

<i>SERFF Tracking Number:</i>	<i>META-126613277</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45579</i>
<i>Company Tracking Number:</i>	<i>W10-3 BW SB</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long Term Care insurance</i>		
<i>Project Name/Number:</i>	<i>1LTC-97-W10-3 BW sb</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Individual Long Term Care insurance SERFF Tr Num: META-126613277 State: Arkansas

TOI: LTC03I Individual Long Term Care	SERFF Status: Closed-Approved	State Tr Num: 45579
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: W10-3 BW SB	State Status: Closed
Filing Type: Form		Reviewer(s): Marie Bennett
	Author: Sandra Bennett	Disposition Date: 05/05/2010
	Date Submitted: 05/04/2010	Disposition Status: Approved
Implementation Date Requested:		Implementation Date:

State Filing Description:

General Information

Project Name: 1LTC-97-	Status of Filing in Domicile:
Project Number: W10-3 BW sb	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: 05/05/2010	Explanation for Other Group Market Type:
	State Status Changed: 05/05/2010
Deemer Date:	Created By: Sandra Bennett
Submitted By: Sandra Bennett	Corresponding Filing Tracking Number: W10-3 BW sb
Filing Description:	
INFORMATIONAL ONLY	

Metropolitan Life Insurance Company
Institutional Contracts – MSC #39.087
1095 Avenue of the Americas
New York, NY 10036-6796
Tel 212 578-2944 Fax 212 578-6247

SERFF Tracking Number: META-126613277 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45579
Company Tracking Number: W10-3 BW SB
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long Term Care insurance
Project Name/Number: ILTC-97-W10-3 BW sb

Please address all correspondence regarding this filing as follows:

Metropolitan Life Insurance Company
Institutional Contracts – MSC #39.087
1095 Avenue of the Americas
New York, NY 10036-6796

If you have any questions or comments that you feel could best be handled by contacting MetLife, please feel free to contact Bill Wilson via telephone (908-253-2290), fax (908-253-2126) or e-mail (wwilson@metlife.com).

Thank you for your attention to this letter. We look forward to hearing from you.

Sincerely,

Carolyn J. Roth
Director

Company and Contact

Filing Contact Information

William D. Wilson, Staff Analyst
501 Route 22 908-253-2290 [Phone]
Bridgewater, NJ 08807

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]		

Filing Fees

SERFF Tracking Number: META-126613277 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45579
Company Tracking Number: W10-3 BW SB
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long Term Care insurance
Project Name/Number: ILTC-97-/W10-3 BW sb

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$0.00	05/04/2010	

SERFF Tracking Number: META-126613277 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45579
Company Tracking Number: W10-3 BW SB
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long Term Care insurance
Project Name/Number: ILTC-97-/W10-3 BW sb

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	05/05/2010	05/05/2010

SERFF Tracking Number: *META-126613277* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *45579*
Company Tracking Number: *W10-3 BW SB*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual Long Term Care insurance*
Project Name/Number: *1LTC-97-/W10-3 BW sb*

Disposition

Disposition Date: 05/05/2010

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126613277 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45579
 Company Tracking Number: W10-3 BW SB
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual Long Term Care insurance
 Project Name/Number: ILTC-97-/W10-3 BW sb

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: The requirement listed above is not applicable for this filing submission.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: The requirement listed above is not applicable for this filing submission.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: The requirement listed above is not applicable for this filing submission.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: The requirement listed above is not applicable for this filing submission.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments: Cover Letter		
Attachment: Reinstatement Extension Filing Letter- AK.pdf		

SERFF Tracking Number: META-126613277 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45579
Company Tracking Number: W10-3 BW SB
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long Term Care insurance
Project Name/Number: ILTC-97-/W10-3 BW sb

Item Status:

**Status
Date:**

Satisfied - Item: NAIC Transmittal Document

Comments:

NAIC Transmittal Document

Attachment:

L-A&H NAIC Transmittal Document 1-1-2009-AK.pdf

Metropolitan Life Insurance Company
Institutional Contracts – MSC #39.087
1095 Avenue of the Americas
New York, NY 10036-6796
Tel 212 578-2944 Fax 212 578-6247
Croth@metlife.com

MetLife[®]

Carolyn J. Roth
Director
Institutional Business Contracts

May 3, 2010

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

Re: Individual Long-Term Care Insurance Reinstatement Application Form REINST-AR
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

Thank you for your Department's approval on July 9, 2009 of application forms LSAAPP-IND-AR et al.(SERFF META-126162298). Included in that filing, your Department approved form REINST-AR, which is a reinstatement application filed for use with policy forms LTC2007-AR and LTC2-IDEAL-AR et al. We now ask that you extend your approval of this reinstatement application for use with the following long-term care insurance policies:

1LTC-97-AR et al Approved by your Department September 1, 1998

LTC-IDEAL-AR et al Approved by your Department July 11, 2002

There is nothing in form REINST-AR that is incompatible, or inappropriate, for use with the above policy forms.

Filing Correspondence Instructions

Please address all correspondence regarding this filing as follows:

Metropolitan Life Insurance Company
Institutional Contracts – MSC #39.087
1095 Avenue of the Americas
New York, NY 10036-6796

If you have any questions or comments that you feel could best be handled by contacting MetLife, please feel free to contact Bill Wilson via telephone (908-253-2290), fax (908-253-2126) or e-mail (wwilson@metlife.com).

Thank you for your attention to this letter. We look forward to hearing from you.

Sincerely,



Carolyn J. Roth
Director

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 #
	Metropolitan Life Insurance Company Institutional Contracts 1095 Avenue of the Americas New York, NY 10036-6796	NY		241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	William D. Wilson MetLife Institutional Contracts 501 Route 22 Bridgewater Township New Jersey 08807	(908) 253-2290	(908) 253-2126	wwilson@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): _____
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6.	Company Tracking Number	W10-3 BW
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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 <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: _____
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9.	Type of Insurance (TOI)	LTC03I – Individual Long-Term Care Insurance
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10.	Sub-Type of Insurance (Sub-TOI)	LTC03L.001 – Qualified
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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/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Rate Disclosure & Personal Worksheet Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input checked="" type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _Extension of Use of Approved Form_____
		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 3, 2010
13.	Filing Fee (If required)	Amount _____ Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	<p>This is a filing for the extension of use of an approved application form. Please see our filing letter for details concerning this filing.</p>	

16.	Certification (If required)	
	<p>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 <u>Arkansas</u>.</p>	
	Print Name <u>Carolyn J. Roth</u>	Title <u>Director</u>
	Signature <u></u>	Date: <u>May 3, 2010</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 _____	

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 indication (when applicable)				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
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 _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1