

SERFF Tracking Number: MULF-125680666 State: Arkansas
Filing Company: John Hancock Life Insurance Company State Tracking Number: 39482
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: LTC Insurance
Project Name/Number: Fortis Rate Increase/

Filing at a Glance

Company: John Hancock Life Insurance Company

Product Name: LTC Insurance

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Rate

SERFF Tr Num: MULF-125680666 State: ArkansasLH

SERFF Status: Closed

Co Tr Num:

Co Status:

Authors: Matthew Fanning, Patricia Valley, Sarah Florreich, Patrick

O'Rourke, Shahir Ahmed, Elizabeth

Taylor, Richard Higgins, David

Plumb, Pamela Judge, Wes

DeNering

Date Submitted: 07/01/2008

State Tr Num: 39482

State Status: Approved-Closed

Reviewer(s): Harris Shearer

Disposition Date: 09/03/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Fortis Rate Increase

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 18%

Filing Status Changed: 09/03/2008

State Status Changed: 09/03/2008

Corresponding Filing Tracking Number:

Filing Description:

The 4062, 4063, 6062, 6063 forms are individual policy forms that provide comprehensive long-term care coverage for care received in a nursing home or assisted care living facility or covered services received in a community setting.

These forms were approved by your Department on the following dates:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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Project Name/Number: Fortis Rate Increase/

4062 April 3, 1997
4063 April 3, 1997
6062 September 18, 1998
6063 September 18, 1998

The forms were sold through 2003. They are no longer being marketed in any State.

We are requesting the approval of an 18% premium rate increase on the above listed forms and all associated riders. The increase is needed primarily due to lower than anticipated lapse experience. The same increase is also being requested nationwide on the comparable forms to those listed above.

The proposed premium rates will be effective on the next policy anniversary date, following a 60 day policyholder notification period, which will be made as soon as practicable following State approval. We will also offer the affected insureds some alternative options to reduce their benefits in order to possibly maintain their current premium level.

The following items are included in this submission:

- * the submission letter
- * all actuarial material
- * a \$150.00 filing fee
- * all required certifications

Company and Contact

Filing Contact Information

Matthew Fanning, mfanning@jhancock.com
200 Berkeley Street (617) 572-0360 [Phone]
Boston, MA 02117

Filing Company Information

John Hancock Life Insurance Company CoCode: 65099 State of Domicile: Massachusetts
200 Berkeley Street Group Code: 904 Company Type: Long Term Care
Insurance

P O Box 111

SERFF Tracking Number: MULF-125680666

State: Arkansas

Filing Company: John Hancock Life Insurance Company

State Tracking Number: 39482

Company Tracking Number:

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Product Name: LTC Insurance

Project Name/Number: Fortis Rate Increase/

Boston, MA 02117
(617) 572-5000 ext. [Phone]

Group Name:
FEIN Number: 04-1414660

State ID Number:

SERFF Tracking Number: MULF-125680666 State: Arkansas
Filing Company: John Hancock Life Insurance Company State Tracking Number: 39482
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: LTC Insurance
Project Name/Number: Fortis Rate Increase/

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? Yes
Fee Explanation: 1 X 150 = 150
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company	\$150.00	07/01/2008	21178137

SERFF Tracking Number: MULF-125680666 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Harris Shearer	09/03/2008	09/03/2008

SERFF Tracking Number: MULF-125680666 State: Arkansas
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 Product Name: LTC Insurance
 Project Name/Number: Fortis Rate Increase/

Disposition

Disposition Date: 09/03/2008

Implementation Date:

Status: Approved

Comment: The requested 18.0% rate increase is approved subject to proper notification to the policyowner and no more than one increase in a 12 month period.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
John Hancock Life Insurance Company	18.000%	\$255,726	200	\$1,279	18.000%	18.000%	18.000%

SERFF Tracking Number: MULF-125680666 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Cover letter		Yes
Supporting Document	Transmittal Form		Yes

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: Increase
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
John Hancock Life Insurance Company	18.000%	18.000%	\$255,726	200	\$1,279	18.000%	18.000%

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Supporting Document Schedules

Review Status:
Satisfied -Name: Cover letter 06/27/2008
Comments:
Attachment:
Fortis Cover letter AR.pdf

Review Status:
Satisfied -Name: Transmittal Form 06/27/2008
Comments:
Attachment:
NAIC transmittal AR.pdf

John Hancock Life Insurance Company

John Hancock Place
Post Office Box 111 B-6-6
Boston, Massachusetts 02117
1-888-877-6065
Direct: (617) 572-5081
Fax: (617) 572-0803
Email: ltcdene@jhancock.com



Wesley DeNering, FSA, MAAA
Actuary
LTC Product Development

June 30, 2008

Julie Benafield Bowman
Commissioner
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: **John Hancock Life Insurance Company**
Company NAIC # 65099, FEIN # 04-1414660
Individual Long-Term Care Insurance Rate Revision Submission
for Fortis and associated companies' forms 4062, 4063, 6062, 6063 (assumed business)

Dear Commissioner:

The 4062, 4063, 6062, 6063 forms are individual policy forms that provide comprehensive long-term care coverage for care received in a nursing home or assisted care living facility or covered services received in a community setting.

These forms were approved by your Department on the following dates:

4062	April 3, 1997
4063	April 3, 1997
6062	September 18, 1998
6063	September 18, 1998

The forms were sold through 2003. They are no longer being marketed in any State.

We are requesting the approval of an 18% premium rate increase on the above listed forms and all associated riders. The increase is needed primarily due to lower than anticipated lapse experience. The same increase is also being requested nationwide on the comparable forms to those listed above.

The proposed premium rates will be effective on the next policy anniversary date, following a 60 day policyholder notification period, which will be made as soon as practicable following State approval. We will also offer the affected insureds some alternative options to reduce their benefits in order to possibly maintain their current premium level.

The following items are included in this submission:

- the submission letter
- all actuarial material
- a \$150.00 filing fee
- all required certifications

Sincerely,

Wesley DeNering, FSA, MAAA
Actuary

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	John Hancock Life Insurance Company P. O. Box 111 Boston, MA 02116	MA	Life & Health	904	65099	04-1414660	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Wesley DeNering 200 Berkeley Street, B-6-06 Boston, MA 02116	617-572-5081	617-572-0803	ltdene@jhancock.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): _____
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6.	Company Tracking Number	SERFF Filing MULF-125680666
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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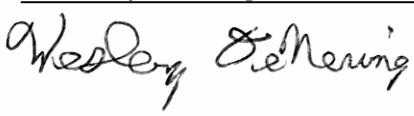
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise			
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large	<input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket	<input type="checkbox"/> Discretionary <input type="checkbox"/> Trust
		<input type="checkbox"/> Other: _____			

9.	Type of Insurance	LTC03I.Individual Long Term Care
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10.	Product Coding Matrix Filing Code	LTC03I.001 Qualified
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11.	Submitted Documents	<p><input type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate										
<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising										
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other											
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____										
		<p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input checked="" type="checkbox"/> Certifications</td> </tr> <tr> <td><input checked="" type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<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 checked="" type="checkbox"/> Certifications	<input checked="" type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
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<input type="checkbox"/> Statement of Variability	<input checked="" type="checkbox"/> Certifications											
<input checked="" type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

12.	Filing Submission Date	6/30/2008									
13	Filing Fee (If required)	Amount <u> \$150 </u>	Check Date <u> EFT </u>								
		Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Number <u> EFT </u>								
14.	Date of Domiciliary Approval	Pending approval in Massachusetts. Filing submitted in all states and the District of Columbia.									
15.	Filing Description:										
<p>The 4062, 4063, 6062, 6063 forms are individual policy forms that provide comprehensive long-term care coverage for care received in a nursing home or assisted care living facility or covered services received in a community setting.</p> <p>These forms were approved by your Department on the following dates:</p> <table border="1" data-bbox="383 562 945 688"> <tr> <td>4062</td> <td>April 3, 1997</td> </tr> <tr> <td>4063</td> <td>April 3, 1997</td> </tr> <tr> <td>6062</td> <td>September 18, 1998</td> </tr> <tr> <td>6063</td> <td>September 18, 1998</td> </tr> </table> <p>The forms were sold through 2003. They are no longer being marketed in any State.</p> <p>We are requesting the approval of an 18% premium rate increase on the above listed forms and all associated riders. The increase is needed primarily due to lower than anticipated lapse experience. The same increase is also being requested nationwide on the comparable forms to those listed above.</p> <p>The proposed premium rates will be effective on the next policy anniversary date, following a 60 day policyholder notification period, which will be made as soon as practicable following State approval. We will also offer the affected insureds some alternative options to reduce their benefits in order to possibly maintain their current premium level.</p> <p>The following items are included in this submission:</p> <ul style="list-style-type: none"> • the submission letter • all actuarial material • a \$150.00 filing fee • all required certifications 				4062	April 3, 1997	4063	April 3, 1997	6062	September 18, 1998	6063	September 18, 1998
4062	April 3, 1997										
4063	April 3, 1997										
6062	September 18, 1998										
6063	September 18, 1998										

16.	Certification (If required)		
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the State of Arkansas.			
Print Name	<u>Wesley DeNering</u>	Title	<u>Actuary</u>
Signature		Date:	<u>6/30/2008</u>

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

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input 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 _____	

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		N/A		
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		18%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum Fortis rerate AM AR	4062 4063 6062 6063	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>18%</u> - ____% <input type="checkbox"/> Other _____	
02			<input checked="" 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 _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1