

SERFF Tracking Number: ARLH-128109059 State: Arkansas
Filing Company: MetLife Life and Annuity Company of Connecticut
Company Tracking Number:
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: 2011 Rescission Report
Project Name/Number: /

Filing at a Glance

Company: MetLife Life and Annuity Company of Connecticut

Product Name: 2011 Rescission Report SERFF Tr Num: ARLH-128109059 State: Arkansas
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num:
For Informational Purposes
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Filed-Closed
Filing Type: Form Reviewer(s): Donna Lambert
Author: Disposition Date: 02/22/2012
Date Submitted: 02/22/2012 Disposition Status: Accepted For
Informational Purposes
Implementation Date Requested: Implementation Date: 02/22/2012
State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: Overall Rate Impact:
Filing Status Changed: 02/22/2012
State Status Changed: 02/22/2012 Deemer Date:
Created By: Donna Lambert Submitted By: Donna Lambert
Corresponding Filing Tracking Number:
Filing Description:
MetLife Insurance Company of Connecticut, NAIC 87726
2011 Rescission Report - No rescissions.

Company and Contact

Filing Contact Information

NA NA, NA@NA.COM
NA, NA 123-555-4567 [Phone]
LITTLE ROCK, AR 00000

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Filing Company Information

MetLife Life and Annuity Company of
Connecticut

CoCode: 80950

State of Domicile: Connecticut

One City Place

Group Code:

Company Type: LD

HARTFORD, CT 061033415

Group Name:

State ID Number:

(860) 308-6508 ext. [Phone]

FEIN Number: 99-9999999

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Donna Lambert	02/22/2012	02/22/2012

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Disposition

Disposition Date: 02/22/2012

Implementation Date: 02/22/2012

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes

RESCISSION REPORTING FORM FOR
LONG-TERM CARE POLICIES
FOR THE STATE OF ARKANSAS
FOR THE REPORTING YEAR 2011

Company Name:

- Genworth Life Insurance Company, NAIC # 70025
- RiverSource Life Insurance Company, NAIC # 65005
- MetLife Insurance Company of Connecticut (formerly The Travelers Insurance Company), NAIC # 87726
- Continental Life Insurance Company, NAIC # 68500

Address: **Long Term Care Division**
 6620 West Broad St.
 Richmond, VA 23230

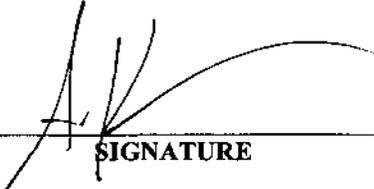
Phone Number: **(804) 281-6926**

Instructions:

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

POLICY FORM NO.	POLICY AND CERTIFICATE NO.	NAME OF INSURED	DATE OF POLICY ISSUANCE	DATE(S) CLAIMS SUBMITTED	DATE OF RESCISSION

Detailed Reason for Rescission: **NONE**



 SIGNATURE

ALLISON KUSEL
COMPLIANCE MANAGER
LONG TERM CARE CLAIMS
 Name & Title (Please Type)

Date: 1.25.12

RECEIVED

FEB 17 2012

LIFE AND HEALTH
 ARKANSAS INSURANCE DEPARTMENT

SERFF Tracking Number: ARLH-128109059

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Supporting Document Schedules

	Item Status:	Status Date:
Unsatisfied - Item: Flesch Certification Comments:		
Unsatisfied - Item: Application Comments:		
Unsatisfied - Item: Health - Actuarial Justification Comments:		
Unsatisfied - Item: Outline of Coverage Comments:		