

SERFF Tracking Number: META-126522212 State: Arkansas  
Filing Company: TIAA-CREF Life Insurance Company State Tracking Number: 45055  
Company Tracking Number: CY 2009 RECISSION REPORT\_TIAA-CREF  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Individual Recission Reports  
Project Name/Number: CY2009 Recission Report\_TIAA-CREF/CY2009 Recission Report\_TIAA-CREF

## Filing at a Glance

Company: TIAA-CREF Life Insurance Company

Product Name: Individual Recission Reports SERFF Tr Num: META-126522212 State: Arkansas  
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Filed State Tr Num: 45055  
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: CY 2009 RECISSION State Status: Closed  
REPORT\_TIAA-CREF

Filing Type: Form

Reviewer(s): Harris Shearer  
Author: Cherise Crittenden Disposition Date: 04/01/2010  
Date Submitted: 03/01/2010 Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: CY2009 Recission Report\_TIAA-CREF  
Project Number: CY2009 Recission Report\_TIAA-CREF  
Requested Filing Mode:  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 04/01/2010

Status of Filing in Domicile: Authorized  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 04/01/2010  
Created By: Cherise Crittenden  
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Cherise Crittenden

Filing Description:

Please refer to the supporting documents tab for the letters describing the report.

The Honorable Jay Bradford  
Arkansas Department of Insurance  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Dear Commissioner Bradford:

SERFF Tracking Number: META-126522212 State: Arkansas  
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Re: Metropolitan Life Insurance Company as Administrator for TIAA-CREF Life Insurance Company

In accordance with state long-term insurance requirements and/or Section 325 of Title III of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), we are providing the following reports of rescission in this state (if any), and countrywide for calendar year 2009. This report contains information of a personal and confidential nature regarding insureds reported therein. We request that you treat this information accordingly.

Respectfully,

Loren Balletto  
Sr. Product Consultant

Enclosure(s)

## Company and Contact

### Filing Contact Information

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

### Filing Company Information

TIAA-CREF Life Insurance Company CoCode: 60142 State of Domicile: New York  
730 Third Avenue Group Code: Company Type:  
New York, NY 10017 Group Name: State ID Number:  
(212) 578-2944 ext. 2944[Phone] FEIN Number: 13-3917848

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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

SERFF Tracking Number: META-126522212 State: Arkansas  
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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
TIAA-CREF Life Insurance Company	\$0.00	03/01/2010	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	04/01/2010	04/01/2010

*SERFF Tracking Number:*      *META-126522212*                      *State:*                      *Arkansas*  
*Filing Company:*              *TIAA-CREF Life Insurance Company*              *State Tracking Number:*      *45055*  
*Company Tracking Number:*      *CY 2009 RECISSION REPORT\_TIAA-CREF*  
*TOI:*                      *LTC06 Long Term Care - Other*                      *Sub-TOI:*                      *LTC06.000 Long Term Care - Other*  
*Product Name:*              *Individual Recission Reports*  
*Project Name/Number:*      *CY2009 Recission Report\_TIAA-CREF/CY2009 Recission Report\_TIAA-CREF*

## **Disposition**

Disposition Date: 04/01/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	COVER LETTER	Filed	Yes
Supporting Document	RECISSION REPORT	Filed	Yes

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> COVER LETTER	Filed	04/01/2010
<b>Comments:</b>		
<b>Attachment:</b> AR TIAA CREF LETTER.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> RECISSION REPORT	Filed	04/01/2010
<b>Comments:</b>		
<b>Attachment:</b> AR TIAA REPORT.pdf		

Metropolitan Life Insurance Company  
Long-Term Care  
PO Box 937, Westport, CT 06881-0937



February 25, 2010

The Honorable Jay Bradford  
Arkansas Department of Insurance  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Dear Commissioner Bradford:

Re: Metropolitan Life Insurance Company as Administrator for TIAA-CREF Life Insurance Company

In accordance with state long-term insurance requirements and/or Section 325 of Title III of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), we are providing the following reports of rescission in this state (if any), and countrywide for calendar year 2009. This report contains information of a personal and confidential nature regarding insureds reported therein. We request that you treat this information accordingly.

Respectfully,

A handwritten signature in black ink, which appears to read "Loren Balletto". The signature is written in a cursive, flowing style.

Loren Balletto  
Sr. Product Consultant

Enclosure(s)

**RESCISSION REPORTING FORM FOR  
LONG-TERM CARE POLICIES**

**FOR THE STATE OF ARKANSAS  
FOR THE REPORTING YEAR 2009**

Company Name: Metropolitan Life Insurance Company as  
administrator for TIAA-CREF Life Insurance Company  
NAIC#: 60142  
Address: P. O. Box 937  
Westport, CT 06881-0937

Phone Number: (203) 221-6546

Due: March 1, 2010

Policy Form #	Policy and Certificate #	Name of Insured	Date of Policy Issuance	Date/s Claim/s Submitted	Date of Rescission
		None			

Detailed reason for rescission: N/A



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Signature

Loren Balletto  
Sr. Product Consultant

February 18, 2010