

SERFF Tracking Number: META-126421991 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 44375  
Company Tracking Number: MM09-14  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Individual LTCI Advertising  
Project Name/Number: Individual LTCI Advertising/MM09-14

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Individual LTCI Advertising SERFF Tr Num: META-126421991 State: Arkansas  
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Filed State Tr Num: 44375  
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: MM09-14 State Status: FEES PAID  
Filing Type: Advertisement Reviewer(s): Marie Bennett  
Author: Cherise Crittenden Disposition Date: 12/28/2009  
Date Submitted: 12/16/2009 Disposition Status: Filed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Individual LTCI Advertising Status of Filing in Domicile: Authorized  
Project Number: MM09-14 Date Approved in Domicile:  
Requested Filing Mode: 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: 12/28/2009 Explanation for Other Group Market Type:  
State Status Changed: 12/21/2009  
Deemer Date: Created By: Cherise Crittenden  
Submitted By: Cherise Crittenden Corresponding Filing Tracking Number:

Filing Description:

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

Re: Metropolitan Life Insurance Company ("MetLife")  
Individual Long-Term Care Insurance Advertising  
NAIC No. 65978 - FEIN No. 13-5581829  
MetLife Company Filing No. MM09-14

Advertising Form Number Brief Description of Advertising Material

SERFF Tracking Number: META-126421991 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 44375  
Company Tracking Number: MM09-14  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Individual LTCI Advertising  
Project Name/Number: Individual LTCI Advertising/MM09-14  
ADF#1925.09 HH Purchasing LTCI Flyer

Dear Sir/Madam:

We enclose for filing an electronic copy of the long-term care advertising material referenced above. The material is intended for use with any approved long-term care policy form.

The advertising material is new and does not replace any materials previously filed with you Department.

We consider this material to be an Institutional piece. The material created by MetLife's Mature Market Institute as an educational piece which describes long term care insurance in general. Please note the material does not speak to any specific long-term care insurance policy and a consumer may contact any insurance company offering long-term care insurance for additional details.

This electronic submission includes the following:

- the advertisement
- the NAIC form
- an explanation of variables identifying how the variable material will be modified
- this letter
- See the EFT Transmittal for the \$25.00 filing fee.

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,

Cherise Crittenden  
Consultant-Compliance Marketing/AD

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: META-126421991 State: Arkansas  
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 44375  
 Company Tracking Number: MM09-14  
 TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
 Product Name: Individual LTCL Advertising  
 Project Name/Number: Individual LTCL Advertising/MM09-14

Cherise Crittenden, Consultant-Compliance ccrittenden@metlife.com  
 MKTG  
 57 Green Farms Road 203-221-6594 [Phone]  
 Westport, CT 06880

**Filing Company Information**

|                                     |                         |                             |
|-------------------------------------|-------------------------|-----------------------------|
| Metropolitan Life Insurance Company | CoCode: 65978           | State of Domicile: New York |
| MetLife                             | Group Code: -99         | Company Type: Life          |
| 1095 Avenue of the Americas         | Group Name:             | State ID Number:            |
| New York, NY 10036-6796             | FEIN Number: 13-5581829 |                             |
| (212) 578-2211 ext. [Phone]         |                         |                             |

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: 1 adv piece x \$25.00 = \$25.00  
 Per Company: No

| COMPANY                             | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|---------|----------------|---------------|
| Metropolitan Life Insurance Company | \$25.00 | 12/16/2009     | 32848644      |

SERFF Tracking Number: META-126421991 State: Arkansas  
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Product Name: Individual LTCl Advertising  
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## Correspondence Summary

### Dispositions

| Status | Created By    | Created On | Date Submitted |
|--------|---------------|------------|----------------|
| Filed  | Marie Bennett | 12/28/2009 | 12/28/2009     |

SERFF Tracking Number: *META-126421991* State: *Arkansas*  
Filing Company: *Metropolitan Life Insurance Company* State Tracking Number: *44375*  
Company Tracking Number: *MM09-14*  
TOI: *LTC06 Long Term Care - Other* Sub-TOI: *LTC06.000 Long Term Care - Other*  
Product Name: *Individual LTCL Advertising*  
Project Name/Number: *Individual LTCL Advertising/MM09-14*

## **Disposition**

Disposition Date: 12/28/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126421991 State: Arkansas  
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 44375  
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 Product Name: Individual LTCl Advertising  
 Project Name/Number: Individual LTCl Advertising/MM09-14

| Schedule            | Schedule Item            | Schedule Item Status | Public Access |
|---------------------|--------------------------|----------------------|---------------|
| Supporting Document | Explanation of variable  |                      | Yes           |
| Supporting Document | Cover Letter             |                      | Yes           |
| Supporting Document | NAIC form                |                      | Yes           |
| Form                | HH Purchasing LTCl Flyer |                      | Yes           |

SERFF Tracking Number: META-126421991 State: Arkansas  
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## Form Schedule

**Lead Form Number: ADF#1925.09**

| Schedule Item Status | Form Number | Form Type   | Form Name                        | Action  | Action Specific Data | Readability | Attachment                                |
|----------------------|-------------|-------------|----------------------------------|---------|----------------------|-------------|---|
|                      | ADF#1925.09 | Advertising | HH Purchasing LTCl Initial Flyer | Initial |                      |             | ADF#1925.09<br>HH_Purchasing_LTCl(v6).pdf |

## HELPFUL HINTS

# PURCHASING LONG-TERM CARE INSURANCE: TEN KEY CONSIDERATIONS

This educational brief, produced by the MetLife Mature Market Institute®, defines long-term care and offers key considerations to help people make an informed decision when purchasing a long-term care insurance policy. Long-term care refers to services for people who need assistance with activities of daily living (ADLs)—functions such as eating, dressing, bathing, toileting, transferring, or continence. Individuals with cognitive impairment or chronic conditions may need long-term care services. These services may be needed as a chronic illness such as Alzheimer’s disease progresses or following a period of rehabilitation after an acute event such as a stroke.

While the risk of needing long-term care increases with age, the need is not limited to older Americans. It can arise at any age. For instance, a younger person may have a disabling accident or develop a serious chronic condition such as Parkinson’s disease.

Owning a comprehensive long-term care insurance policy can help finance long-term care services received at home or in another setting such as an adult day services center, an assisted living community, or a nursing home. It can help individuals to remain as independent as possible and receive needed care in the location of their choice.

Here are ten things to consider when purchasing a long-term care insurance policy:

## 1) Do Not Assume You Have This Coverage

› Long-term care is generally not covered by health insurance policies or disability insurance. Like most other health insurance, Medicare does not cover ongoing long-term care services. It only pays for limited amounts of “skilled care” in a nursing facility or at home, when that care meets strict guidelines established by Medicare. Visit the Medicare Website at [www.medicare.gov](http://www.medicare.gov) for details.

## 2) Educate Yourself

› Visit the Websites of reputable organizations that focus on aging and long-term care issues, or read related articles in consumer or personal finance magazines.

## 3) Discuss Your Long-Term Care Plans with Your Family

› Consider whether or not your spouse, children, or other family members could provide care if

you need it and the extent to which you want to depend on them.

## 4) Consider a Range of Care Options

› Think about what care options are important to you. Policies can provide benefits for a range of services including home care, community based services (like adult day services centers), assisted living communities, and nursing homes.

## 5) Do Not Be Penny Wise and Pound Foolish

› Many times the least expensive plan is not the wisest choice because coverage may be limited and/or provide few options. You may be better off spending more on a plan that ensures you have more choices about the level and type of care you may one day need.

## 6) Buy Only the Coverage You Need

› You do not need to purchase insurance to cover all anticipated costs if you can pay part of them from your income or assets. Consumers should research the current cost of care for their area to help estimate the coverage care levels they might need and consider what options are most important to them in selecting coverage.

## 7) Buy at a Young Age

› Long-term care insurance rates are based on your age when you first purchase the coverage. Those who buy in their 40s and 50s can have the advantage of selecting rich plan designs for a fraction of the price they would pay if they waited to buy later. Individuals also have the advantage, generally, of better health at a younger age. If you develop a serious medical condition, you may be unable to obtain coverage.

## 8) Ensure Your Coverage Keeps Pace with Inflation

› You may not need to use your benefits for many years but meanwhile, the costs for long-term care will generally increase. Be sure your plan benefits are protected against inflation so they can adequately meet your future needs.

## 9) Do Not Overlook Your Employer or an Affinity Organization

› More and more employers and affinity organizations are offering long-term care insurance. These plans are usually carefully researched and may offer cost savings.

## 10) Purchase from a Financially Stable Company

› Check ratings of companies to be sure that they have consistently high ratings and a proven track record so that if you need services in the future, you will know the company will be in business. Also, ask about their history of premium increases.

You can find the ratings of companies that offer long-term care insurance on such Websites as [www.moodys.com](http://www.moodys.com), [www.ambest.com](http://www.ambest.com), or [www.standardandpoors.com](http://www.standardandpoors.com), the leading raters of insurance companies.

### For More Information

Download the consumer guide, *The Essentials: Long-Term Care Insurance*, at [www.MatureMarketInstitute.com](http://www.MatureMarketInstitute.com).



Only Long-Term Care Products: • 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

## The MetLife Mature Market Institute®

Established in 1997, the Mature Market Institute (MMI) is MetLife's research organization and a recognized thought leader on the multi-dimensional and multi-generational issues of aging and longevity. MMI's groundbreaking research, gerontology expertise, national partnerships, and educational materials work to expand the knowledge and choices for those in, approaching, or caring for those in the mature market.

MMI supports MetLife's long-standing commitment to identifying emerging issues and innovative solutions for the challenges of life. MetLife, a subsidiary of MetLife, Inc. (NYSE: MET), is a leading provider of insurance and financial services to individual and institutional customers. For more information about the MetLife Mature Market Institute, please visit: [www.MatureMarketInstitute.com](http://www.MatureMarketInstitute.com).

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Product Name: Individual LTCL Advertising  
Project Name/Number: Individual LTCL Advertising/MM09-14

## Supporting Document Schedules

|  | Item Status: | Status Date: |
|--|--------------|--------------|
| <b>Satisfied - Item:</b> Explanation of variable             |              |              |
| <b>Comments:</b>   |              |              |
| <b>Attachment:</b><br>EOV ADF# 1925.09 HH_Purchaing_LTCL.pdf |              |              |

|  | Item Status: | Status Date: |
|--|--------------|--------------|
| <b>Satisfied - Item:</b> Cover Letter        |              |              |
| <b>Comments:</b>                             |              |              |
| <b>Attachment:</b><br>AR_I_Filing Letter.pdf |              |              |

|   | Item Status: | Status Date: |
|---|--------------|--------------|
| <b>Satisfied - Item:</b> NAIC form            |              |              |
| <b>Comments:</b>                              |              |              |
| <b>Attachment:</b><br>AR_NAIC__Individual.pdf |              |              |



Metropolitan Life Insurance Company  
NAIC: 241-65978

**EXPLANATION OF VARIABLE MATERIAL**

**Helpful Hints Purchasing LTCI**

**FORM NUMBER: ADF# 1925.09**

There are two types of variable material set forth in brackets within the enclosed form. These are:

1. Illustrative material; and
2. Specific variable material

**Illustrative Material**

Illustrative material consists of entries such as numbers, monetary figures, phone numbers, website addresses, ages and dates, administrative codes, all which may be varied.

**Specific Variable Material**

Specific variable material items will be changed only as indicated in the explanations set forth below.

| <u>SECTION</u> | <u>ITEM</u> | <u>EXPLANATION</u>  |
|----------------|-------------|---|
| General        | Throughout  | All statistical information and accompanying sources may be updated to reflect the most current, up-to-date information.<br>Please note any source listed is the most current source to date. |

Metropolitan Life Insurance Company  
57 Greens Farms Road, Westport, CT 06880  
Tel 203 221-6594 Fax 203 221-6573  
ccrittenden@metlife.com



**Cherise Crittenden**  
Long-Term Care

December 16, 2009

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

Re: **Metropolitan Life Insurance Company ("MetLife")**  
Individual Long-Term Care Insurance Advertising  
NAIC No. 65978 - FEIN No. 13-5581829  
MetLife Company Filing No. MM09-14

| Advertising Form Number | Brief Description of Advertising Material |
|-------------------------|---|
| ADF#1925.09             | HH Purchasing LTCI Flyer                  |

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- See the EFT Transmittal for the \$25.00 filing fee.

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,

Cherise Crittenden  
Consultant-Compliance Marketing/AD

**Life, Accident & Health, Annuity, Credit Transmittal Document**

Reset Form

|            |   |   |                             |                         |               |               |                |
|------------|---|---|-----------------------------|-------------------------|---------------|---------------|----------------|
| <b>1.</b>  | <b>Prepared for the State of</b>  | ARKANSAS  |                             |                         |               |               |                |
| <b>2.</b>  | <b>Department Use Only</b>  |   |                             |                         |               |               |                |
|            | <b>State Tracking ID</b>  |   |                             |                         |               |               |                |
|            |   |   |                             |                         |               |               |                |
| <b>3.</b>  | <b>Insurer Name &amp; Address</b>   | <b>Domicile</b>   | <b>Insurer License Type</b> | <b>NAIC Group #</b>     | <b>NAIC #</b> | <b>FEIN #</b> | <b>STATE #</b> |
|            | Metropolitan Life Insurance Company<br>Long-Term Care Insurance Division<br>57 Greens Farms Road<br>Westport, CT 06881-9909                       | New York  | A&H                         | 241                     | 65978         | 13-5581829    |                |
| <b>4.</b>  | <b>Contact Name &amp; Address</b>   | <b>Telephone #</b>  | <b>Fax #</b>                | <b>E-mail Address</b>   |               |               |                |
|            | Cherise Crittenden<br>Metropolitan Life Insurance Company<br>Long-Term Care Insurance Division<br>57 Greens Farms Road<br>Westport, CT 06881-9909 | 203.221.6594  | 203.221.6573                | ccrittenden@metlife.com |               |               |                |
| <b>5.</b>  | <b>Requested Filing Mode</b>  | <input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational<br><input type="checkbox"/> Combination (please explain): _____<br><input type="checkbox"/> Other (please explain): _____  |                             |                         |               |               |                |
| <b>6.</b>  | <b>Company Tracking Number: MM09-14</b>   |   |                             |                         |               |               |                |
| <b>7.</b>  | <input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #                 |   |                             |                         |               |               |                |
| <b>8.</b>  | <b>Market</b>   | <input type="checkbox"/> Individual <input type="checkbox"/> Franchise<br><input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large<br><b>Group</b><br><input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket<br><input type="checkbox"/> Discretionary <input type="checkbox"/> Trust<br><input type="checkbox"/> Other: _____ |                             |                         |               |               |                |
| <b>9.</b>  | <b>Type of Insurance</b>  | LTC06 Long-Term Care - Other  |                             |                         |               |               |                |
| <b>10.</b> | <b>Product Coding Matrix<br/>Matrix Filing Code</b>   | LTC06.000 Long-Term Care - Other  |                             |                         |               |               |                |

|            |  |  |
|------------|--|--|
| <b>11.</b> | <b>Submitted Documents</b>   | <input type="checkbox"/> <b>FORMS</b><br><input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate<br><input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising<br><input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other<br><br><input type="checkbox"/> <b>RATES</b><br><input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate<br><br><input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATES:</b> _____<br>Please explain:<br><br><b>SUPPORTING DOCUMENTATION</b><br><input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization<br><input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements<br><input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications<br><input type="checkbox"/> Actuarial Memorandum<br><input type="checkbox"/> Other: _____ |
| <b>12.</b> | <b>Filing Submission Date</b>  | <b>December 14, 2009</b>   |
| <b>13.</b> | <b>Filing Fee (If required)</b>  | Amount \$25.00 . _____ Check Date <u>See EFT transaction</u><br>Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>See EFT transaction</u>  |
| <b>14.</b> | <b>Date of Domiciliary Approval</b>  | <b>NA New York does not require LTCI advertising to be filed.</b>  |
| <b>15.</b> | <b>Filing Description: LONG-TERM CARE INSURANCE INSTITUTIONAL ADVERTISING MATERIAL</b><br><br><b>PLEASE SEE COVER LETTER</b> |  |

**View Complete Filing Description**

|  |                                    |  |
|--|------------------------------------|--|
| <b>16.</b>   | <b>Certification (If required)</b> |  |
| <p><b>I HEREBY CERTIFY</b> 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></p> <p>Print Name <u>Cherise Crittenden</u> Title: <u>Consultant-Compliance/Marketing/AD</u></p> <p>Original Signature <u><i>Cherise Crittenden</i></u> December 14, 2009</p> |                                    |  |

|   |                               |                |
|---|-------------------------------|----------------|
| <b>17.</b>  | <b>Form Filing Attachment</b> |                |
| <b>This filing transmittal is part of company tracking number</b>     |                               | <b>MM09-14</b> |
| <b>This filing corresponds to rate filing company tracking number</b> |                               | <b>NA</b>      |

|    | <b>Document Name</b>                | <b>Form Number</b> |  | <b>Replace Form Number</b>          |
|----|-------------------------------------|--------------------|--|-------------------------------------|
|    | <b>Description</b>                  |                    |  | <b>Previous State Filing Number</b> |
| 01 | Helpful Hints Purchasing LTCI Flyer | <b>ADF#1925.09</b> | <input checked="" type="checkbox"/> <b>Initial</b><br><input type="checkbox"/> <b>Revised</b><br><input type="checkbox"/> <b>Other _____</b> |                                     |
| 02 |                                     |                    | <input type="checkbox"/> <b>Initial</b><br><input type="checkbox"/> <b>Revised</b><br><input type="checkbox"/> <b>Other _____</b>            |                                     |
| 03 |                                     |                    | <input type="checkbox"/> <b>Initial</b><br><input type="checkbox"/> <b>Revised</b><br><input type="checkbox"/> <b>Other _____</b>            |                                     |
| 04 |                                     |                    | <input type="checkbox"/> <b>Initial</b><br><input type="checkbox"/> <b>Revised</b><br><input type="checkbox"/> <b>Other _____</b>            |                                     |
| 05 |                                     |                    | <input type="checkbox"/> <b>Initial</b><br><input type="checkbox"/> <b>Revised</b><br><input type="checkbox"/> <b>Other _____</b>            |                                     |
| 06 |                                     |                    | <input type="checkbox"/> <b>Initial</b><br><input type="checkbox"/> <b>Revised</b><br><input type="checkbox"/> <b>Other _____</b>            |                                     |
| 07 |                                     |                    | <input type="checkbox"/> <b>Initial</b><br><input type="checkbox"/> <b>Revised</b><br><input type="checkbox"/> <b>Other _____</b>            |                                     |
| 08 |                                     |                    | <input type="checkbox"/> <b>Initial</b><br><input type="checkbox"/> <b>Revised</b><br><input type="checkbox"/> <b>Other _____</b>            |                                     |
| 09 |                                     |                    | <input type="checkbox"/> <b>Initial</b><br><input type="checkbox"/> <b>Revised</b><br><input type="checkbox"/> <b>Other _____</b>            |                                     |
| 10 |                                     |                    | <input type="checkbox"/> <b>Initial</b><br><input type="checkbox"/> <b>Revised</b><br><input type="checkbox"/> <b>Other _____</b>            |                                     |
| 11 |                                     |                    | <input type="checkbox"/> <b>Initial</b><br><input type="checkbox"/> <b>Revised</b><br><input type="checkbox"/> <b>Other _____</b>            |                                     |
| 12 |                                     |                    | <input type="checkbox"/> <b>Initial</b><br><input type="checkbox"/> <b>Revised</b><br><input type="checkbox"/> <b>Other _____</b>            |                                     |

LH FFA-1

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

LH RFA-1