

SERFF Tracking Number: MILL-126528391 State: Arkansas
 Filing Company: MetLife Insurance Company of Connecticut State Tracking Number: 45341
 Company Tracking Number: LTC3+ TQ FO
 TOI: LTC04I Individual Long Term Care - Nursing Sub-TOI: LTC04I.001 Qualified
 Home
 Product Name: Long Term Care
 Project Name/Number: 2009 Rate Increase Filing/145GEC01-10

Filing at a Glance

Company: MetLife Insurance Company of Connecticut

Product Name: Long Term Care SERFF Tr Num: MILL-126528391 State: Arkansas
 TOI: LTC04I Individual Long Term Care - Nursing Home SERFF Status: Closed-Approved State Tr Num: 45341
 Sub-TOI: LTC04I.001 Qualified Co Tr Num: LTC3+ TQ FO State Status: Closed
 Filing Type: Rate Reviewer(s): Marie Bennett
 Authors: Missy Gordon, Matt Winegar, Christian Hammond, Stan Westrom, Lindsay Crane, Jie Savage, Brittney Carlson, Phillip Erickson, Jeff Abbas, Andrew Shockley, Andrea Steffan, Andy Owzarek
 Date Submitted: 04/01/2010 Disposition Date: 05/05/2010
 Disposition Status: Approved
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: 2009 Rate Increase Filing Status of Filing in Domicile: Pending
 Project Number: 145GEC01-10 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: This rate filing was submitted to Connecticut on 3/9/2010.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: 39% 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: Phillip Erickson
 Submitted By: Matt Winegar Corresponding Filing Tracking Number:
 Filing Description:
 Milliman, Inc. has been retained by GNA Corporation (Genworth), a reinsurer of this business, to submit the referenced rate filing on behalf of MetLife of CT for your review. In preparing this rate filing, I relied on data provided to me by

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Union Fidelity Life Insurance Company (UFLIC), a retrocessionaire on this business, and Genworth.

H-LTC3JFQ, et al. are existing tax-qualified individual facility only long-term care policies of insurance previously approved in 1997. The form was issued in Arkansas from November 1997 through August 1998 and is no longer being marketed in any state. Nationwide, the last policies were issued in 1999.

The company is requesting the approval of a premium rate increase on the above listed form and all associated riders. The increase is needed due to morbidity and persistency levels which produce lifetime loss ratios that exceed the minimum required loss ratio. At this time, a premium rate increase of 39% is being requested.

The company will offer insureds affected by the premium increase the option of reducing their policy daily benefit to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase.

Company and Contact

Filing Contact Information

Amy Pahl, Consulting Actuary amy.pahl@milliman.com
 8500 Normandale Lake Blvd., Suite 1850 952-820-2419 [Phone]
 Minneapolis, MN 55437-3830 952-897-5301 [FAX]

Filing Company Information

(This filing was made by a third party - millimaninc)

MetLife Insurance Company of Connecticut	CoCode: 87726	State of Domicile: Connecticut
1300 Hall Boulevard	Group Code: 241	Company Type: Life/Accident/Health
Bloomfield, CT 06002	Group Name: Metropolitan Group	State ID Number:
(860) 768-0328 ext. [Phone]	FEIN Number: 06-0566090	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 = maximum of \$0 (retaliatory fee) and \$50 (Arkansas fee)
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MetLife Insurance Company of Connecticut	\$50.00	04/01/2010	35336264

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Correspondence Summary

Dispositions

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

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Marie Bennett	04/14/2010	04/14/2010	Stan Westrom	05/03/2010	05/03/2010

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Disposition

Disposition Date: 05/05/2010

Implementation Date:

Status: Approved

Comment: A 10% INCREASE IS APPROVED TO BE IMPLEMENTED AFTER PROPER NOTIFICATION TO THE POLICYHOLDERS.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
MetLife Insurance Company of Connecticut	0.000%	39.000%	\$1,236	2	\$3,169	39.000%	39.000%

SERFF Tracking Number: *MILL-126528391* State: *Arkansas*
 Filing Company: *MetLife Insurance Company of Connecticut* State Tracking Number: *45341*
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 Product Name: *Long Term Care*
 Project Name/Number: *2009 Rate Increase Filing/145GEC01-10*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Cover Letter		Yes
Supporting Document	Third Party Authorization		Yes
Supporting Document	Acceptance Letter		Yes
Rate	Rate Tables		Yes

SERFF Tracking Number: *MILL-126528391* State: *Arkansas*
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Disposition

Disposition Date: 05/05/2010

Implementation Date:

Status: Approved

Comment:

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MetLife Insurance Company of Connecticut	0.000%	39.000%	\$1,236	2	\$3,169	39.000%	39.000%

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/14/2010
Submitted Date 04/14/2010
Respond By Date 05/14/2010

Dear Amy Pahl,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

THIS FILING HAS BEEN REVIEWED AND THE DEPARTMENT WILL ALLOW A 10% RATE INCREASE AT THIS TIME.

IF YOU WISH TO ACCEPT THIS OFFER, PLEASE SUBMIT AN AMENDED FILING.

Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/03/2010
Submitted Date 05/03/2010

Dear Marie Bennett,

Comments:

On behalf of Amy Pahl, please see the attached letter.

Response 1

Comments: On behalf of Amy Pahl, please see the attached letter.

Related Objection 1

Applies To:

SERFF Tracking Number: MILL-126528391 State: Arkansas
Filing Company: MetLife Insurance Company of Connecticut State Tracking Number: 45341
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- Health - Actuarial Justification (Supporting Document)

Comment:

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IF YOU WISH TO ACCEPT THIS OFFER, PLEASE SUBMIT AN AMENDED FILING.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Acceptance Letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your assistance with this filing.

Sincerely,

Andrea Steffan, Andrew Shockley, Andy Owzarek, Brittney Carlson, Christian Hammond, Jeff Abbas, Jie Savage, Lindsay Crane, Matt Winegar, Missy Gordon, Phillip Erickson, Stan Westrom

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Rate Information

Rate data applies to filing.

Filing Method: Review and Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
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:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
MetLife Insurance Company of Connecticut	0.000%	39.000%	\$1,236	2	\$3,169	39.000%	39.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Rate Tables	H-LTC3JFQ et al	Revised	Previous State Filing Number: Percent Rate Change Request:	This form LTC3+_FO_Q_Pr was em_20100401.pdf previously approved in 1997 39.000

EXHIBIT II

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 39% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	133.44	123.71	112.59	18-44	9.04	9.04	8.34
45-49	152.90	143.17	130.66	45-49	11.12	10.43	9.73
50-54	172.36	162.63	151.51	50-54	12.51	11.82	11.12
55	237.69	221.01	202.94	55	15.99	15.29	14.60
56	254.37	236.30	216.84	56	17.38	16.68	15.99
57	272.44	252.98	232.13	57	18.77	17.38	16.68
58	291.90	271.05	247.42	58	20.16	18.77	17.38
59	312.75	289.12	265.49	59	20.85	20.16	18.77
60	333.60	308.58	282.17	60	22.24	20.85	19.46
61	357.23	330.82	301.63	61	24.33	22.94	20.85
62	382.25	353.06	322.48	62	25.72	24.33	22.24
63	408.66	376.69	343.33	63	27.80	25.72	23.63
64	437.85	403.10	366.96	64	29.89	27.80	25.02
65	467.04	429.51	390.59	65	31.28	29.19	26.41
66	511.52	469.82	426.73	66	34.75	31.97	29.19
67	560.17	512.91	465.65	67	38.23	35.45	31.97
68	614.38	560.17	507.35	68	41.70	38.23	34.06
69	672.76	612.99	553.22	69	45.18	41.70	37.53
70	735.31	668.59	601.87	70	49.35	45.18	40.31
71	811.76	735.31	657.47	71	54.91	50.04	44.48
72	896.55	807.59	718.63	72	60.47	54.91	48.65
73	989.68	886.82	783.96	73	66.72	60.47	52.82
74	1,091.15	974.39	856.24	74	73.67	66.03	57.69

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

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RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,203.74	1,068.91	934.08	75	81.32	72.28	62.55
76	1,355.25	1,203.74	1,052.23	76	91.74	81.32	70.89
77	1,526.22	1,355.25	1,182.89	77	102.86	91.74	79.23
78	1,718.04	1,524.83	1,331.62	78	116.07	102.86	89.66
79	1,933.49	1,716.65	1,498.42	79	129.97	115.37	100.78
80		1,930.71	1,684.68	80	145.95	129.27	112.59
81		2,172.57	1,895.96	81	164.72	145.95	127.19
82		2,445.01	2,132.26	82	184.87	164.02	143.17
83		2,752.20	2,399.14	83	207.81	184.18	160.55
84		3,096.92	2,699.38	84	233.52	207.11	180.70
				85	262.02	232.83	202.94
				86	295.38	262.02	228.66
				87	332.21	294.68	257.15
				88	373.22	331.52	289.12
				89	419.78	373.22	325.26
				90	472.60	419.78	366.27
				91	531.68	472.60	411.44
				92	597.70	531.68	462.87
				93	672.76	597.70	521.25
				94	756.86	672.07	585.89
				95	851.38	756.16	659.56
				96	957.71	850.68	741.57
				97	1,077.25	957.02	834.70
				98	1,212.08	1,076.56	938.95
				99	1,362.90	1,211.39	1,055.71

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FACILITY ONLY BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	151.51	143.17	133.44	18-44	10.43	10.43	9.73
45-49	177.92	168.19	155.68	45-49	12.51	11.82	11.12
50-54	208.50	194.60	180.70	50-54	13.90	13.21	12.51
55	278.00	264.10	250.20	55	19.46	18.07	16.68
56	298.85	283.56	268.27	56	20.85	19.46	18.07
57	321.09	303.02	284.95	57	22.24	20.85	19.46
58	344.72	325.26	304.41	58	23.63	22.24	20.85
59	369.74	347.50	325.26	59	25.02	23.63	22.24
60	396.15	371.13	346.11	60	26.41	25.02	23.63
61	423.95	397.54	371.13	61	28.50	27.11	25.72
62	453.14	425.34	397.54	62	30.58	29.19	27.11
63	483.72	454.53	426.73	63	32.67	31.28	29.19
64	515.69	486.50	457.31	64	35.45	33.36	31.28
65	550.44	519.86	489.28	65	37.53	35.45	32.67
66	597.70	565.73	533.76	66	41.01	38.92	36.14
67	647.74	614.38	581.02	67	44.48	41.70	38.92
68	703.34	668.59	633.84	68	47.96	45.18	42.40
69	761.72	725.58	689.44	69	51.43	49.35	46.57
70	825.66	788.13	750.60	70	55.60	52.82	50.04
71	913.23	874.31	834.00	71	61.86	59.08	56.30
72	1,010.53	967.44	925.74	72	68.11	65.33	61.86
73	1,116.17	1,071.69	1,028.60	73	75.06	72.28	68.81
74	1,234.32	1,187.06	1,141.19	74	82.71	79.93	76.45

Fractional Premiums (expressed as a percent of annual premium)

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Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

EXHIBIT II

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 39% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,363.59	1,314.94	1,266.29	75	91.05	88.27	84.79
76	1,534.56	1,480.35	1,424.75	76	102.86	99.39	95.91
77	1,726.38	1,665.22	1,602.67	77	115.37	111.90	107.73
78	1,941.83	1,873.72	1,802.83	78	129.97	125.80	120.93
79	2,185.08	2,107.24	2,028.01	79	145.95	141.09	136.22
				80	164.02	158.46	152.90
				81	184.87	178.62	172.36
				82	207.81	200.86	193.91
				83	233.52	225.88	218.23
				84	262.71	254.37	245.34
				85	295.38	285.65	275.22
				86	332.91	321.79	309.97
				87	373.91	362.10	348.89
				88	421.17	407.27	391.98
				89	473.30	458.01	441.33
				90	532.37	515.00	496.23
				91	599.09	579.63	558.09
				92	674.15	651.91	628.28
				93	758.25	733.23	706.82
				94	852.77	824.97	795.08
				95	959.80	927.83	893.77
				96	1,079.34	1,043.89	1,005.67
				97	1,214.17	1,174.55	1,131.46
				98	1,366.37	1,321.20	1,272.55
				99	1,536.65	1,485.91	1,431.70

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
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**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 39% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	176.53	169.58	161.24	18-44	11.82	11.82	11.12
45-49	209.89	197.38	184.87	45-49	14.60	13.90	13.21
50-54	247.42	229.35	211.28	50-54	16.68	15.99	14.60
55	337.77	314.14	290.51	55	23.63	22.24	20.16
56	364.18	337.77	311.36	56	25.72	24.33	21.55
57	390.59	362.79	333.60	57	27.80	25.72	22.94
58	419.78	389.20	357.23	58	29.19	27.11	25.02
59	451.75	417.00	382.25	59	31.28	29.19	26.41
60	485.11	447.58	408.66	60	33.36	30.58	27.80
61	522.64	480.94	437.85	61	36.14	33.36	29.89
62	561.56	515.69	468.43	62	38.92	35.45	31.97
63	604.65	553.22	500.40	63	41.70	38.23	34.06
64	649.13	593.53	535.15	64	44.48	40.31	36.84
65	697.78	635.23	571.29	65	47.26	43.09	38.92
66	761.72	692.22	622.72	66	52.13	47.26	42.40
67	831.22	754.77	676.93	67	56.30	51.43	45.87
68	907.67	822.88	736.70	68	61.16	55.60	50.04
69	989.68	896.55	800.64	69	66.72	60.47	54.21
70	1,080.03	975.78	870.14	70	72.28	65.33	58.38
71	1,187.06	1,075.86	963.27	71	79.93	72.28	64.64
72	1,303.82	1,185.67	1,064.74	72	87.57	79.93	71.59
73	1,433.09	1,306.60	1,177.33	73	96.61	87.57	79.23
74	1,574.87	1,438.65	1,301.04	74	105.64	96.61	87.57

Fractional Premiums (expressed as a percent of annual premium)

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Annual Premiums with 39% Rate Increase**

FACILITY ONLY BENEFITS
FORM: H-LTC3JFQ, et al.
RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,729.16	1,584.60	1,438.65	75	116.07	106.34	96.61
76	1,947.39	1,783.37	1,619.35	76	130.66	120.24	109.12
77	2,190.64	2,007.16	1,822.29	77	147.34	134.83	122.32
78	2,465.86	2,258.75	2,051.64	78	165.41	151.51	137.61
79	2,774.44	2,540.92	2,307.40	79	185.57	170.28	154.99
				80	208.50	191.13	173.75
				81	234.91	215.45	195.99
				82	264.10	241.86	220.32
				83	296.77	272.44	247.42
				84	334.30	306.50	278.70
				85	375.30	344.03	312.75
				86	422.56	387.12	352.37
				87	475.38	435.77	396.15
				88	534.46	489.98	445.50
				89	601.18	551.14	501.10
				90	676.93	620.64	563.65
				91	761.03	697.78	634.54
				92	856.24	784.66	713.77
				93	963.27	883.35	802.73
				94	1,083.51	993.16	902.81
				95	1,219.03	1,117.56	1,016.09
				96	1,371.24	1,257.26	1,142.58
				97	1,542.90	1,414.33	1,285.75
				98	1,735.42	1,590.86	1,446.30
				99	1,952.26	1,789.63	1,627.00

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

EXHIBIT II

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 39% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	209.89	201.55	191.82	18-44	14.60	13.90	13.21
45-49	250.20	239.08	226.57	45-49	18.07	16.68	15.99
50-54	297.46	282.17	265.49	50-54	20.85	19.46	18.07
55	423.95	398.93	373.91	55	29.19	27.11	25.02
56	457.31	428.12	400.32	56	31.97	29.19	27.11
57	492.06	460.09	426.73	57	34.06	31.97	29.19
58	529.59	492.06	455.92	58	36.84	34.06	31.28
59	568.51	528.20	487.89	59	38.92	36.84	33.36
60	611.60	565.73	519.86	60	41.70	38.92	35.45
61	658.86	607.43	557.39	61	45.18	41.70	38.23
62	708.90	651.91	596.31	62	48.65	45.18	41.01
63	761.72	700.56	638.01	63	52.13	47.96	43.79
64	820.10	751.99	683.88	64	56.30	51.43	46.57
65	881.26	806.20	731.14	65	59.77	54.91	49.35
66	949.37	872.92	797.86	66	64.64	59.77	54.21
67	1,020.26	945.20	870.14	67	69.50	64.64	58.38
68	1,098.10	1,023.04	947.98	68	74.37	69.50	63.94
69	1,181.50	1,107.83	1,032.77	69	79.93	75.06	69.50
70	1,270.46	1,198.18	1,125.90	70	85.49	80.62	75.06
71	1,410.85	1,326.06	1,242.66	71	95.22	89.66	83.40
72	1,566.53	1,467.84	1,369.15	72	105.64	98.69	91.74
73	1,738.89	1,624.91	1,509.54	73	116.76	109.12	101.47
74	1,930.71	1,798.66	1,665.22	74	129.27	120.93	111.90

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

EXHIBIT II

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 39% Rate Increase**

FACILITY ONLY BENEFITS
FORM: H-LTC3JFQ, et al.
RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,141.99	1,989.09	1,834.80	75	143.17	133.44	123.02
76	2,410.26	2,239.29	2,065.54	76	161.24	150.12	139.00
77	2,711.89	2,520.07	2,325.47	77	181.40	168.89	155.68
78	3,052.44	2,835.60	2,615.98	78	204.33	189.74	175.14
79	3,433.30	3,190.05	2,945.41	79	229.35	213.37	196.69
				80	257.85	239.78	221.01
				81	290.51	270.36	248.81
				82	326.65	303.72	280.09
				83	367.66	341.25	314.84
				84	413.53	384.34	354.45
				85	464.96	431.60	398.24
				86	523.34	485.81	448.28
				87	588.67	546.27	504.57
				88	662.34	615.08	567.12
				89	745.04	691.53	638.01
				90	838.17	778.40	717.94
				91	943.12	875.01	807.59
				92	1,060.57	984.82	908.37
				93	1,193.32	1,107.83	1,022.35
				94	1,342.74	1,246.14	1,149.53
				95	1,510.24	1,401.82	1,293.40
				96	1,699.28	1,576.96	1,455.33
				97	1,911.25	1,774.34	1,636.73
				98	2,150.33	1,996.04	1,841.75
				99	2,418.60	2,245.55	2,071.80

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

EXHIBIT II

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 39% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	248.81	232.13	214.06	18-44	16.68	15.99	15.29
45-49	291.90	273.83	254.37	45-49	20.16	19.46	18.07
50-54	340.55	321.09	300.24	50-54	23.63	22.24	20.85
55	446.19	418.39	390.59	55	30.58	29.19	27.11
56	472.60	443.41	415.61	56	32.67	31.28	29.19
57	500.40	469.82	440.63	57	34.75	32.67	30.58
58	529.59	499.01	467.04	58	36.14	34.75	31.97
59	561.56	528.20	494.84	59	38.23	36.84	34.06
60	593.53	558.78	524.03	60	40.31	38.23	35.45
61	629.67	592.14	554.61	61	43.09	41.01	38.23
62	665.81	626.89	587.97	62	45.18	43.09	40.31
63	704.73	663.03	621.33	63	47.96	45.87	42.40
64	746.43	701.95	657.47	64	50.74	47.96	45.18
65	789.52	742.26	695.00	65	53.52	50.74	47.26
66	857.63	806.20	754.77	66	58.38	54.91	51.43
67	929.91	874.31	818.71	67	63.25	59.77	55.60
68	1,009.14	949.37	889.60	68	68.11	64.64	60.47
69	1,095.32	1,029.99	964.66	69	74.37	69.50	65.33
70	1,187.06	1,117.56	1,046.67	70	79.93	75.06	70.20
71	1,303.82	1,227.37	1,149.53	71	88.27	82.71	77.15
72	1,431.70	1,346.91	1,260.73	72	96.61	91.05	84.79
73	1,572.09	1,477.57	1,383.05	73	105.64	99.39	93.13
74	1,724.99	1,622.13	1,517.88	74	116.07	109.12	102.17

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

EXHIBIT II

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 39% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,893.18	1,779.20	1,663.83	75	126.49	119.54	111.90
76	2,130.87	2,002.99	1,873.72	76	142.48	134.83	125.80
77	2,396.36	2,253.19	2,108.63	77	160.55	151.51	141.78
78	2,696.60	2,535.36	2,372.73	78	180.70	170.28	159.16
79	3,032.98	2,852.28	2,670.19	79	202.94	191.13	179.31
80		3,208.12	3,005.18	80		214.76	200.86
81		3,609.83	3,381.87	81		241.86	226.57
82		4,061.58	3,804.43	82		271.75	254.37
83		4,568.93	4,279.81	83		305.80	286.34
84		5,138.83	4,814.96	84		344.03	322.48

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

EXHIBIT II

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 39% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	298.85	279.39	259.93	18-44	20.16	19.46	18.07
45-49	353.06	330.82	309.97	45-49	24.33	23.63	21.55
50-54	414.22	390.59	366.96	50-54	28.50	27.11	25.02
55	551.83	518.47	485.11	55	36.84	34.75	32.67
56	583.80	549.05	514.30	56	39.62	37.53	34.75
57	617.16	581.02	544.88	57	41.70	39.62	36.84
58	651.91	615.77	576.85	58	44.48	41.70	38.92
59	689.44	650.52	611.60	59	46.57	44.48	41.01
60	728.36	688.05	646.35	60	49.35	46.57	43.09
61	771.45	728.36	683.88	61	52.82	49.35	45.87
62	817.32	771.45	724.19	62	55.60	52.82	48.65
63	864.58	815.93	764.50	63	59.08	55.60	51.43
64	916.01	863.19	808.98	64	61.86	59.08	54.91
65	968.83	911.84	854.85	65	65.33	61.86	57.69
66	1,053.62	991.07	929.91	66	71.59	67.42	63.25
67	1,143.97	1,077.25	1,010.53	67	77.15	72.98	68.11
68	1,242.66	1,170.38	1,098.10	68	84.10	79.23	74.37
69	1,351.08	1,271.85	1,194.01	69	91.05	86.18	80.62
70	1,466.45	1,381.66	1,296.87	70	98.69	93.13	86.88
71	1,613.79	1,520.66	1,426.14	71	108.42	102.86	95.91
72	1,775.03	1,672.17	1,567.92	72	119.54	112.59	105.64
73	1,952.95	1,838.97	1,723.60	73	131.36	123.71	116.07
74	2,148.94	2,021.06	1,893.18	74	143.87	135.53	127.19
75	2,363.00	2,222.61	2,080.83	75	157.77	148.73	139.70
76	2,659.07	2,502.00	2,342.15	76	177.92	167.50	157.07
77	2,991.28	2,814.75	2,636.83	77	200.16	188.35	177.23
78	3,365.19	3,166.42	2,967.65	78	225.18	211.98	198.77
79	3,784.97	3,562.57	3,338.78	79	252.98	238.39	223.79

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

EXHIBIT II

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 39% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	385.03	362.79	339.16	18-44	25.72	24.33	22.94
45-49	457.31	430.90	403.10	45-49	31.28	29.19	27.80
50-54	542.10	510.13	478.16	50-54	36.84	34.75	32.67
55	722.80	676.93	631.06	55	48.65	45.87	43.09
56	765.89	717.24	668.59	56	52.13	48.65	45.87
57	810.37	758.94	707.51	57	54.91	51.43	47.96
58	857.63	803.42	749.21	58	58.38	54.21	50.74
59	907.67	850.68	792.30	59	61.16	57.69	53.52
60	960.49	899.33	838.17	60	64.64	60.47	56.30
61	1,018.87	952.15	886.82	61	68.81	63.94	59.77
62	1,078.64	1,007.75	936.86	62	72.98	68.11	63.25
63	1,142.58	1,066.13	991.07	63	76.45	71.59	66.72
64	1,210.69	1,128.68	1,046.67	64	81.32	75.76	70.89
65	1,281.58	1,194.01	1,106.44	65	85.49	79.93	74.37
66	1,395.56	1,302.43	1,209.30	66	93.13	87.57	81.32
67	1,517.88	1,419.19	1,319.11	67	101.47	95.22	88.96
68	1,651.32	1,545.68	1,441.43	68	110.51	103.56	96.61
69	1,795.88	1,684.68	1,573.48	69	120.24	113.29	105.64
70	1,952.95	1,834.80	1,716.65	70	130.66	123.02	114.68
71	2,140.60	2,008.55	1,875.11	71	143.17	134.83	125.80
72	2,346.32	2,197.59	2,048.86	72	157.07	147.34	136.92
73	2,570.11	2,404.70	2,237.90	73	171.67	161.24	149.43
74	2,816.14	2,629.88	2,443.62	74	188.35	175.84	163.33
75	3,085.80	2,877.30	2,668.80	75	205.72	191.82	177.92
76	3,422.18	3,203.95	2,985.72	76	228.66	214.06	199.47
77	3,794.70	3,566.74	3,338.78	77	252.98	238.39	223.10
78	4,206.14	3,971.23	3,734.93	78	280.78	264.80	249.51
79	4,664.84	4,420.20	4,176.95	79	311.36	294.68	278.70

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

EXHIBIT II

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 39% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	508.74	482.33	455.92	18-44	34.06	32.67	31.28
45-49	610.21	581.02	550.44	45-49	41.01	39.62	37.53
50-54	731.14	697.78	664.42	50-54	49.35	47.26	44.48
55	963.27	914.62	864.58	55	65.33	61.86	58.38
56	1,020.26	967.44	913.23	56	69.50	65.33	61.86
57	1,080.03	1,023.04	964.66	57	72.98	68.81	65.33
58	1,143.97	1,082.81	1,018.87	58	77.15	72.98	68.81
59	1,210.69	1,143.97	1,075.86	59	81.32	77.15	72.28
60	1,281.58	1,209.30	1,135.63	60	85.49	80.62	75.76
61	1,355.25	1,277.41	1,198.18	61	91.05	85.49	80.62
62	1,431.70	1,348.30	1,263.51	62	95.91	90.35	84.79
63	1,513.71	1,423.36	1,333.01	63	101.47	95.22	89.66
64	1,599.89	1,502.59	1,405.29	64	107.73	100.78	94.52
65	1,690.24	1,585.99	1,481.74	65	113.29	106.34	99.39
66	1,816.73	1,713.87	1,612.40	66	121.63	115.37	108.42
67	1,951.56	1,851.48	1,752.79	67	130.66	124.41	117.46
68	2,096.12	2,001.60	1,905.69	68	140.39	134.14	127.88
69	2,251.80	2,161.45	2,071.10	69	150.82	144.56	138.31
70	2,418.60	2,335.20	2,251.80	70	161.24	155.68	150.12
71	2,653.51	2,556.21	2,460.30	71	177.23	170.97	164.02
72	2,909.27	2,798.07	2,688.26	72	194.60	186.96	179.31
73	3,190.05	3,063.56	2,935.68	73	212.67	204.33	195.99
74	3,498.63	3,352.68	3,206.73	74	233.52	223.79	214.06
75	3,836.40	3,669.60	3,502.80	75	255.76	244.64	233.52
76	4,265.91	4,069.92	3,872.54	76	284.95	271.75	258.54
77	4,744.07	4,511.94	4,279.81	77	316.92	301.63	285.65
78	5,273.66	5,002.61	4,728.78	78	352.37	334.30	316.23
79	5,864.41	5,546.10	5,226.40	79	391.29	370.44	348.89

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

EXHIBIT II

METLIFE INSURANCE COMPANY OF CONNECTICUT
Nonforfeiture Benefit Rider Premiums

NONFORFEITURE BENEFIT RIDER

FORM: H-LTC3JFQ, et al.

RIDER: H-NF3-6

Premiums are percentage of total annual premiums without this rider and vary by issue age.

<u>Issue Age</u>	<u>Percentage of Premium</u>
40-44	75%
45-49	65%
50-54	55%
55-59	50%
60-64	45%
65-69	40%
70-74	35%
75-79	30%
80-84	20%

SERFF Tracking Number: MILL-126528391 State: Arkansas
Filing Company: MetLife Insurance Company of Connecticut State Tracking Number: 45341
Company Tracking Number: LTC3+ TQ FO
TOI: LTC04I Individual Long Term Care - Nursing Sub-TOI: LTC04I.001 Qualified
Home
Product Name: Long Term Care
Project Name/Number: 2009 Rate Increase Filing/145GEC01-10

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Cover Letter

Comments:

Attachment:

CovLtr_LTC3+_TQ_FO_AR_20100401.pdf

Item Status: **Status Date:**

Satisfied - Item: Third Party Authorization

Comments:

Attachment:

Rate Filing Letter - AR_LTC3+_TQ_FO_20100401.pdf

Item Status: **Status Date:**

Satisfied - Item: Acceptance Letter

Comments:

Attachment:

AR_LTC3+_TQ_FO_Response to 20100414 Letter_20100503.pdf



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April 1, 2010

Honorable Jay Bradford
Commissioner of Insurance
Arkansas Department of Insurance
1200 W. Third Street
Little Rock, Arkansas 72201-1904

RE: MetLife Insurance Company of Connecticut ("MetLife of CT")

Company NAIC # 87726

SERFF Tracking # MILL-126528391

Policy Forms: Nursing Facility Only

Annual 5% Benefit Inflation Rider

Cost of Living (CPI) Benefit Inflation Rider

Nonforfeiture Benefit Rider

H-LTC3JFQ, et al.

H-5AIFO

H-COLRFO

H-NF3-6

Dear Commissioner Bradford:

Milliman, Inc. has been retained by GNA Corporation (Genworth), a reinsurer of this business, to submit the referenced rate filing on behalf of MetLife of CT for your review. In preparing this rate filing, I relied on data provided to me by Union Fidelity Life Insurance Company (UFLIC), a retrocessionaire on this business, and Genworth.

H-LTC3JFQ, et al. are existing tax-qualified individual facility only long-term care policies of insurance previously approved in 1997. The form was issued in Arkansas from November 1997 through August 1998 and is no longer being marketed in any state. Nationwide, the last policies were issued in 1999.

The company is requesting the approval of a premium rate increase on the above listed form and all associated riders. The increase is needed due to morbidity and persistency levels which produce lifetime loss ratios that exceed the minimum required loss ratio. At this time, a premium rate increase of 39% is being requested.

The company will offer insureds affected by the premium increase the option of reducing their policy daily benefit to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase.



Honorable Jay Bradford
April 1, 2010

The following electronic items are included in this submission:

- a copy of this cover letter;
- a copy of a letter from MetLife of CT authorizing us to submit this filing on their behalf; and
- a copy of an Actuarial Memorandum and Rate Schedules.

The required \$50 filing fee will be paid via Electronic Funds Transfer (EFT).

The contact person for this filing is:

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary
8500 Normandale Lake Blvd., Suite 1850
Minneapolis, MN 55437
(952) 820-2419
amy.pahl@milliman.com

Thank you for your assistance in reviewing this filing.

Respectfully,

A handwritten signature in blue ink that reads "Amy Pahl".

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary

ABP/pge

Enclosures

MetLife Insurance Company of Connecticut

PO Box 40006
Lynchburg, VA 24506

March 29, 2010

Mr. Jay Bradford
Commissioner
Arkansas Department of Insurance
1200 W. Third Street
Little Rock, Arkansas 72201-1904

RE: MetLife Insurance Company of Connecticut (“MetLife of CT”)
Company NAIC # 87726
SERFF Filing Number (Rate-Increase Filing Number)

Dear Mr. Bradford:

This letter sets forth the conditions under which Milliman USA (“Milliman”) is authorized to act on behalf of MetLife of CT with respect to the individual long term care insurance rate filing referenced above (the “LTC Rate Filings”) and outlines the relationship between the MetLife of CT and Genworth Life Insurance Company (“GLIC”).

Please be advised that Milliman USA (“Milliman”) has been retained by GLIC, as administrator, to provide actuarial support for the individual long term care insurance rate filing referenced above (the “LTC Rate Filings”). GLIC is the reinsurer and administrator of the MetLife of CT long term care insurance policies (“Reinsured Policies”), which are the subject of the LTC Rate Filings, under an Indemnity Reinsurance Agreement and an Administrative Services Agreement, both dated July 1, 2000 (the “Agreements”).

Pursuant to the terms of the Indemnity Reinsurance Agreement, MetLife of CT and GLIC have entered into an Assumption Reinsurance Agreement effective December 31, 2008 concerning the Reinsured Policies. Under that Assumption Reinsurance Agreement, Genworth is to use its reasonable best efforts to effect the novation of the Reinsured Policies subject to certain regulatory approvals. Currently, GLIC reinsures the policies which are the subject of this rate filing on a 100% indemnity coinsurance basis. MetLife of CT and GLIC have not yet scheduled the time for the initiation of the novation process.

In connection with the retention of Milliman, and subject to the conditions in the next sentence, MetLife of CT hereby authorizes Milliman to enter into written and oral communication, including the submission and receipt of written materials, with your Department, for the purpose of completing the rate filing process and responding to your review of this filing. This authorization is subject to Milliman’s agreement to act in accordance with the applicable terms and conditions to which GLIC is subject under the Agreements.

Should you have any questions regarding this letter, please contact Thomas Reilly, Director, at 57 Greens Farms Road, Westport, CT 06880, or via e-mail at treilly1@metlife.com, or by telephone at 203-221-6553.

Sincerely,



Herbert B. Brown, Jr.
Vice President
MetLife Insurance Company of Connecticut



8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

May 3, 2010

Marie Bennett
Arkansas Department of Insurance
1200 W. Third Street
Little Rock, Arkansas 72201-1904

Via SERFF

RE: MetLife Insurance Company of Connecticut ("MetLife of CT")
Company NAIC # 87726

SERFF Tracking # MILL-126528391

Policy Forms: Nursing Facility Only
Annual 5% Benefit Inflation Rider
Cost of Living (CPI) Benefit Inflation Rider
Nonforfeiture Benefit Rider

H-LTC3JFQ, et al.
H-5AIFO
H-COLRFO
H-NF3-6

Dear Ms. Bennett:

Thank you for reviewing our filing. This letter is in response to your April 14, 2010 letter offering a 10% rate increase on the above referenced filing.

I have spoken with the company regarding the Department's offer of a reduced rate increase on the above-referenced policy forms, and the company is willing to accept this offer. Even though the company believes that a higher increase than 10% is needed to alleviate the poor performance on this block of business, it is willing to accept a 10% increase on these forms.

Attachment 1 to this letter provides revised rate tables reflecting a 10% rate increase. Please note that the actual rates implemented may vary slightly from those in Attachment 1 due to rounding in the implementation algorithm.

Limitations and Qualifications

This letter has been prepared for the use of the Arkansas Department of Insurance, GNA Corporation (Genworth), and MetLife of CT. We understand that this letter may be considered a public document and, as such, may be subject to disclosure to third parties. However, we do not intend to benefit, and assume no liability to, any third party who receives the letter in this fashion. To the extent that Milliman's work is not subject to disclosure under applicable public record laws, the Department agrees that they shall not disclose Milliman's work product to third parties without Milliman's prior written consent.



Ms. Marie Bennett
May 3, 2010

In developing this letter, we have relied on data and other information provided to us by Union Fidelity Life Insurance Company, a retrocessionaire on this business, and Genworth, a reinsurer of this business. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of this analysis may likewise be inaccurate or incomplete. We have performed a limited review of the data used directly in our analysis for reasonableness and consistency, and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

I, Amy Pahl, am an Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.



Marie, thank you for working with us to complete this filing in Arkansas. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2419 or by e-mail at amy.pahl@milliman.com.

Respectfully,

A handwritten signature in blue ink that reads "Amy Pahl".

Amy Pahl, FSA, MAAA
Principal & Consulting Actuary

ABP/ao

Attachment 1: Rate Pages with a 10% Rate Increase

Attachment 1

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 10% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	105.60	97.90	89.10	18-44	7.15	7.15	6.60
45-49	121.00	113.30	103.40	45-49	8.80	8.25	7.70
50-54	136.40	128.70	119.90	50-54	9.90	9.35	8.80
55	188.10	174.90	160.60	55	12.65	12.10	11.55
56	201.30	187.00	171.60	56	13.75	13.20	12.65
57	215.60	200.20	183.70	57	14.85	13.75	13.20
58	231.00	214.50	195.80	58	15.95	14.85	13.75
59	247.50	228.80	210.10	59	16.50	15.95	14.85
60	264.00	244.20	223.30	60	17.60	16.50	15.40
61	282.70	261.80	238.70	61	19.25	18.15	16.50
62	302.50	279.40	255.20	62	20.35	19.25	17.60
63	323.40	298.10	271.70	63	22.00	20.35	18.70
64	346.50	319.00	290.40	64	23.65	22.00	19.80
65	369.60	339.90	309.10	65	24.75	23.10	20.90
66	404.80	371.80	337.70	66	27.50	25.30	23.10
67	443.30	405.90	368.50	67	30.25	28.05	25.30
68	486.20	443.30	401.50	68	33.00	30.25	26.95
69	532.40	485.10	437.80	69	35.75	33.00	29.70
70	581.90	529.10	476.30	70	39.05	35.75	31.90
71	642.40	581.90	520.30	71	43.45	39.60	35.20
72	709.50	639.10	568.70	72	47.85	43.45	38.50
73	783.20	701.80	620.40	73	52.80	47.85	41.80
74	863.50	771.10	677.60	74	58.30	52.25	45.65

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

Attachment 1

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 10% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	952.60	845.90	739.20	75	64.35	57.20	49.50
76	1,072.50	952.60	832.70	76	72.60	64.35	56.10
77	1,207.80	1,072.50	936.10	77	81.40	72.60	62.70
78	1,359.60	1,206.70	1,053.80	78	91.85	81.40	70.95
79	1,530.10	1,358.50	1,185.80	79	102.85	91.30	79.75
80		1,527.90	1,333.20	80	115.50	102.30	89.10
81		1,719.30	1,500.40	81	130.35	115.50	100.65
82		1,934.90	1,687.40	82	146.30	129.80	113.30
83		2,178.00	1,898.60	83	164.45	145.75	127.05
84		2,450.80	2,136.20	84	184.80	163.90	143.00
				85	207.35	184.25	160.60
				86	233.75	207.35	180.95
				87	262.90	233.20	203.50
				88	295.35	262.35	228.80
				89	332.20	295.35	257.40
				90	374.00	332.20	289.85
				91	420.75	374.00	325.60
				92	473.00	420.75	366.30
				93	532.40	473.00	412.50
				94	598.95	531.85	463.65
				95	673.75	598.40	521.95
				96	757.90	673.20	586.85
				97	852.50	757.35	660.55
				98	959.20	851.95	743.05
				99	1,078.55	958.65	835.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

Attachment 1

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 10% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	119.90	113.30	105.60	18-44	8.25	8.25	7.70
45-49	140.80	133.10	123.20	45-49	9.90	9.35	8.80
50-54	165.00	154.00	143.00	50-54	11.00	10.45	9.90
55	220.00	209.00	198.00	55	15.40	14.30	13.20
56	236.50	224.40	212.30	56	16.50	15.40	14.30
57	254.10	239.80	225.50	57	17.60	16.50	15.40
58	272.80	257.40	240.90	58	18.70	17.60	16.50
59	292.60	275.00	257.40	59	19.80	18.70	17.60
60	313.50	293.70	273.90	60	20.90	19.80	18.70
61	335.50	314.60	293.70	61	22.55	21.45	20.35
62	358.60	336.60	314.60	62	24.20	23.10	21.45
63	382.80	359.70	337.70	63	25.85	24.75	23.10
64	408.10	385.00	361.90	64	28.05	26.40	24.75
65	435.60	411.40	387.20	65	29.70	28.05	25.85
66	473.00	447.70	422.40	66	32.45	30.80	28.60
67	512.60	486.20	459.80	67	35.20	33.00	30.80
68	556.60	529.10	501.60	68	37.95	35.75	33.55
69	602.80	574.20	545.60	69	40.70	39.05	36.85
70	653.40	623.70	594.00	70	44.00	41.80	39.60
71	722.70	691.90	660.00	71	48.95	46.75	44.55
72	799.70	765.60	732.60	72	53.90	51.70	48.95
73	883.30	848.10	814.00	73	59.40	57.20	54.45
74	976.80	939.40	903.10	74	65.45	63.25	60.50

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

Attachment 1

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 10% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,079.10	1,040.60	1,002.10	75	72.05	69.85	67.10
76	1,214.40	1,171.50	1,127.50	76	81.40	78.65	75.90
77	1,366.20	1,317.80	1,268.30	77	91.30	88.55	85.25
78	1,536.70	1,482.80	1,426.70	78	102.85	99.55	95.70
79	1,729.20	1,667.60	1,604.90	79	115.50	111.65	107.80
				80	129.80	125.40	121.00
				81	146.30	141.35	136.40
				82	164.45	158.95	153.45
				83	184.80	178.75	172.70
				84	207.90	201.30	194.15
				85	233.75	226.05	217.80
				86	263.45	254.65	245.30
				87	295.90	286.55	276.10
				88	333.30	322.30	310.20
				89	374.55	362.45	349.25
				90	421.30	407.55	392.70
				91	474.10	458.70	441.65
				92	533.50	515.90	497.20
				93	600.05	580.25	559.35
				94	674.85	652.85	629.20
				95	759.55	734.25	707.30
				96	854.15	826.10	795.85
				97	960.85	929.50	895.40
				98	1,081.30	1,045.55	1,007.05
				99	1,216.05	1,175.90	1,133.00

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

Attachment 1

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 10% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	139.70	134.20	127.60	18-44	9.35	9.35	8.80
45-49	166.10	156.20	146.30	45-49	11.55	11.00	10.45
50-54	195.80	181.50	167.20	50-54	13.20	12.65	11.55
55	267.30	248.60	229.90	55	18.70	17.60	15.95
56	288.20	267.30	246.40	56	20.35	19.25	17.05
57	309.10	287.10	264.00	57	22.00	20.35	18.15
58	332.20	308.00	282.70	58	23.10	21.45	19.80
59	357.50	330.00	302.50	59	24.75	23.10	20.90
60	383.90	354.20	323.40	60	26.40	24.20	22.00
61	413.60	380.60	346.50	61	28.60	26.40	23.65
62	444.40	408.10	370.70	62	30.80	28.05	25.30
63	478.50	437.80	396.00	63	33.00	30.25	26.95
64	513.70	469.70	423.50	64	35.20	31.90	29.15
65	552.20	502.70	452.10	65	37.40	34.10	30.80
66	602.80	547.80	492.80	66	41.25	37.40	33.55
67	657.80	597.30	535.70	67	44.55	40.70	36.30
68	718.30	651.20	583.00	68	48.40	44.00	39.60
69	783.20	709.50	633.60	69	52.80	47.85	42.90
70	854.70	772.20	688.60	70	57.20	51.70	46.20
71	939.40	851.40	762.30	71	63.25	57.20	51.15
72	1,031.80	938.30	842.60	72	69.30	63.25	56.65
73	1,134.10	1,034.00	931.70	73	76.45	69.30	62.70
74	1,246.30	1,138.50	1,029.60	74	83.60	76.45	69.30

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

Attachment 1

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 10% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,368.40	1,254.00	1,138.50	75	91.85	84.15	76.45
76	1,541.10	1,411.30	1,281.50	76	103.40	95.15	86.35
77	1,733.60	1,588.40	1,442.10	77	116.60	106.70	96.80
78	1,951.40	1,787.50	1,623.60	78	130.90	119.90	108.90
79	2,195.60	2,010.80	1,826.00	79	146.85	134.75	122.65
				80	165.00	151.25	137.50
				81	185.90	170.50	155.10
				82	209.00	191.40	174.35
				83	234.85	215.60	195.80
				84	264.55	242.55	220.55
				85	297.00	272.25	247.50
				86	334.40	306.35	278.85
				87	376.20	344.85	313.50
				88	422.95	387.75	352.55
				89	475.75	436.15	396.55
				90	535.70	491.15	446.05
				91	602.25	552.20	502.15
				92	677.60	620.95	564.85
				93	762.30	699.05	635.25
				94	857.45	785.95	714.45
				95	964.70	884.40	804.10
				96	1,085.15	994.95	904.20
				97	1,221.00	1,119.25	1,017.50
				98	1,373.35	1,258.95	1,144.55
				99	1,544.95	1,416.25	1,287.55

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

Attachment 1

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 10% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	166.10	159.50	151.80	18-44	11.55	11.00	10.45
45-49	198.00	189.20	179.30	45-49	14.30	13.20	12.65
50-54	235.40	223.30	210.10	50-54	16.50	15.40	14.30
55	335.50	315.70	295.90	55	23.10	21.45	19.80
56	361.90	338.80	316.80	56	25.30	23.10	21.45
57	389.40	364.10	337.70	57	26.95	25.30	23.10
58	419.10	389.40	360.80	58	29.15	26.95	24.75
59	449.90	418.00	386.10	59	30.80	29.15	26.40
60	484.00	447.70	411.40	60	33.00	30.80	28.05
61	521.40	480.70	441.10	61	35.75	33.00	30.25
62	561.00	515.90	471.90	62	38.50	35.75	32.45
63	602.80	554.40	504.90	63	41.25	37.95	34.65
64	649.00	595.10	541.20	64	44.55	40.70	36.85
65	697.40	638.00	578.60	65	47.30	43.45	39.05
66	751.30	690.80	631.40	66	51.15	47.30	42.90
67	807.40	748.00	688.60	67	55.00	51.15	46.20
68	869.00	809.60	750.20	68	58.85	55.00	50.60
69	935.00	876.70	817.30	69	63.25	59.40	55.00
70	1,005.40	948.20	891.00	70	67.65	63.80	59.40
71	1,116.50	1,049.40	983.40	71	75.35	70.95	66.00
72	1,239.70	1,161.60	1,083.50	72	83.60	78.10	72.60
73	1,376.10	1,285.90	1,194.60	73	92.40	86.35	80.30
74	1,527.90	1,423.40	1,317.80	74	102.30	95.70	88.55

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

Attachment 1

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 10% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,695.10	1,574.10	1,452.00	75	113.30	105.60	97.35
76	1,907.40	1,772.10	1,634.60	76	127.60	118.80	110.00
77	2,146.10	1,994.30	1,840.30	77	143.55	133.65	123.20
78	2,415.60	2,244.00	2,070.20	78	161.70	150.15	138.60
79	2,717.00	2,524.50	2,330.90	79	181.50	168.85	155.65
				80	204.05	189.75	174.90
				81	229.90	213.95	196.90
				82	258.50	240.35	221.65
				83	290.95	270.05	249.15
				84	327.25	304.15	280.50
				85	367.95	341.55	315.15
				86	414.15	384.45	354.75
				87	465.85	432.30	399.30
				88	524.15	486.75	448.80
				89	589.60	547.25	504.90
				90	663.30	616.00	568.15
				91	746.35	692.45	639.10
				92	839.30	779.35	718.85
				93	944.35	876.70	809.05
				94	1,062.60	986.15	909.70
				95	1,195.15	1,109.35	1,023.55
				96	1,344.75	1,247.95	1,151.70
				97	1,512.50	1,404.15	1,295.25
				98	1,701.70	1,579.60	1,457.50
				99	1,914.00	1,777.05	1,639.55

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

Attachment 1

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 10% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	196.90	183.70	169.40	18-44	13.20	12.65	12.10
45-49	231.00	216.70	201.30	45-49	15.95	15.40	14.30
50-54	269.50	254.10	237.60	50-54	18.70	17.60	16.50
55	353.10	331.10	309.10	55	24.20	23.10	21.45
56	374.00	350.90	328.90	56	25.85	24.75	23.10
57	396.00	371.80	348.70	57	27.50	25.85	24.20
58	419.10	394.90	369.60	58	28.60	27.50	25.30
59	444.40	418.00	391.60	59	30.25	29.15	26.95
60	469.70	442.20	414.70	60	31.90	30.25	28.05
61	498.30	468.60	438.90	61	34.10	32.45	30.25
62	526.90	496.10	465.30	62	35.75	34.10	31.90
63	557.70	524.70	491.70	63	37.95	36.30	33.55
64	590.70	555.50	520.30	64	40.15	37.95	35.75
65	624.80	587.40	550.00	65	42.35	40.15	37.40
66	678.70	638.00	597.30	66	46.20	43.45	40.70
67	735.90	691.90	647.90	67	50.05	47.30	44.00
68	798.60	751.30	704.00	68	53.90	51.15	47.85
69	866.80	815.10	763.40	69	58.85	55.00	51.70
70	939.40	884.40	828.30	70	63.25	59.40	55.55
71	1,031.80	971.30	909.70	71	69.85	65.45	61.05
72	1,133.00	1,065.90	997.70	72	76.45	72.05	67.10
73	1,244.10	1,169.30	1,094.50	73	83.60	78.65	73.70
74	1,365.10	1,283.70	1,201.20	74	91.85	86.35	80.85

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

Attachment 1

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 10% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,498.20	1,408.00	1,316.70	75	100.10	94.60	88.55
76	1,686.30	1,585.10	1,482.80	76	112.75	106.70	99.55
77	1,896.40	1,783.10	1,668.70	77	127.05	119.90	112.20
78	2,134.00	2,006.40	1,877.70	78	143.00	134.75	125.95
79	2,400.20	2,257.20	2,113.10	79	160.60	151.25	141.90
80		2,538.80	2,378.20	80		169.95	158.95
81		2,856.70	2,676.30	81		191.40	179.30
82		3,214.20	3,010.70	82		215.05	201.30
83		3,615.70	3,386.90	83		242.00	226.60
84		4,066.70	3,810.40	84		272.25	255.20

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

Attachment 1

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 10% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit Elimination Period</u>			Issue Age	<u>Additional \$5 Increments Elimination Period</u>		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	236.50	221.10	205.70	18-44	15.95	15.40	14.30
45-49	279.40	261.80	245.30	45-49	19.25	18.70	17.05
50-54	327.80	309.10	290.40	50-54	22.55	21.45	19.80
55	436.70	410.30	383.90	55	29.15	27.50	25.85
56	462.00	434.50	407.00	56	31.35	29.70	27.50
57	488.40	459.80	431.20	57	33.00	31.35	29.15
58	515.90	487.30	456.50	58	35.20	33.00	30.80
59	545.60	514.80	484.00	59	36.85	35.20	32.45
60	576.40	544.50	511.50	60	39.05	36.85	34.10
61	610.50	576.40	541.20	61	41.80	39.05	36.30
62	646.80	610.50	573.10	62	44.00	41.80	38.50
63	684.20	645.70	605.00	63	46.75	44.00	40.70
64	724.90	683.10	640.20	64	48.95	46.75	43.45
65	766.70	721.60	676.50	65	51.70	48.95	45.65
66	833.80	784.30	735.90	66	56.65	53.35	50.05
67	905.30	852.50	799.70	67	61.05	57.75	53.90
68	983.40	926.20	869.00	68	66.55	62.70	58.85
69	1,069.20	1,006.50	944.90	69	72.05	68.20	63.80
70	1,160.50	1,093.40	1,026.30	70	78.10	73.70	68.75
71	1,277.10	1,203.40	1,128.60	71	85.80	81.40	75.90
72	1,404.70	1,323.30	1,240.80	72	94.60	89.10	83.60
73	1,545.50	1,455.30	1,364.00	73	103.95	97.90	91.85
74	1,700.60	1,599.40	1,498.20	74	113.85	107.25	100.65
75	1,870.00	1,758.90	1,646.70	75	124.85	117.70	110.55
76	2,104.30	1,980.00	1,853.50	76	140.80	132.55	124.30
77	2,367.20	2,227.50	2,086.70	77	158.40	149.05	140.25
78	2,663.10	2,505.80	2,348.50	78	178.20	167.75	157.30
79	2,995.30	2,819.30	2,642.20	79	200.20	188.65	177.10

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

Attachment 1

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 10% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	304.70	287.10	268.40	18-44	20.35	19.25	18.15
45-49	361.90	341.00	319.00	45-49	24.75	23.10	22.00
50-54	429.00	403.70	378.40	50-54	29.15	27.50	25.85
55	572.00	535.70	499.40	55	38.50	36.30	34.10
56	606.10	567.60	529.10	56	41.25	38.50	36.30
57	641.30	600.60	559.90	57	43.45	40.70	37.95
58	678.70	635.80	592.90	58	46.20	42.90	40.15
59	718.30	673.20	627.00	59	48.40	45.65	42.35
60	760.10	711.70	663.30	60	51.15	47.85	44.55
61	806.30	753.50	701.80	61	54.45	50.60	47.30
62	853.60	797.50	741.40	62	57.75	53.90	50.05
63	904.20	843.70	784.30	63	60.50	56.65	52.80
64	958.10	893.20	828.30	64	64.35	59.95	56.10
65	1,014.20	944.90	875.60	65	67.65	63.25	58.85
66	1,104.40	1,030.70	957.00	66	73.70	69.30	64.35
67	1,201.20	1,123.10	1,043.90	67	80.30	75.35	70.40
68	1,306.80	1,223.20	1,140.70	68	87.45	81.95	76.45
69	1,421.20	1,333.20	1,245.20	69	95.15	89.65	83.60
70	1,545.50	1,452.00	1,358.50	70	103.40	97.35	90.75
71	1,694.00	1,589.50	1,483.90	71	113.30	106.70	99.55
72	1,856.80	1,739.10	1,621.40	72	124.30	116.60	108.35
73	2,033.90	1,903.00	1,771.00	73	135.85	127.60	118.25
74	2,228.60	2,081.20	1,933.80	74	149.05	139.15	129.25
75	2,442.00	2,277.00	2,112.00	75	162.80	151.80	140.80
76	2,708.20	2,535.50	2,362.80	76	180.95	169.40	157.85
77	3,003.00	2,822.60	2,642.20	77	200.20	188.65	176.55
78	3,328.60	3,142.70	2,955.70	78	222.20	209.55	197.45
79	3,691.60	3,498.00	3,305.50	79	246.40	233.20	220.55

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

Attachment 1

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Annual Premiums with 10% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFQ, et al.

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	402.60	381.70	360.80	18-44	26.95	25.85	24.75
45-49	482.90	459.80	435.60	45-49	32.45	31.35	29.70
50-54	578.60	552.20	525.80	50-54	39.05	37.40	35.20
55	762.30	723.80	684.20	55	51.70	48.95	46.20
56	807.40	765.60	722.70	56	55.00	51.70	48.95
57	854.70	809.60	763.40	57	57.75	54.45	51.70
58	905.30	856.90	806.30	58	61.05	57.75	54.45
59	958.10	905.30	851.40	59	64.35	61.05	57.20
60	1,014.20	957.00	898.70	60	67.65	63.80	59.95
61	1,072.50	1,010.90	948.20	61	72.05	67.65	63.80
62	1,133.00	1,067.00	999.90	62	75.90	71.50	67.10
63	1,197.90	1,126.40	1,054.90	63	80.30	75.35	70.95
64	1,266.10	1,189.10	1,112.10	64	85.25	79.75	74.80
65	1,337.60	1,255.10	1,172.60	65	89.65	84.15	78.65
66	1,437.70	1,356.30	1,276.00	66	96.25	91.30	85.80
67	1,544.40	1,465.20	1,387.10	67	103.40	98.45	92.95
68	1,658.80	1,584.00	1,508.10	68	111.10	106.15	101.20
69	1,782.00	1,710.50	1,639.00	69	119.35	114.40	109.45
70	1,914.00	1,848.00	1,782.00	70	127.60	123.20	118.80
71	2,099.90	2,022.90	1,947.00	71	140.25	135.30	129.80
72	2,302.30	2,214.30	2,127.40	72	154.00	147.95	141.90
73	2,524.50	2,424.40	2,323.20	73	168.30	161.70	155.10
74	2,768.70	2,653.20	2,537.70	74	184.80	177.10	169.40
75	3,036.00	2,904.00	2,772.00	75	202.40	193.60	184.80
76	3,375.90	3,220.80	3,064.60	76	225.50	215.05	204.60
77	3,754.30	3,570.60	3,386.90	77	250.80	238.70	226.05
78	4,173.40	3,958.90	3,742.20	78	278.85	264.55	250.25
79	4,640.90	4,389.00	4,136.00	79	309.65	293.15	276.10

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is a percentage of total premium and varies by issue age (Rider H-NF3-6)

Attachment 1

**METLIFE INSURANCE COMPANY OF CONNECTICUT
Nonforfeiture Benefit Rider Premiums**

NONFORFEITURE BENEFIT RIDER

FORM: H-LTC3JFQ, et al.

RIDER: H-NF3-6

Premiums are percentage of total annual premiums without this rider and vary by issue age.

<u>Issue Age</u>	<u>Percentage of Premium</u>
40-44	75%
45-49	65%
50-54	55%
55-59	50%
60-64	45%
65-69	40%
70-74	35%
75-79	30%
80-84	20%