none of your employees and still offer all employees the opportunity to apply.³

Which program best meets your needs?

If the business will be financially contributing towards the premium of at least 10 participants, the following programs are available:

Modified Underwriting

- Premium discount of 5% for employees, spouses and domestic partners, eligible family members, retirees and part-time employees.
- A Modified Underwriting program is available for all eligibles.
- Preferred health discount is available to those who qualify.
- All policy benefits, options, and riders are available. State variations may apply.

OR

Simplified Underwriting

- Premium discount of 10% for all employees, spouses and domestic partners, eligible family members, retirees and part-time employees.
- Simplified Underwriting is available to eligible employees and employer-paid spouses and domestic partners. Eligible employees are defined as Actively at Work, W2 employees, under the age of 66, who work at least 30 hours per week. All applicants receiving Simplified Underwriting will receive a standard health rating. Preferred health discount is not available.
- Family members, retirees and part-time employees will complete Modified Underwriting. Preferred health discount is not available.
- The maximum benefit allowed for an applicant receiving Simplified Underwriting is \$300 per day for 5 years subject to state availability. All other policy options and benefits are available. An applicant wishing to exceed the Simplified Underwriting limits can do so by completing Modified Underwriting.

**Available to Employers
with 10 or more Potential
Participants¹**



If this benefit will be offered as a purely voluntary benefit, the following programs are available:

Simplified Underwriting

- Premium discount of 5% for all employees, spouses, which includes where permitted by law, domestic partners and civil union partners, eligible family members, retirees and part-time employees.
- Simplified Underwriting is available to eligible employees. Eligible employees are defined as Actively at Work, W2 employees, under the age of 66, who work at least 30 hours per week. All applicants receiving Simplified Underwriting will receive a standard health rating. Preferred health discount is not available.
- Spouses and domestic partners are not eligible for Simplified Underwriting with a voluntary plan. Spouses, domestic partners, family members, retirees and part-time employees will complete Modified Underwriting. Preferred health discount is not available.
- The maximum benefit allowed for a Simplified Issue applicant is \$300 per day for 5 years. All other policy options and benefits are available. An applicant wishing to exceed the Simplified Underwriting limits can do so by completing Modified Underwriting.

OR

Modified Underwriting

- Premium discount of 5% for employees, spouses and domestic partners, eligible family members, retirees and part-time employees.
- A Modified Underwriting program is available for all eligibles.
- Preferred health discount is available to those who qualify.
- All policy benefits, options, and riders are available. State variations may apply.

Your Multi-Life Program Advisor must review each case to determine if the group is acceptable and at that time it will be determined which underwriting and discount program(s) can be offered.

For more information, contact: [MGA Name, Phone number]

¹ Participants means an accepted applicant with placed premium. Your Multi-Life Program Advisor will work with you to determine the number of potential participants based on employer contribution levels, group demographics and average participation rates.

² FORTUNE 500®, September 2007. FORTUNE 500® is a registered trademark of FORTUNE® magazine, a division of Time, Inc.

³ Minimum contribution amounts may apply.

This advertisement describes coverage offered by MetLife. Depending upon state availability, coverage may be offered by the following MetLife policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC and LTC2007. In some states, coverage may be offered by the above-referenced policy number followed by the state's 2-letter abbreviation; the state's 2-letter abbreviation plus "ML" for Multi-Life policies; or the state's 2-letter abbreviation plus "P" for Partnership policies.

MetLife Long-Term Care Insurance policies are guaranteed renewable. This means that once a policy is issued, it cannot be cancelled due to an increase in your age or a change in your health. Premium rates can only be raised as the result of a rate increase made on a class-wide basis in the state where the policy is issued and approved by the Department of Insurance.

Like most Long-Term Care Insurance policies, MetLife's policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. For complete costs and details, please contact your MetLife Representative/Insurance Agent/Producer.

Long-Term Care Insurance is issued and distributed by Metropolitan Life Insurance Company ("MetLife®"), New York, NY 10166 and also distributed by MetLife Investors Distribution Company, Irvine, CA 92614. May 2008

• Not a Deposit Or Other Obligation Of Bank • Not FDIC-Insured • Not Insured By Any Federal Government Agency
• Not Issued, Guaranteed Or Underwritten By Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking
Service Or Activity • Policy Is An Obligation Of The Issuing Insurance Company

SERFF Tracking Number: *META-125651378* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *39033*
Company Tracking Number: *IDG08-33*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual LTCI Advertising*
Project Name/Number: *iDG08-33/IDG08-33*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125651378 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 39033
Company Tracking Number: IDG08-33
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: iDG08-33/IDG08-33

Supporting Document Schedules

Satisfied -Name: NAIC Form **Review Status:** Filed-Closed 07/23/2008
Comments:
Attachment:
AR _ NAIC_Individual.pdf

Satisfied -Name: Cover Letter **Review Status:** Filed-Closed 07/23/2008
Comments:
Attachment:
AR_I_Filing Letter .pdf

Life, Accident & Health, Annuity, Credit Transmittal Document

Reset Form

1.	Prepared for the State of	ARKANSAS					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
	Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.3859	203.221.6573		mrinaldi@metlife.com		
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number: IDG08- 33						
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	LTC031 Individual Long-Term Care Insurance					
10.	Product Coding Matrix Matix Filing Code	LTC031.001 - Qualified					

11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATES: _____ Please explain: SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	May 19, 2008
13.	Filing Fee (If required)	Amount \$50.00 . _____ Check Date <u>May 12, 2008</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>000922116</u>
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description:	INDIVIDUAL LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S) PLEASE SEE COVER LETTER

View Complete Filing Description

16.	Certification (If required)	I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>ARKANSAS</u>	
	Print Name <u>Mary J. Rinaldi</u>	Title:	<u>Consultant-Compliance/Marketing/AD</u>
	Original Signature <u><i>Mary J. Rinaldi</i></u>	Date	<u>May 19, 2008</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		IDG08-33
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replace Form Number
	Description			Previous State Filing Number
01	Multi-Life Client Flyer	ADF #1857.08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
02	Multi-Life Client Flyer	ADF #1858.08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1

Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-3859 Fax 203 221-6573
Mrinaldi@metlife.com



Mary J. Rinaldi
Long-Term Care

May 19, 2008

Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Filing No. IDG08-33
Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
NAIC Company No. 65978 - FEIN 13-5581829

Dear Sir/Madam:

We enclose for filing electronic copies of the Individual long-term care advertising materials described below. The materials are intended for use with the following approved Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department on January 13, 2005 and LTC2007 AR approved on August 17, 2007.

The advertising materials are new and do **not** replace any materials previously filed with your Department.

Advertising Form Number	Brief Description of Invitation to Inquire Advertising Material
ADF #1857.08	Multi-Life Client Flyer – promotes our program to clients for businesses with 3-9 employees
ADF #1858.08	Multi-Life Client Flyer – promotes our program to clients for businesses with 10+ employees

The NAIC form is enclosed and the filing fee check has been mailed to your Department.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Mary J. Rinaldi".

Mary J. Rinaldi
Consultant-Compliance Marketing/AD