

SERFF Tracking Number: MULF-126525345 State: Arkansas
Filing Company: John Hancock Life Insurance Company (USA) State Tracking Number: 45087
Company Tracking Number: CCIIE NEW BUSINESS RATE FILING
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Custom Care II Enhanced New Business Rates
Project Name/Number: /

Filing at a Glance

Company: John Hancock Life Insurance Company (USA)

Product Name: Custom Care II Enhanced New SERFF Tr Num: MULF-126525345 State: Arkansas

Business Rates

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Approved-
Closed State Tr Num: 45087

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: CCIIE NEW State Status: Approved-Closed
BUSINESS RATE FILING

Filing Type: Rate

Authors: Pat Hamlett, Joanne
Witham, Richard Famiglietti
Date Submitted: 03/02/2010

Reviewer(s): Harris Shearer
Disposition Date: 05/25/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 06/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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: 05/25/2010

Explanation for Other Group Market Type:

State Status Changed: 05/25/2010

Deemer Date:

Created By: Richard Famiglietti

Submitted By: Richard Famiglietti

Corresponding Filing Tracking Number:

Filing Description:

Re: John Hancock Life Insurance Company (U.S.A.)

Company NAIC # 65838; FEIN #: 01-0233346

Individual Long-Term Care Insurance Submission

Revised Actuarial Memo for Policy Form LTC-03 AR

Dear Commissioner:

SERFF Tracking Number: MULF-126525345 State: Arkansas
Filing Company: John Hancock Life Insurance Company (USA) State Tracking Number: 45087
Company Tracking Number: CCIE NEW BUSINESS RATE FILING
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Custom Care II Enhanced New Business Rates
Project Name/Number: /

John Hancock recently had a merger of affiliate insurers into an existing company, John Hancock Life Insurance Company (U.S.A.) approved by your department on August 17, 2009 SERFF Tracking Number: MULF-126253992.

The forms associated with this new rate filing were previously approved under John Hancock Life Insurance Company and certified during the merger approval. The approval date and department file number referenced below represent the John Hancock Life Insurance Company approval.

We enclose the above referenced actuarial memo for your review and approval. This memo and new rate schedules will apply to new business only and update the actuarial memo and rates associated with our:

- Custom Care II policy form LTC-03 AR The actuarial memo/rates for this policy series were last approved by your Department on August 21, 2008, SERFF Tracking Number: MULF-125419947.

We find that our rates must be updated for new business. The base policy rates are being increased due to changes in investment returns and expenses, and an increase in our margins. The submitted rates are on average approximately 13.6% higher than current rates for this policy series. In addition, we have lowered the discount associated with our preferred rate class.

There has been no change or addition to the benefit features or provisions from our current portfolio, however, we may in the future discontinue offering the Lifetime benefit period.

Subject to your approval, the new premium rates will be applied on a prospective basis for coverage issued on June 1, 2010 or a date when a significant majority of states are approved. It is important to note that no rate change will be imposed on existing policyholders. These new rates will be applied on a prospective basis for new policyholders only once the launch date is determined.

Company and Contact

Filing Contact Information

Richard Famiglietti, Sr. Contract Consultant rfamiglietti@jhancock.com
200 Berkeley Street 617-572-1997 [Phone]
B-6-6 617-572-0399 [FAX]
Boston, MA 02117

Filing Company Information

John Hancock Life Insurance Company (USA) CoCode: 65838 State of Domicile: Michigan
200 Berkeley Street Group Code: Company Type:
Boston, MA 02176 Group Name: State ID Number:
(617) 572-6000 ext. [Phone] FEIN Number: 01-0233346

SERFF Tracking Number: MULF-126525345 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: AR requires \$50 per rate, one rate filed
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (USA)	\$50.00	03/02/2010	34555365

SERFF Tracking Number: MULF-126525345 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/25/2010	05/25/2010

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	Harris Shearer	05/05/2010	05/05/2010	Joanne Witham	05/07/2010	05/07/2010
Pending Industry Response	Harris Shearer	04/01/2010	04/01/2010	Joanne Witham	05/07/2010	05/07/2010

SERFF Tracking Number: MULF-126525345 State: Arkansas
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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Custom Care II Enhanced New Business Rates
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Disposition

Disposition Date: 05/25/2010

Implementation Date:

Status: Approved-Closed

Comment:

This rate submission is being approved for new business rates only.

Rate data does NOT apply to filing.

SERFF Tracking Number: MULF-126525345 State: Arkansas
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 Product Name: Custom Care II Enhanced New Business Rates
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Transmittal Form	Approved-Closed	Yes

SERFF Tracking Number: MULF-126525345 State: Arkansas
Filing Company: John Hancock Life Insurance Company (USA) State Tracking Number: 45087
Company Tracking Number: CCIIE NEW BUSINESS RATE FILING
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Custom Care II Enhanced New Business Rates
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/05/2010

Submitted Date 05/05/2010

Respond By Date

Dear Richard Famiglietti,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: PLEASE ATTACH ACTUARIAL MEMORANDUM.

Please feel free to contact me if you have questions.

Sincerely,

Harris Shearer

SERFF Tracking Number: MULF-126525345 State: Arkansas
Filing Company: John Hancock Life Insurance Company (USA) State Tracking Number: 45087
Company Tracking Number: CCIIE NEW BUSINESS RATE FILING
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Custom Care II Enhanced New Business Rates
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/07/2010
Submitted Date 05/07/2010

Dear Harris Shearer,

Comments:

Response 1

Comments: We apologize for the oversight.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

PLEASE ATTACH ACTUARIAL MEMORANDUM.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Joanne Witham, Pat Hamlett, Richard Famiglietti

SERFF Tracking Number: MULF-126525345 State: Arkansas
Filing Company: John Hancock Life Insurance Company (USA) State Tracking Number: 45087
Company Tracking Number: CCIIE NEW BUSINESS RATE FILING
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Custom Care II Enhanced New Business Rates
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/01/2010
Submitted Date 04/01/2010
Respond By Date 05/01/2010

Dear Richard Famiglietti,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)
- Cover Letter (Supporting Document)
- Transmittal Form (Supporting Document)

Comment: PLEASE ATTACH COPY OF REVISED ACTUARIAL MEMORANDUM AND RATES.

Please feel free to contact me if you have questions.

Sincerely,

Harris Shearer

SERFF Tracking Number: MULF-126525345 State: Arkansas
Filing Company: John Hancock Life Insurance Company (USA) State Tracking Number: 45087
Company Tracking Number: CCIIE NEW BUSINESS RATE FILING
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Custom Care II Enhanced New Business Rates
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/07/2010
Submitted Date 05/07/2010

Dear Harris Shearer,

Comments:

Response 1

Comments: We apologize for the oversight, the memorandum was re-submitted to the response for your 4/1/2010 request.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)
- Cover Letter (Supporting Document)
- Transmittal Form (Supporting Document)

Comment:

PLEASE ATTACH COPY OF REVISED ACTUARIAL MEMORANDUM AND RATES.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Joanne Witham, Pat Hamlett, Richard Famiglietti

SERFF Tracking Number: MULF-126525345 State: Arkansas
Filing Company: John Hancock Life Insurance Company (USA) State Tracking Number: 45087
Company Tracking Number: CCIIE NEW BUSINESS RATE FILING
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Custom Care II Enhanced New Business Rates
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Approved-Closed	05/25/2010
Comments:		
Attachment: AR_CCIIE_2010NewBusRates_cov.pdf		

	Item Status:	Status Date:
Satisfied - Item: Transmittal Form	Approved-Closed	05/25/2010
Comments:		
Attachment: Industry_rates_lh_trans.pdf		

John Hancock Life Insurance Company (U.S.A.)

John Hancock Place
Post Office Box 111 B-6-6
Boston, Massachusetts 02117
1-888-877-6075
Direct: (617) 572-1997
Fax: (617) 572-0399
Email: rfamiglietti@jhancock.com



Richard Famiglietti
Senior Contract Consultant

LTC Contracts and Legislative Services

March 2, 2010

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

Re: **John Hancock Life Insurance Company (U.S.A.)**
Company NAIC # 65838; FEIN #: 01-0233346
Individual Long-Term Care Insurance Submission
Revised Actuarial Memo for Policy Form LTC-03 AR

Dear Commissioner:

John Hancock recently had a merger of affiliate insurers into an existing company, John Hancock Life Insurance Company (U.S.A.) approved by your department on August 17, 2009 SERFF Tracking Number: **MULF-126253992**. The forms associated with this new rate filing were previously approved under John Hancock Life Insurance Company and certified during the merger approval. The approval date and department file number referenced below represent the John Hancock Life Insurance Company approval.

We enclose the above referenced actuarial memo for your review and approval. This memo and new rate schedules will apply to new business only and update the actuarial memo and rates associated with our:

- Custom Care II policy form LTC-03 AR The actuarial memo/rates for this policy series were last approved by your Department on August 21, 2008, SERFF Tracking Number: **MULF-125419947**.

We find that our rates must be updated for new business. The base policy rates are being increased due to changes in investment returns and expenses, and an increase in our margins. The submitted rates are on average approximately 13.6% higher than current rates for this policy series. In addition, we have lowered the discount associated with our preferred rate class.

There has been no change or addition to the benefit features or provisions from our current portfolio, however, we may in the future discontinue offering the Lifetime benefit period.

Subject to your approval, the new premium rates will be applied on a prospective basis for coverage issued on June 1, 2010 or a date when a significant majority of states are approved. *It is important to note that no rate change will be imposed on existing policyholders. These new rates will be applied on a prospective basis for new policyholders only once the launch date is determined.*

This submission is being filed in all states and the District of Columbia.

The following items are included in this submission:

- the submission letter.
- all actuarial material.
- a \$50.00 filing fee (rate) submitted via EFT Transmission.
- all required certifications.

Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard Famiglietti", written in black ink.

Richard Famiglietti

Life, Accident & Health, Annuity, Credit Transmittal Document

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

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	John Hancock Life Insurance Company (U.S.A.) P. O. Box 111 Boston, MA 02116	MI	Life & Health	904	65838	01-0233346	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Rich Famiglietti 200 Berkeley Street, B-6-06 Boston, MA 02116	617-572-1997	617-572-0399	rfamiglietti@jhancock.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	SERFF Filing # MULF-126525345
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise			
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large	<input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket	<input type="checkbox"/> Discretionary <input type="checkbox"/> Trust
		<input type="checkbox"/> Other: _____			

9.	Type of Insurance	LTC03I.Individual Long Term Care
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10.	Product Coding Matrix Filing Code	LTC03I.001 Qualified
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11.	Submitted Documents	<div style="margin-bottom: 10px;"> <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"/> Other </div> <div style="margin-bottom: 10px;"> Rates <input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> 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 checked="" type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div>
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12.	Filing Submission Date	3/2/10	
13	Filing Fee (If required)	Amount <u> \$ 50.00 </u>	Check Date <u> EFT Transmission </u>
		Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Number <u> EFT Transmission </u>
14.	Date of Domiciliary Approval	Pending approval in Michigan. Filing submitted in all states and the District of Columbia.	
15.	Filing Description:		
<p>Re: John Hancock Life Insurance Company (U.S.A.) Company NAIC # 65838; FEIN #: 01-0233346 Individual Long-Term Care Insurance Submission Revised Actuarial Memo for Policy Form LTC-03 AR</p> <p>Dear Commissioner:</p> <p>John Hancock recently had a merger of affiliate insurers into an existing company, John Hancock Life Insurance Company (U.S.A.) approved by your department on August 17, 2009 SERFF Tracking Number: MULF-126253992.</p> <p>The forms associated with this new rate filing were previously approved under John Hancock Life Insurance Company and certified during the merger approval. The approval date and department file number referenced below represent the John Hancock Life Insurance Company approval.</p> <p>We enclose the above referenced actuarial memo for your review and approval. This memo and new rate schedules will apply to new business only and update the actuarial memo and rates associated with our:</p> <ul style="list-style-type: none"> • Custom Care II policy form LTC-03 AR The actuarial memo/rates for this policy series were last approved by your Department on August 21, 2008, SERFF Tracking Number: MULF-125419947. <p>We find that our rates must be updated for new business. The base policy rates are being increased due to changes in investment returns and expenses, and an increase in our margins. The submitted rates are on average approximately 13.6% higher than current rates for this policy series. In addition, we have lowered the discount associated with our preferred rate class.</p> <p>There has been no change or addition to the benefit features or provisions from our current portfolio, however, we may in the future discontinue offering the Lifetime benefit period.</p> <p>Subject to your approval, the new premium rates will be applied on a prospective basis for coverage issued on June 1, 2010 or a date when a significant majority of states are approved. It is important to note that no rate change will be imposed on existing policyholders. These new rates will be applied on a prospective basis for new policyholders only once the launch date is determined.</p>			

16.	Certification (If required)		
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .			
Print Name	<u>Rich Famiglietti</u>	Title	<u>Sr. Contract Consultant</u>
Signature		Date:	<u>03/02/10</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	
02			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	
03			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
05			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	
06			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
08			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	
09			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
11			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	
12			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	

18. Rate Filing Attachment				
This filing transmittal is part of company tracking number			LTC-03 AR	
This filing corresponds to form filing company tracking number			N/A	
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing				
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum to LTC-03 AR	LTC-03 AR	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1