

SERFF Tracking Number: META-127353551 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 49480
Company Tracking Number: W11-86 TO (CC)
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/W11-86 TO

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Long-Term Care SERFF Tr Num: META-127353551 State: Arkansas

Insurance – Premium Rate Schedule Increase

Filing

TOI: LTC03G Group Long Term Care

SERFF Status: Closed-Approved- State Tr Num: 49480
Closed

Sub-TOI: LTC03G.001 Qualified

Co Tr Num: W11-86 TO (CC)

State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Stephanie Fowler

Authors: Sandra Bennett, Ruth
Rivera, Linda Williams, Cherise
Crittenden

Disposition Date: 02/28/2012

Date Submitted: 08/04/2011

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date: 02/28/2012

State Filing Description:

General Information

Project Name: G.LCUL

Status of Filing in Domicile:

Project Number: W11-86 TO

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 02/28/2012

State Status Changed: 02/28/2012

Deemer Date:

Created By: Ruth Rivera

Submitted By: Cherise Crittenden

Corresponding Filing Tracking Number:

Filing Description:

Re: Group Long-Term Care Insurance – Premium Rate Schedule Increase Filing

Our NAIC Company No. is 65978

Our FEIN is 13-5581829

Dear Sir/Madam:

SERFF Tracking Number: META-127353551 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 49480
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TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
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We are filing, for your review and approval, a request for a 45% premium rate schedule increase for certificates issued to residents of your state under certain group long-term care insurance policies issued for delivery (situated) outside of your state before July 1, 2010. Please note that the requested increase will not apply to any group long-term care insurance certificate issued with rates that were based on the prospective premium rate schedule increase that was approved by your Department on July 17, 2009 (those group long-term care insurance certificates were issued under group policies that were effective on or after July 1, 2010).

We do not have any group long-term care insurance policies situated in your state and we are not currently marketing such policies to new group policyholders. There are currently group long-term care insurance policies situated in other states that are open to new entrants. Prior to our implementing the requested rate increase for a particular group, the group policy will be closed to new entrants.

We will only implement a premium rate schedule increase for certificates issued to residents of your state under an out-of-state group long-term care insurance policy after we have received approval from your Department and any required approval of the situs state with respect to an increase for the group policy form. We will implement the amount of the increase approved by your state irrespective of the amount of the increase implemented in the situs state.

The premium rate schedule increase for which we are seeking approval will apply to the following group long-term care insurance certificate forms approved for use in your state:

- G.LTC297 and G.LTC397, approved by your Department on September 20, 1998; and
- G.LTC199, approved by your Department on January 24, 2000.

We are submitting an actuarial memorandum and rates in support of our request.

Requirement for Updated Projections

Please note that we do not intend to provide updated projections annually for the next three years.

Notification to Certificateholders of Premium Rate Schedule Increase

We intend to provide certificateholders with a minimum of 60 days advance written notice prior to the first effective date of the premium rate schedule increase. In our written notification we will explain that:

- the certificateholder can continue his/her current coverage by paying the new premium amount when due;
- the certificateholder can reduce his/her coverage to lessen the impact of the premium rate schedule increase if the

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current level of coverage permits a reduction (we may offer options of reducing the daily benefit amount as low as \$50.00, but no lower; or

- if the certificateholder's coverage lapses (due to nonpayment of premium or cancellation) at anytime from the date of our written notification up to 120 days following the first due date of the new premium ("Election Period"), that the certificateholder will have nonforfeiture coverage as follows:
- if the certificateholder's coverage does not include a nonforfeiture feature we will issue the certificateholder the Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") described below;
- if the certificateholder's coverage includes a nonforfeiture feature, but that feature will provide no benefit or a lower benefit than LCUL (as determined by us), we will issue the certificateholder LCUL and pay benefits under LCUL rather than the nonforfeiture feature included in the certificateholder's coverage;
- if the certificateholder's coverage includes a nonforfeiture feature that will pay benefits equal to or greater than LCUL (as determined by us), we will provide nonforfeiture coverage under the feature already included in the certificateholder's coverage;
- if the certificateholder's coverage includes a nonforfeiture feature that will pay benefits that are different than the benefits provided under LCUL such that we determine that it would be appropriate to provide the certificateholder with a choice of retaining their existing nonforfeiture feature or electing LCUL, we will present LCUL as an option that the certificateholder can elect instead of the nonforfeiture feature included in the certificate. In this scenario, LCUL will only be issued and apply if specifically elected by the certificateholder instead of the nonforfeiture feature included in his/her certificate;
- if the certificateholder qualifies for coverage under Contingent Benefit Upon Lapse as a result of the premium rate schedule increase, we will instead provide coverage under LCUL since the benefit payable under LCUL is equal to the benefit payable under Contingent Benefit Upon Lapse.
- we will not provide coverage under more than one nonforfeiture coverage provision.

Limited Coverage Upon Lapse Following Premium Increase Endorsement

In connection with our request for approval of a premium rate schedule increase, we are filing the following forms for review and approval. Please refer to the section above titled Notification to Certificateholders of Premium Rate Schedule Increase for additional information on how we intend to use these forms.

Form Number: Description:

SERFF Tracking Number: META-127353551 State: Arkansas
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TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/W11-86 TO

G.LCUL LIMITED COVERAGE UPON LAPSE FOLLOWING PREMIUM INCREASE ENDORSEMENT. Endorsement to be issued to certificateholders whose coverage lapsed during the Election Period (described above) and (1) whose policies did not include a nonforfeiture benefit; or (2) who qualified for Contingent Benefit Upon Lapse as a result of the premium rate schedule increase.

The officer signing below certifies that this endorsement form achieves a Flesch score of 50.

G.LCUL-1 LIMITED COVERAGE UPON LAPSE FOLLOWING PREMIUM INCREASE ENDORSEMENT. Endorsement to be issued to certificateholders whose coverage lapsed during the Election Period (described above) and whose policies included a nonforfeiture benefit that did not provide a benefit equal to or greater than that provided by the LCUL.

The officer signing below certifies that this endorsement form achieves a Flesch score of 50.

G.LCUL-2 LIMITED COVERAGE UPON LAPSE FOLLOWING PREMIUM INCREASE ENDORSEMENT. Endorsement to be issued to certificateholders whose coverage lapsed during the Election Period (described above) and whose policies included a nonforfeiture benefit that will pay benefits different than the benefits provided under LCUL and who chose LCUL instead of the nonforfeiture benefit included in their coverage.

The officer signing below certifies that this endorsement form achieves a Flesch score of 50.

Thank you for your attention to our filing. We look forward to hearing from you.

Sincerely,

Carolyn Roth Michael F. Tietz
Director Vice President

Company and Contact

Filing Contact Information

Carolyn Roth, Director croth@metlife.com
MetLife 212-578-2944 [Phone]
1095 Avenue of the Americas 212-578-3874 [FAX]
New York, NY 10036-6796

Filing Company Information

Metropolitan Life Insurance Company CoCode: 65978 State of Domicile: New York
MetLife Group Code: 241 Company Type: Life

SERFF Tracking Number: *META-127353551* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *49480*
Company Tracking Number: *W11-86 TO (CC)*
TOI: *LTC03G Group Long Term Care* *Sub-TOI:* *LTC03G.001 Qualified*
Product Name: *Group Long-Term Care Insurance Premium Rate Schedule Increase Filing*
Project Name/Number: *G.LCUL/W11-86 TO*
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

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? No
Fee Explanation: \$50.00 per rate filing
 \$50.00 per form x 3 = \$150.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$200.00	08/04/2011	50382953

SERFF Tracking Number: META-127353551 State: Arkansas
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 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/W11-86 TO

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	02/28/2012	02/28/2012
Disapproved	Stephanie Fowler	10/21/2011	10/21/2011

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	02/07/2012	02/07/2012
Pending Industry Response	Stephanie Fowler	09/07/2011	09/07/2011
Pending Industry Response	Stephanie Fowler	08/25/2011	08/25/2011

Response Letters

Responded By	Created On	Date Submitted
Cherise Crittenden	02/15/2012	02/15/2012
Cherise Crittenden	10/20/2011	10/20/2011
Cherise Crittenden	09/19/2011	09/19/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Experience Report	Cherise Crittenden	12/14/2011	12/14/2011
Supporting Document	Response to 10_21_11 Objection and 12_8_11 conversation	Cherise Crittenden	12/14/2011	12/14/2011

SERFF Tracking Number: *META-127353551* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *49480*
Company Tracking Number: *W11-86 TO (CC)*
TOI: *LTC03G Group Long Term Care* *Sub-TOI:* *LTC03G.001 Qualified*
Product Name: *Group Long-Term Care Insurance Premium Rate Schedule Increase Filing*
Project Name/Number: *G.LCUL/W11-86 TO*

Form	Endorsement	Cherise Crittenden	08/17/2011	08/17/2011
Form	Endorsement	Cherise Crittenden	08/17/2011	08/17/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request for Status of Filing	Note To Reviewer	Cherise Crittenden	01/26/2012	01/26/2012
Review of submitted information	Note To Filer	Stephanie Fowler	12/15/2011	12/15/2011
Status	Note To Filer	Stephanie Fowler	10/19/2011	10/19/2011
Objection Lteer dated 9/7/11	Note To Filer	Stephanie Fowler	09/21/2011	09/21/2011

SERFF Tracking Number: META-127353551 State: Arkansas
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 Project Name/Number: G.LCUL/W11-86 TO

Disposition

Disposition Date: 02/28/2012

Implementation Date: 02/28/2012

Status: Approved-Closed

Comment: As previously discussed, a rate increase of 15% is approved. It is the agreement of this Department and of the Company that the rates for the policies referenced in this filing are not to be raised for the next three years. This approval is subject to the Company notifying the insured of its intent to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

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):
Metropolitan Life Insurance Company	45.000%	45.000%	\$165,317	519	\$367,372	45.000%	45.000%

SERFF Tracking Number: META-127353551 State: Arkansas
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 Company Tracking Number: W11-86 TO (CC)
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 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/W11-86 TO

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Supporting Document	Arkansas Certification	Approved-Closed	No
Supporting Document	NAIC Form	Approved-Closed	Yes
Supporting Document	AR_Group Exhibit I	Approved-Closed	No
Supporting Document	Response to 8_25_11 Objection	Approved-Closed	No
Supporting Document	Experience Report	Approved-Closed	No
Supporting Document	Response to 10_21_11 Objection and 12_8_11 conversation	Approved-Closed	No
Supporting Document	Filing Letter Addendum	Approved-Closed	No
Form	Endorsement	Approved-Closed	Yes
Form (revised)	Endorsement	Approved-Closed	Yes
Form	Endorsement	Disapproved	No
Form (revised)	Endorsement	Approved-Closed	Yes
Form	Endorsement	Disapproved	No
Rate (revised)	Group Rates – 15% Increase	Approved-Closed	Yes
Rate	Group Rates – 45% Increase	Disapproved	No

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 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 49480
 Company Tracking Number: W11-86 TO (CC)
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/W11-86 TO

Disposition

Disposition Date: 10/21/2011

Implementation Date:

Status: Disapproved

Comment: It is the primary mission of the Arkansas Insurance Department to protect consumers. Arkansas is a relatively poor state and most of the seniors who would be affected by your proposed rate increase live on a fixed income. Therefore, given the historical loss ratio for Arkansas is 42.3% (indicating that Metropolitan Life has enjoyed healthy profits on this block for several years); we cannot approve this rate increase at this time.

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):
Metropolitan Life Insurance Company	45.000%	45.000%	\$165,317	519	\$367,372	45.000%	45.000%

SERFF Tracking Number: META-127353551 State: Arkansas
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 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/W11-86 TO

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Supporting Document	Arkansas Certification	Approved-Closed	No
Supporting Document	NAIC Form	Approved-Closed	Yes
Supporting Document	AR_Group Exhibit I	Approved-Closed	No
Supporting Document	Response to 8_25_11 Objection	Approved-Closed	No
Supporting Document	Experience Report	Approved-Closed	No
Supporting Document	Response to 10_21_11 Objection and 12_8_11 conversation	Approved-Closed	No
Supporting Document	Filing Letter Addendum	Approved-Closed	No
Form	Endorsement	Approved-Closed	Yes
Form (revised)	Endorsement	Approved-Closed	Yes
Form	Endorsement	Disapproved	No
Form (revised)	Endorsement	Approved-Closed	Yes
Form	Endorsement	Disapproved	No
Rate (revised)	Group Rates – 15% Increase	Approved-Closed	Yes
Rate	Group Rates – 45% Increase	Disapproved	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/07/2012
Submitted Date 02/07/2012
Respond By Date 03/07/2011

Dear Carolyn Roth,

Based on current conversations, an agreement has been reached regarding this rate increase. A rate increase of 15% has been agreed upon conditional on the company's agreement not to seek any further increases on this block for a period of three (3) years. With that being said, please submit the corrected rate sheets and any other applicable information.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

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Project Name/Number: G.LCUL/W11-86 TO

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/15/2012
Submitted Date 02/15/2012

Dear Stephanie Fowler,

Comments:

We are in receipt of your objection letter of February 7, 2012 in connection with the above-captioned submission.

Response 1

Comments: Per your request, we have attached the following documents for your review

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Filing Letter Addendum
Comment: Attached is the Filing Letter Addendum

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
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Group Rates – 15% Increase	G.LTC297,G.LTC397,G.LTC Revised 199		<i>Previous State Filing Number</i> <i>Percent Rate Change Request</i> 15	
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Previous Version

Group Rates – 45% Increase	G.LTC297,G.LTC397,G.LTC Revised 199		<i>Previous State Filing Number</i> <i>Percent Rate Change Request</i> 45	
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Thanks,

Bill Wilson
Contract Analyst

SERFF Tracking Number: *META-127353551* *State:* *Arkansas*
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Project Name/Number: *G.LCUL/W11-86 TO*

Institutional Contracts
(908) 253-2290

Sincerely,
Cherise Crittenden, Linda Williams, Ruth Rivera, Sandra Bennett

SERFF Tracking Number: META-127353551 State: Arkansas
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TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
Project Name/Number: G.LCUL/W11-86 TO

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/07/2011
Submitted Date 09/07/2011
Respond By Date 10/07/2011

Dear Carolyn Roth,

Per the agreement between the company and the Department of Insurance, we are willing to approve a 20% increase provided that there are no further rate increases for the next 4 years. With that being said, please update this filing to reflect this agreement.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/20/2011
Submitted Date 10/20/2011

Dear Stephanie Fowler,

Comments:

We are in receipt of your "Note to Filer" of October 19, 2011 in connection with the above-captioned submission

Response 1

Comments: On September 21, 2011 you sent the following Note to Filer: "Please disregard this objection letter and the offer that was extended in its text. Thank you for bringing this error to my attention".

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Cherise Crittenden, Linda Williams, Ruth Rivera, Sandra Bennett

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Product Name: *Group Long-Term Care Insurance Premium Rate Schedule Increase Filing*
Project Name/Number: *G.LCUL/W11-86 TO*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/25/2011
Submitted Date 08/25/2011
Respond By Date 09/26/2011

Dear Carolyn Roth,

This will acknowledge receipt of the captioned filing. Due to the significant increase requested, please attach the past, future and lifetime experience for Arkansas; with and without this increase.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/19/2011
Submitted Date 09/19/2011

Dear Stephanie Fowler,

Comments:

Response 1

Comments: Attached is the Response Letter and Exhibit I

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: AR_Group Exhibit I

Comment: Attached is the AR_Group Exhibit I

Satisfied -Name: Response to 8_25_11 Objection

Comment: Attached is the Response to 8_25_11 Objection

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Cherise Crittenden, Linda Williams, Ruth Rivera, Sandra Bennett

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Project Name/Number: *G.LCUL/W11-86 TO*

Note To Reviewer

Created By:

Cherise Crittenden on 01/26/2012 03:25 PM

Last Edited By:

Stephanie Fowler

Submitted On:

02/28/2012 12:14 PM

Subject:

Request for Status of Filing

Comments:

May we please have the status of this filing

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Project Name/Number: G.LCUL/W11-86 TO

Amendment Letter

Submitted Date: 12/14/2011

Comments:

This letter is in response to your objection of October 21, 2011 and our telephone conversation of December 8, 2011.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Experience Report

Comment: Attached is the Experience Report
AR specific_GRP_Attachment 1_History with ALR.pdf

User Added -Name: Response to 10_21_11 Objection and 12_8_11 conversation

Comment: Attached is the Response to the October 21, 2011 objection and our telephone conversation of December 8, 2011.
AR Response to Group_12122011.pdf

SERFF Tracking Number: *META-127353551* *State:* *Arkansas*
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Product Name: *Group Long-Term Care Insurance Premium Rate Schedule Increase Filing*
Project Name/Number: *G.LCUL/W11-86 TO*

Note To Filer

Created By:

Stephanie Fowler on 10/19/2011 09:57 AM

Last Edited By:

Stephanie Fowler

Submitted On:

02/28/2012 12:14 PM

Subject:

Status

Comments:

This filing will be closed this Friday, October 21, 2011, if there is no response to our previous objection.

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Product Name: *Group Long-Term Care Insurance Premium Rate Schedule Increase Filing*
Project Name/Number: *G.LCUL/W11-86 TO*

Note To Filer

Created By:

Stephanie Fowler on 09/21/2011 11:52 AM

Last Edited By:

Stephanie Fowler

Submitted On:

02/28/2012 12:14 PM

Subject:

Objection Lteer dated 9/7/11

Comments:

Please disregard this objection letter and the offer that was extended in its text. Thank you for bringing this error to my attention.

SERFF Tracking Number: META-127353551 State: Arkansas
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 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/W11-86 TO

Amendment Letter

Submitted Date: 08/17/2011

Comments:

These replace the endorsements which G.LCUL-1 and G.LCUL-2 Endorsements which were initially submitted.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
G.LCUL-1	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Endorsement Initial					50.000	G-LCUL-1 (Lower NF) (8-16-11).pdf
G.LCUL-2	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Endorsement Initial					50.000	G-LCUL-2 (Choice) (8-16-11).pdf

SERFF Tracking Number: META-127353551 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 49480
 Company Tracking Number: W11-86 TO (CC)
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/W11-86 TO

Form Schedule

Lead Form Number: G.LCUL

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/28/2012	G.LCUL	Policy/Cont ract/Fratern al	Policy/Cont ract/Fratern al	Initial		50.000	G-LCUL.pdf
Approved-Closed 02/28/2012	G.LCUL-1	Policy/Cont ract/Fratern al	Policy/Cont ract/Fratern al	Initial		50.000	G-LCUL-1 (Lower NF) (8-16-11).pdf
Approved-Closed 02/28/2012	G.LCUL-2	Policy/Cont ract/Fratern al	Policy/Cont ract/Fratern al	Initial		50.000	G-LCUL-2 (Choice) (8- 16-11).pdf

METROPOLITAN LIFE INSURANCE COMPANY
[New York, N.Y.]

LIMITED COVERAGE UPON LAPSE FOLLOWING CONTRIBUTION INCREASE ENDORSEMENT

DEFINITIONS

For purposes of this Endorsement, the following definitions apply.

Election Period means the period of time that begins on the date We provide You with written notification of the Contribution Increase and ends 120 days following the first due date of the Contribution Increase.

Lapse means the termination of Your Coverage due to nonpayment of Contribution or written cancellation.

Contribution Increase means the increase in Your Contribution as a result of the premium rate schedule increase implemented by Us following any required regulatory approval. The term Contribution Increase does not include an increase in premium or in Your Contribution due to:

- an increase in Your Benefits under the terms of Your Coverage;
- a change in Your Coverage made at Your request;
- a change in Your payment arrangements; or
- the end or reduction of any applicable discount.

Nonforfeiture Feature means any of the following, if applicable to Your Coverage, that provide for reduced or limited coverage in the event that Your Coverage Lapses: a Certificate provision; this Endorsement; or a Rider.

LAPSE DURING ELECTION PERIOD

This Endorsement has been issued to You because Your Coverage Lapsed during the Election Period. Due to the Lapse of Your Coverage during the Election Period, Your Coverage is converted to paid-up status, effective as of the date of Lapse, as described below.

If You are Eligible for Contingent Benefit Upon Lapse

This Endorsement pays the same Benefits that would be payable if You are eligible for and meet the requirements for payment of Benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature ("CBUL"). We will not pay Benefits under both CBUL and this Endorsement. Since the Benefits payable are the same under both CBUL and this Endorsement, We will pay Benefits under this Endorsement and You will not be eligible for payment of Benefits under CBUL.

PAID-UP STATUS

We will pay the same Benefits that were in effect under Your Coverage immediately prior to the date it was converted to paid-up status, except as described below:

- Your Total Lifetime Benefit will be the greater of:
 - the sum of all paid and waived Contributions; or
 - 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to Lapse;

- You will not be eligible for the Transition Expense Benefit, if that Benefit is included in Your Coverage;
- You will not be able to receive a return of any Contributions under the Return of Contribution provision if that provision is included in Your Coverage; and
- No further Contributions will be due, You may no longer change Your Benefit amounts and You will no longer receive increases under any inflation coverage option that is part of Your Coverage.

The total Benefits that We will pay after Your Coverage is converted to paid-up status will not exceed the remaining Total Lifetime Benefit in effect immediately prior to Lapse.

EFFECTIVE DATE OF THIS ENDORSEMENT

This Endorsement takes effect on the Endorsement Effective Date as shown below.

TERMINATION OF THIS ENDORSEMENT

If Your Coverage ends for any reason other than Lapse following Contribution Increase, this Endorsement will end when Your Coverage ends.

If You reinstate Your Coverage after this Endorsement has gone into effect (in accordance with the reinstatement provisions of Your Certificate), this Endorsement will end on the date Coverage under Your Certificate is reinstated.

We will not provide Coverage following Lapse under this Endorsement and another Nonforfeiture Feature.

This Endorsement will not take effect if Your Coverage does not Lapse during the Election Period.

In all other respects, the provisions and conditions of Your Certificate remain the same. This Endorsement is subject to the terms and provisions of Your Certificate. It is to be attached to and made a part of Your Certificate.

[



Christine M. DeBiase
Vice President & Secretary]

Endorsement Effective Date: [insert date of Lapse]

METROPOLITAN LIFE INSURANCE COMPANY
[New York, N.Y.]

LIMITED COVERAGE UPON LAPSE FOLLOWING CONTRIBUTION INCREASE ENDORSEMENT

DEFINITIONS

For purposes of this Endorsement, the following definitions apply.

Election Period means the period of time that begins on the date We provide You with written notification of the Contribution Increase and ends 120 days following the first due date of the Contribution Increase.

Lapse means the termination of Your Coverage due to nonpayment of Contribution or written cancellation.

Contribution Increase means the increase in Your Contribution as a result of the premium rate schedule increase implemented by Us following any required regulatory approval. The term Contribution Increase does not include an increase in premium or in Your Contribution due to:

- an increase in Your Benefits under the terms of Your Coverage;
- a change in Your Coverage made at Your request;
- a change in Your payment arrangements; or
- the end or reduction of any applicable discount.

Nonforfeiture Feature means any of the following, if applicable to Your Coverage, that provide for reduced or limited coverage in the event that Your Coverage Lapses: a Certificate provision; this Endorsement; or a Rider.

LAPSE DURING ELECTION PERIOD

This Endorsement has been issued to You because:

- Your Coverage included a Nonforfeiture Feature;
- Your Coverage Lapsed during the Election Period; and
- Your Benefits under the Nonforfeiture Feature included in Your Coverage would be less than the Benefits provided by this Endorsement.

As a result of your Coverage under this Endorsement, the Nonforfeiture Feature included in Your Coverage no longer applies.

Due to the Lapse of Your Coverage during the Election Period, Your Coverage is converted to paid-up status, effective as of the date of Lapse, as described below.

PAID-UP STATUS

We will pay the same Benefits that were in effect under Your Coverage immediately prior to the date it was converted to paid-up status, except as described below:

- Your Total Lifetime Benefit will be the greater of:
 - the sum of all paid and waived Contributions; or
 - 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to Lapse;

- You will not be eligible for the Transition Expense Benefit if that Benefit is included in Your Coverage;
- You will not be able to receive a return of any Contributions under the Return of Contribution provision if that provision is included in Your Coverage; and
- No further Contributions will be due, You may no longer change Your Benefit amounts and You will no longer receive increases under any inflation coverage option that is part of Your Coverage.

The total Benefits that We will pay after Your Coverage is converted to paid-up status will not exceed the remaining Total Lifetime Benefit in effect immediately prior to Lapse.

EFFECTIVE DATE OF THIS ENDORSEMENT

This Endorsement takes effect on the Endorsement Effective Date as shown below.

TERMINATION OF THIS ENDORSEMENT

If Your Coverage ends for any reason other than Lapse following Contribution Increase, this Endorsement will end when Your Coverage ends.

If You reinstate Your Coverage after this Endorsement has gone into effect (in accordance with the reinstatement provisions of Your Certificate), this Endorsement will end on the date Coverage under Your Certificate is reinstated.

We will not provide Coverage following Lapse under this Endorsement and another Nonforfeiture Feature.

This Endorsement will not take effect if Your Coverage does not Lapse during the Election Period.

In all other respects, the provisions and conditions of Your Certificate remain the same. This Endorsement is subject to the terms and provisions of Your Certificate. It is to be attached to and made a part of Your Certificate.

[



Christine M. DeBiase
Vice President & Secretary]

Endorsement Effective Date: [insert date of Lapse]

METROPOLITAN LIFE INSURANCE COMPANY
[New York, N.Y.]

LIMITED COVERAGE UPON LAPSE FOLLOWING CONTRIBUTION INCREASE ENDORSEMENT

DEFINITIONS

For purposes of this Endorsement, the following definitions apply.

Election Period means the period of time that begins on the date We provide You with written notification of the Contribution Increase and ends 120 days following the first due date of the Contribution Increase.

Lapse means the termination of Your Coverage due to nonpayment of Contribution or written cancellation.

Contribution Increase means the increase in Your Contribution as a result of the premium rate schedule increase implemented by Us following any required regulatory approval. The term Contribution Increase does not include an increase in premium or in Your Contribution due to:

- an increase in Your Benefits under the terms of Your Coverage;
- a change in Your Coverage made at Your request;
- a change in Your payment arrangements; or
- the end or reduction of any applicable discount.

Nonforfeiture Feature means any of the following, if applicable to Your Coverage, that provide for reduced or limited coverage in the event that Your Coverage Lapses: a Certificate provision; this Endorsement; or a Rider.

LAPSE DURING ELECTION PERIOD

This Endorsement has been issued to You because:

- Your Coverage included a Nonforfeiture Feature;
- Your Coverage Lapsed during the Election Period; and
- You elected to receive Coverage under this Endorsement instead of the Nonforfeiture Feature included in Your Coverage.

As a result of your election of Coverage under this Endorsement, the Nonforfeiture Feature included in Your Coverage no longer applies.

Due to the Lapse of Your Coverage during the Election Period, Your Coverage is converted to paid-up status, effective as of the date of Lapse, as described below.

PAID-UP STATUS

We will pay the same Benefits that were in effect under Your Coverage immediately prior to the date it was converted to paid-up status, except as described below:

- Your Total Lifetime Benefit will be the greater of:
 - the sum of all paid and waived Contributions; or
 - 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to Lapse;
- You will not be eligible for the Transition Expense Benefit if that Benefit is included in Your Coverage;
- You will not be able to receive a return of any Contributions under the Return of Contribution provision if that provision is included in Your Coverage; and
- No further Contributions will be due, You may no longer change Your Benefit amounts and You will no longer receive increases under any inflation coverage option that is part of Your Coverage.

The total Benefits that We will pay after Your Coverage is converted to paid-up status will not exceed the remaining Total Lifetime Benefit in effect immediately prior to Lapse.

EFFECTIVE DATE OF THIS ENDORSEMENT

This Endorsement takes effect on the Endorsement Effective Date as shown below.

TERMINATION OF THIS ENDORSEMENT

If Your Coverage ends for any reason other than Lapse following Contribution Increase, this Endorsement will end when Your Coverage ends.

If You reinstate Your Coverage after this Endorsement has gone into effect (in accordance with the reinstatement provisions of Your Certificate), this Endorsement will end on the date Coverage under Your Certificate is reinstated.

We will not provide Coverage following Lapse under this Endorsement and another Nonforfeiture Feature.

This Endorsement will not take effect if Your Coverage does not Lapse during the Election Period.

In all other respects, the provisions and conditions of Your Certificate remain the same. This Endorsement is subject to the terms and provisions of Your Certificate. It is to be attached to and made a part of Your Certificate.

[



Christine M. DeBiase
Vice President & Secretary]

Endorsement Effective Date: [insert date of Lapse]

SERFF Tracking Number: META-127353551 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 49480
 Company Tracking Number: W11-86 TO (CC)
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/W11-86 TO

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing: N/A

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):
Metropolitan Life Insurance Company	45.000%	45.000%	\$165,317	519	\$367,372	45.000%	45.000%

SERFF Tracking Number: META-127353551 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 49480
 Company Tracking Number: W11-86 TO (CC)
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/W11-86 TO

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 02/28/2012	Group Rates – 15% Increase	G.LTC297, G.LTC397, G.LTC199	Revised	Previous State Filing Number: Percent Rate Change Request: 15.000	Group Rates_Generic_w ith 15% Increase.pdf

Group Long-Term Care Insurance Nursing Home Benefits
Monthly Premium Rates per \$100 Daily Benefits
with 15% increase applied

Plans with Optional Inflation Feature				
MAX YRS	2	2	10	10
WP DAYS	10	180	10	180
Age:				
30	\$1.44	\$1.08	\$2.66	\$2.08
31	\$1.58	\$1.18	\$2.90	\$2.27
32	\$1.71	\$1.29	\$3.16	\$2.47
33	\$1.87	\$1.41	\$3.45	\$2.70
34	\$2.06	\$1.54	\$3.76	\$2.94
35	\$2.24	\$1.69	\$4.11	\$3.21
36	\$2.46	\$1.84	\$4.49	\$3.50
37	\$2.69	\$2.01	\$4.89	\$3.82
38	\$2.94	\$2.20	\$5.34	\$4.16
39	\$3.21	\$2.40	\$5.82	\$4.54
40	\$3.52	\$2.63	\$6.36	\$4.95
41	\$3.83	\$2.86	\$6.90	\$5.37
42	\$4.17	\$3.12	\$7.50	\$5.83
43	\$4.54	\$3.39	\$8.15	\$6.33
44	\$4.95	\$3.70	\$8.86	\$6.87
45	\$5.39	\$4.03	\$9.61	\$7.45
46	\$5.87	\$4.38	\$10.44	\$8.08
47	\$6.39	\$4.77	\$11.35	\$8.77
48	\$6.97	\$5.20	\$12.33	\$9.52
49	\$7.59	\$5.66	\$13.40	\$10.34
50	\$8.27	\$6.16	\$14.55	\$11.21
51	\$9.11	\$6.79	\$15.97	\$12.29
52	\$10.03	\$7.48	\$17.54	\$13.48
53	\$11.04	\$8.23	\$19.26	\$14.79
54	\$12.17	\$9.06	\$21.14	\$16.22
55	\$13.41	\$9.98	\$23.21	\$17.78
56	\$14.77	\$10.99	\$25.48	\$19.49
57	\$16.26	\$12.11	\$27.98	\$21.37
58	\$17.92	\$13.33	\$30.72	\$23.44
59	\$19.73	\$14.69	\$33.72	\$25.69
60	\$21.75	\$16.17	\$37.02	\$28.18
61	\$24.07	\$17.89	\$40.83	\$31.03
62	\$26.66	\$19.80	\$45.03	\$34.17
63	\$29.51	\$21.91	\$49.67	\$37.62
64	\$32.67	\$24.24	\$54.77	\$41.43
65	\$36.18	\$26.83	\$60.42	\$45.62
66	\$39.93	\$29.59	\$66.46	\$50.11
67	\$44.07	\$32.63	\$73.11	\$55.03
68	\$48.65	\$35.97	\$80.42	\$60.42
69	\$53.68	\$39.68	\$88.46	\$66.36
70	\$59.25	\$43.75	\$97.31	\$72.88
71	\$65.23	\$48.10	\$106.79	\$79.83
72	\$71.81	\$52.89	\$117.21	\$87.45
73	\$79.04	\$58.16	\$128.63	\$95.80
74	\$87.01	\$63.95	\$141.16	\$104.95
75	\$95.78	\$70.32	\$154.93	\$114.97
76	\$104.93	\$76.95	\$169.20	\$125.32
77	\$114.94	\$84.20	\$184.78	\$136.60
78	\$125.90	\$92.14	\$201.80	\$148.89
79	\$137.92	\$100.82	\$220.39	\$162.29
80	\$151.08	\$110.33	\$240.70	\$176.90
81	\$162.84	\$118.51	\$258.61	\$189.43
82	\$175.50	\$127.29	\$277.85	\$202.85
83	\$189.15	\$136.74	\$298.54	\$217.21
84	\$203.87	\$146.88	\$320.76	\$232.60
85	\$219.73	\$157.76	\$344.63	\$249.08
86	\$236.83	\$169.46	\$370.29	\$266.72
87	\$255.25	\$182.02	\$397.84	\$285.60
88	\$275.11	\$195.52	\$427.46	\$305.83
89	\$296.52	\$210.01	\$459.28	\$327.50
90	\$319.59	\$225.58	\$493.45	\$350.69

Plans with Automatic Inflation Protection Feature				
MAX YRS	2	2	10	10
WP DAYS	10	180	10	180
Age:				
30	\$9.35	\$7.16	\$17.28	\$13.63
31	\$9.88	\$7.57	\$18.25	\$14.38
32	\$10.44	\$7.99	\$19.26	\$15.18
33	\$11.03	\$8.45	\$20.33	\$16.02
34	\$11.65	\$8.92	\$21.47	\$16.91
35	\$12.32	\$9.43	\$22.67	\$17.84
36	\$13.01	\$9.96	\$23.93	\$18.83
37	\$13.74	\$10.52	\$25.25	\$19.87
38	\$14.52	\$11.11	\$26.67	\$20.98
39	\$15.34	\$11.74	\$28.15	\$22.14
40	\$16.20	\$12.40	\$29.72	\$23.36
41	\$17.12	\$13.10	\$31.36	\$24.63
42	\$18.09	\$13.85	\$33.09	\$25.98
43	\$19.11	\$14.62	\$34.90	\$27.40
44	\$20.19	\$15.44	\$36.83	\$28.90
45	\$21.34	\$16.32	\$38.86	\$30.48
46	\$22.55	\$17.24	\$41.01	\$32.14
47	\$23.83	\$18.20	\$43.26	\$33.89
48	\$25.17	\$19.24	\$45.66	\$35.74
49	\$26.59	\$20.32	\$48.17	\$37.70
50	\$28.09	\$21.47	\$50.83	\$39.76
51	\$29.88	\$22.82	\$53.94	\$42.15
52	\$31.76	\$24.25	\$57.24	\$44.70
53	\$33.76	\$25.78	\$60.73	\$47.39
54	\$35.90	\$27.40	\$64.45	\$50.26
55	\$38.17	\$29.13	\$68.38	\$53.29
56	\$40.58	\$30.97	\$72.57	\$56.51
57	\$43.15	\$32.91	\$77.00	\$59.92
58	\$45.87	\$34.98	\$81.71	\$63.54
59	\$48.77	\$37.19	\$86.71	\$67.37
60	\$51.85	\$39.53	\$92.01	\$71.44
61	\$55.43	\$42.24	\$98.11	\$76.10
62	\$59.26	\$45.14	\$104.60	\$81.04
63	\$63.35	\$48.23	\$111.54	\$86.32
64	\$67.72	\$51.53	\$118.93	\$91.94
65	\$72.40	\$55.06	\$126.82	\$97.93
66	\$77.50	\$58.89	\$135.38	\$104.40
67	\$82.95	\$62.97	\$144.51	\$111.29
68	\$88.78	\$67.36	\$154.26	\$118.63
69	\$95.02	\$72.04	\$164.66	\$126.47
70	\$101.71	\$77.04	\$175.77	\$134.80
71	\$109.00	\$82.46	\$187.83	\$143.81
72	\$116.82	\$88.26	\$200.71	\$153.42
73	\$125.18	\$94.48	\$214.48	\$163.67
74	\$134.16	\$101.14	\$229.20	\$174.60
75	\$143.77	\$108.26	\$244.92	\$186.27
76	\$153.99	\$115.79	\$261.46	\$198.43
77	\$164.92	\$123.84	\$279.13	\$211.40
78	\$176.63	\$132.46	\$297.98	\$225.23
79	\$189.18	\$141.68	\$318.10	\$239.95
80	\$202.62	\$151.54	\$339.60	\$255.62
81	\$216.99	\$160.15	\$359.00	\$269.25
82	\$228.13	\$169.26	\$379.50	\$283.60
83	\$242.05	\$178.88	\$401.18	\$298.71
84	\$256.84	\$189.06	\$424.10	\$314.63
85	\$272.53	\$199.81	\$448.33	\$331.40
86	\$289.18	\$211.17	\$473.94	\$349.05
87	\$306.84	\$223.18	\$501.01	\$367.66
88	\$325.58	\$235.88	\$529.63	\$387.24
89	\$345.46	\$249.29	\$559.89	\$407.88
90	\$366.56	\$263.47	\$591.88	\$429.62

Group Long-Term Care Insurance – Comprehensive and Dual Level Reimbursement Benefits

Monthly Premium Rates per \$100 Daily Benefits

with 15% increase applied

Plans with Optional Inflation Feature								
MAX YRS	2	2	2	2	10	10	10	10
HC %	50	50	100	100	50	50	100	100
WP DAYS	10	180	10	180	10	180	10	180
Age:								
30	\$3.61	\$2.68	\$5.26	\$3.94	\$4.90	\$3.75	\$7.58	\$5.74
31	\$3.86	\$2.86	\$5.58	\$4.19	\$5.26	\$4.03	\$8.08	\$6.13
32	\$4.12	\$3.06	\$5.93	\$4.45	\$5.64	\$4.31	\$8.61	\$6.53
33	\$4.39	\$3.27	\$6.30	\$4.73	\$6.05	\$4.63	\$9.18	\$6.97
34	\$4.69	\$3.50	\$6.69	\$5.03	\$6.49	\$4.98	\$9.79	\$7.44
35	\$4.99	\$3.71	\$7.11	\$5.35	\$6.95	\$5.35	\$10.43	\$7.94
36	\$5.34	\$3.98	\$7.54	\$5.67	\$7.46	\$5.74	\$11.12	\$8.46
37	\$5.68	\$4.24	\$8.03	\$6.04	\$8.00	\$6.16	\$11.87	\$9.03
38	\$6.07	\$4.53	\$8.52	\$6.41	\$8.58	\$6.61	\$12.65	\$9.63
39	\$6.47	\$4.84	\$9.05	\$6.82	\$9.20	\$7.10	\$13.48	\$10.27
40	\$6.90	\$5.16	\$9.61	\$7.25	\$9.86	\$7.61	\$14.38	\$10.96
41	\$7.44	\$5.57	\$10.33	\$7.79	\$10.65	\$8.22	\$15.47	\$11.80
42	\$8.03	\$6.01	\$11.10	\$8.36	\$11.49	\$8.88	\$16.65	\$12.71
43	\$8.65	\$6.49	\$11.91	\$8.99	\$12.41	\$9.59	\$17.92	\$13.67
44	\$9.32	\$6.99	\$12.80	\$9.67	\$13.40	\$10.36	\$19.27	\$14.72
45	\$10.05	\$7.54	\$13.75	\$10.40	\$14.48	\$11.19	\$20.76	\$15.86
46	\$10.82	\$8.14	\$14.77	\$11.18	\$15.63	\$12.09	\$22.34	\$17.07
47	\$11.66	\$8.79	\$15.87	\$12.02	\$16.87	\$13.05	\$24.05	\$18.38
48	\$12.58	\$9.48	\$17.04	\$12.91	\$18.22	\$14.09	\$25.88	\$19.79
49	\$13.55	\$10.21	\$18.31	\$13.88	\$19.68	\$15.23	\$27.85	\$21.30
50	\$14.62	\$11.02	\$19.68	\$14.93	\$21.23	\$16.45	\$29.98	\$22.94
51	\$15.89	\$12.01	\$21.30	\$16.17	\$23.16	\$17.93	\$32.53	\$24.90
52	\$17.30	\$13.06	\$23.07	\$17.53	\$25.23	\$19.54	\$35.31	\$27.03
53	\$18.80	\$14.23	\$24.99	\$19.00	\$27.52	\$21.30	\$38.31	\$29.33
54	\$20.47	\$15.49	\$27.06	\$20.59	\$29.99	\$23.22	\$41.57	\$31.82
55	\$22.26	\$16.86	\$29.30	\$22.31	\$32.71	\$25.31	\$45.11	\$34.55
56	\$24.22	\$18.37	\$31.73	\$24.18	\$35.64	\$27.61	\$48.96	\$37.49
57	\$26.36	\$19.99	\$34.35	\$26.21	\$38.87	\$30.10	\$53.13	\$40.69
58	\$28.66	\$21.77	\$37.21	\$28.41	\$42.37	\$32.81	\$57.65	\$44.16
59	\$31.18	\$23.70	\$40.30	\$30.79	\$46.18	\$35.77	\$62.56	\$47.93
60	\$33.93	\$25.81	\$43.64	\$33.36	\$50.35	\$38.99	\$67.88	\$52.01
61	\$37.11	\$28.24	\$47.46	\$36.29	\$55.17	\$42.71	\$73.93	\$56.64
62	\$40.60	\$30.92	\$51.62	\$39.50	\$60.43	\$46.77	\$80.51	\$61.69
63	\$44.40	\$33.83	\$56.14	\$42.99	\$66.22	\$51.24	\$87.69	\$67.17
64	\$48.58	\$37.03	\$61.08	\$46.77	\$72.54	\$56.12	\$95.48	\$73.14
65	\$53.14	\$40.53	\$66.42	\$50.90	\$79.48	\$61.47	\$103.99	\$79.65
66	\$58.12	\$44.32	\$72.28	\$55.38	\$86.95	\$67.21	\$113.09	\$86.58
67	\$63.57	\$48.47	\$78.67	\$60.26	\$95.13	\$73.49	\$122.99	\$94.14
68	\$69.53	\$53.02	\$85.61	\$65.57	\$104.08	\$80.35	\$133.76	\$102.34
69	\$76.05	\$57.97	\$93.15	\$71.35	\$113.86	\$87.86	\$145.46	\$111.27
70	\$83.18	\$63.41	\$101.38	\$77.61	\$124.57	\$96.06	\$158.21	\$120.97
71	\$91.06	\$69.36	\$110.49	\$84.51	\$136.21	\$104.91	\$171.89	\$131.34
72	\$99.67	\$75.85	\$120.42	\$92.01	\$148.90	\$114.61	\$186.76	\$142.61
73	\$109.12	\$82.97	\$131.24	\$100.19	\$162.81	\$125.18	\$202.92	\$154.85
74	\$119.45	\$90.76	\$143.03	\$109.07	\$178.01	\$136.74	\$220.48	\$168.14
75	\$130.77	\$99.27	\$155.87	\$118.75	\$194.61	\$149.34	\$239.56	\$182.56
76	\$143.42	\$108.69	\$170.33	\$129.54	\$212.97	\$163.09	\$260.74	\$198.35
77	\$157.30	\$118.99	\$186.12	\$141.29	\$233.06	\$178.11	\$283.80	\$215.52
78	\$172.52	\$130.28	\$203.38	\$154.10	\$255.06	\$194.51	\$308.88	\$234.17
79	\$189.21	\$142.65	\$222.23	\$168.08	\$279.12	\$212.43	\$336.18	\$254.44
80	\$207.52	\$156.17	\$242.82	\$183.33	\$305.44	\$231.99	\$365.90	\$276.45
81	\$227.00	\$169.87	\$265.14	\$199.11	\$332.67	\$251.28	\$397.37	\$298.70
82	\$248.30	\$184.76	\$289.52	\$216.25	\$362.33	\$272.17	\$431.53	\$322.72
83	\$271.60	\$200.96	\$316.14	\$234.84	\$394.63	\$294.80	\$468.65	\$348.69
84	\$297.08	\$218.58	\$345.21	\$255.06	\$429.81	\$319.31	\$508.94	\$376.75
85	\$324.97	\$237.75	\$376.94	\$277.00	\$468.12	\$345.86	\$552.70	\$407.08
86	\$355.45	\$258.60	\$411.59	\$300.83	\$509.85	\$374.61	\$600.23	\$439.83
87	\$388.80	\$281.28	\$449.43	\$326.72	\$555.31	\$405.75	\$651.84	\$475.23
88	\$425.29	\$305.96	\$490.75	\$354.82	\$604.81	\$439.48	\$707.89	\$513.45
89	\$465.20	\$332.79	\$535.87	\$385.35	\$658.73	\$476.03	\$768.76	\$554.77
90	\$508.85	\$361.97	\$585.12	\$418.51	\$717.46	\$515.61	\$834.88	\$599.40

Plans with Automatic Inflation Protection Feature								
MAX YRS	2	2	2	2	10	10	10	10
HC %	50	50	100	100	50	50	100	100
WP DAYS	10	180	10	180	10	180	10	180
Age:								
30	\$16.31	\$12.48	\$19.09	\$14.71	\$24.54	\$19.27	\$28.57	\$22.40
31	\$17.10	\$13.09	\$20.00	\$15.41	\$25.77	\$20.26	\$29.97	\$23.53
32	\$17.92	\$13.73	\$20.94	\$16.15	\$27.08	\$21.30	\$31.44	\$24.69
33	\$18.79	\$14.40	\$21.93	\$16.92	\$28.45	\$22.38	\$32.99	\$25.91
34	\$19.70	\$15.11	\$22.95	\$17.72	\$29.90	\$23.53	\$34.62	\$27.20
35	\$20.67	\$15.84	\$24.05	\$18.56	\$31.40	\$24.73	\$36.33	\$28.54
36	\$21.65	\$16.62	\$25.19	\$19.45	\$32.99	\$25.98	\$38.12	\$29.96
37	\$22.71	\$17.43	\$26.37	\$20.37	\$34.66	\$27.30	\$40.00	\$31.44
38	\$23.82	\$18.30	\$27.61	\$21.34	\$36.42	\$28.69	\$41.96	\$33.01
39	\$24.97	\$19.18	\$28.91	\$22.36	\$38.26	\$30.15	\$44.03	\$34.63
40	\$26.17	\$20.13	\$30.28	\$23.43	\$40.19	\$31.68	\$46.20	\$36.35
41	\$27.53	\$21.17	\$31.82	\$24.62	\$42.31	\$33.35	\$48.61	\$38.25
42	\$28.96	\$22.28	\$33.43	\$25.88	\$44.54	\$35.12	\$51.13	\$40.24
43	\$30.46	\$23.45	\$35.14	\$27.21	\$46.89	\$36.97	\$53.79	\$42.32
44	\$32.03	\$24.67	\$36.93	\$28.60	\$49.36	\$38.92	\$56.57	\$44.52
45	\$33.70	\$25.96	\$38.80	\$30.05	\$51.96	\$40.97	\$59.51	\$46.83
46	\$35.44	\$27.31	\$40.78	\$31.60	\$54.69	\$43.13	\$62.61	\$49.27
47	\$37.27	\$28.73	\$42.85	\$33.22	\$57.58	\$45.40	\$65.86	\$51.83
48	\$39.20	\$30.23	\$45.02	\$34.91	\$60.61	\$47.79	\$69.28	\$54.52
49	\$41.24	\$31.82	\$47.31	\$36.70	\$63.80	\$50.31	\$72.88	\$57.35
50	\$43.38	\$33.48	\$49.71	\$38.58	\$67.16	\$52.96	\$76.66	\$60.34
51	\$45.85	\$35.40	\$52.49	\$40.74	\$71.07	\$56.03	\$81.03	\$63.77
52	\$48.47	\$37.43	\$55.42	\$43.02	\$75.21	\$59.28	\$85.66	\$67.41
53	\$51.24	\$39.59	\$58.50	\$45.45	\$79.58	\$62.73	\$90.57	\$71.25
54	\$54.17	\$41.86	\$61.77	\$47.99	\$84.21	\$66.37	\$95.75	\$75.31
55	\$57.25	\$44.26	\$65.22	\$50.68	\$89.11	\$70.22	\$101.21	\$79.61
56	\$60.52	\$46.81	\$68.85	\$53.62	\$94.30	\$74.30	\$107.00	\$84.15
57	\$63.97	\$49.51	\$72.68	\$56.51	\$99.79	\$78.61	\$113.13	\$88.94
58	\$67.63	\$52.35	\$76.74	\$59.70	\$105.59	\$83.17	\$119.59	\$94.00
59	\$71.50	\$55.36	\$81.03	\$63.03	\$111.75	\$88.01	\$126.42	\$99.37
60	\$75.58	\$58.54	\$85.55	\$66.57	\$118.25	\$93.12	\$133.64	\$105.03
61	\$80.26	\$62.19	\$90.70	\$70.60	\$125.70	\$98.93	\$141.88	\$111.46
62	\$85.24	\$66.06	\$96.15	\$74.85	\$133.62	\$105.12	\$150.63	\$118.29
63	\$90.52	\$70.15	\$101.95	\$79.36	\$142.04	\$111.70	\$159.91	\$125.52
64	\$96.13	\$74.52	\$108.10	\$84.16	\$150.98	\$118.69	\$169.76	\$133.20
65	\$102.09	\$79.15	\$114.60	\$89.24	\$160.49	\$126.12	\$180.24	\$141.36
66	\$108.68	\$84.25	\$121.81	\$94.81	\$170.84	\$134.16	\$191.59	\$150.17
67	\$115.70	\$89.65	\$129.48	\$100.74	\$181.86	\$142.72	\$203.68	\$159.53
68	\$123.17	\$95.40	\$137.63	\$107.03	\$193.60	\$151.82	\$216.51	\$169.48
69	\$131.12	\$101.55	\$146.29	\$113.72	\$206.09	\$161.51	\$230.15	\$180.03
70	\$139.60	\$108.07	\$155.50	\$120.83	\$219.37	\$171.80	\$244.65	\$191.26
71	\$149.09	\$115.29	\$165.85	\$128.74	\$233.94	\$183.01	\$260.52	\$203.44
72	\$159.22	\$123.00	\$176.89	\$137.17	\$249.47	\$194.95	\$277.39	\$216.41
73	\$170.06	\$131.25	\$188.67	\$146.17	\$266.02	\$207.67	\$295.38	\$230.20
74	\$181.62	\$140.04	\$201.23	\$155.73	\$283.68	\$221.21	\$314.54	\$244.87
75	\$193.97	\$149.41	\$214.64	\$165.93	\$302.50	\$235.65	\$334.91	\$260.48
76	\$208.05	\$159.93	\$230.05	\$177.51	\$323.63	\$251.56	\$358.04	\$277.89
77	\$223.12	\$171.21	\$246.56	\$189.90	\$346.24	\$268.57	\$382.78	\$296.45
78	\$239.32	\$183.28	\$264.27	\$203.16	\$370.43	\$286.72	\$409.22	\$316.25
79	\$256.68	\$196.19	\$283.25	\$217.34	\$396.30	\$306.08	\$437.47	\$337.38
80	\$275.31	\$210.02	\$303.59	\$232.51	\$423.98	\$326.76	\$467.69	\$359.93
81	\$296.31	\$224.70	\$327.06	\$249.03	\$454.10	\$347.98	\$501.39	\$383.71
82	\$318.91	\$240.41	\$352.36	\$266.74	\$486.35	\$370.56	\$537.52	\$409.07
83	\$343.23	\$257.20	\$379.62	\$285.69	\$520.87	\$394.62	\$576.25	\$436.10
84	\$369.43	\$275.17	\$408.97	\$306.00	\$557.87	\$420.24	\$617.78	\$464.92
85	\$397.60	\$294.40	\$440.61	\$327.75	\$597.48	\$447.52	\$662.30	\$495.65
86	\$427.93	\$314.97	\$474.69	\$351.05	\$639.91	\$476.58	\$710.02	\$528.41
87	\$460.58	\$336.98	\$511.39	\$376.00	\$685.35	\$507.52	\$761.19	\$563.33
88	\$495.71	\$360.54	\$550.95	\$402.72	\$734.01	\$540.47	\$816.04	\$600.56
89	\$533.52	\$385.73	\$593.56	\$431.35	\$786.13	\$575.56	\$874.84	\$640.25
90	\$574.22	\$412.68	\$639.47	\$462.01	\$841.96			

SERFF Tracking Number: META-127353551 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 49480
 Company Tracking Number: W11-86 TO (CC)
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/W11-86 TO

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attached is the Flesch Certification Attachment: ARCERTREAD.pdf	Approved-Closed	02/28/2012
Bypassed - Item: Application Bypass Reason: N/A Comments:	Approved-Closed	02/28/2012
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A Comments:	Approved-Closed	02/28/2012
Bypassed - Item: Outline of Coverage Bypass Reason: N/A Comments:	Approved-Closed	02/28/2012
Satisfied - Item: Actuarial Memorandum Comments: Attached is the Actuarial Memorandum Attachment:	Approved-Closed	02/28/2012

SERFF Tracking Number: META-127353551 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 49480
 Company Tracking Number: W11-86 TO (CC)
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/W11-86 TO
 AR_Group_2011_ActMemo_States with NO Situs Groups_ET_RateStability.pdf

	Item Status:	Status Date:
Satisfied - Item: Arkansas Certification Comments: Attached is the Arkansas Certification Attachment: ARCERTREG19.pdf	Approved-Closed	02/28/2012

	Item Status:	Status Date:
Satisfied - Item: NAIC Form Comments: Attached is the NAIC Form Attachment: Group NAIC Transmittal (Forms-Rates).pdf	Approved-Closed	02/28/2012

	Item Status:	Status Date:
Satisfied - Item: AR_Group Exhibit I Comments: Attached is the AR_Group Exhibit I Attachment: AR_Group_Exhibit I.pdf	Approved-Closed	02/28/2012

	Item Status:	Status Date:
Satisfied - Item: Response to 8_25_11 Objection Comments: Attached is the Response to 8_25_11 Objection Attachment: AR Response to 8-25-11 Objection.pdf	Approved-Closed	02/28/2012

SERFF Tracking Number: *META-127353551* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *49480*
Company Tracking Number: *W11-86 TO (CC)*
TOI: *LTC03G Group Long Term Care* *Sub-TOI:* *LTC03G.001 Qualified*
Product Name: *Group Long-Term Care Insurance Premium Rate Schedule Increase Filing*
Project Name/Number: *G.LCUL/W11-86 TO*

		Item Status:	Status Date:
Satisfied - Item:	Experience Report	Approved-Closed	02/28/2012
Comments:			
Attached is the Experience Report			
Attachment:			
AR specific_GRP_Attachment 1_History with ALR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Response to 10_21_11 Objection and 12_8_11 conversation	Approved-Closed	02/28/2012
Comments:			
Attached is the Response to the October 21, 2011 objection and our telephone conversation of December 8, 2011.			
Attachment:			
AR Response to Group_12122011.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Filing Letter Addendum	Approved-Closed	02/28/2012
Comments:			
Attached is the Filing Letter Addendum			
Attachment:			
MetLife Filing Letter Addendum.pdf			



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS FLESCH CERTIFICATION

I certify that the form shown below has achieved the Flesch Reading Ease Score shown below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form No.	Form Description	Flesch Score
G.LCUL	Endorsement	50
G.LCUL-1	Endorsement	50
G.LCUL-2	Endorsement	50

Michael F. Tietz
Vice President

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 Insurance Products 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 Metropolitan Life Insurance Co. 1095 Avenue of the Americas New York, NY 10036-6796	(908) 253-2290	(908) 253-2528	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	W11-86 TO
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input checked="" 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)	LTC03G – Group Long-Term Care Insurance
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10.	Sub-Type of Insurance (Sub-TOI)	LTC03G.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 checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ 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 checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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12.	Filing Submission Date	August 4, 2011	
13	Filing Fee (If required)	Amount <u>\$200.00</u>	Check Date <u>EFT SUBMISSION</u>
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval	Not Applicable	
15.	Filing Description:		
<p>This is a filing of a premium rate schedule increase and nonforfeiture endorsement(s) for group long-term care insurance policies. Please see our filing letter for details.</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>Michael F. Tietz</u>		Title <u>Vice President</u>	
 Signature _____		Date: <u>August 4, 2011</u>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		W11-86 TO
This filing corresponds to rate filing company tracking number		W11-86 TO

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Limited Coverage Upon Lapse Following Contribution Increase Endorsement	G.LCUL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Endorsement			
02	Limited Coverage Upon Lapse Following Contribution Increase Endorsement	G.LCUL-1	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Endorsement			
03	Limited Coverage Upon Lapse Following Contribution Increase Endorsement	G.LCUL-2	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Endorsement			
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 _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		W11-86 TO		
This filing corresponds to form filing company tracking number		W11-86 TO		
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 and Rates	G.LTC297 G.LTC397 G.LTC199	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + 45% - ____% <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

SERFF Tracking Number: META-127353551 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 49480
 Company Tracking Number: W11-86 TO (CC)
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing
 Project Name/Number: G.LCUL/W11-86 TO

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/04/2011	Rate and Rule	Group Rates – 45% Increase	02/15/2012	Group Rates - 45% Increase.pdf (Superseded)