

SERFF Tracking Number: META-125631414 State: Arkansas
Filing Company: Metropolitan Property & Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: B07-68 GJ (RR)
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0002 Other Commercial Lines
Product Name: Group Legal Services Insurance administered through Hyatt Legal Plans
Project Name/Number: MP&C GLSP 07 P/B07-68 GJ

Filing at a Glance

Company: Metropolitan Property & Casualty Company

Product Name: Group Legal Services Insurance SERFF Tr Num: META-125631414 State: Arkansas

administered through Hyatt Legal Plans

TOI: 33.0 Other Lines of Business

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 33.0002 Other Commercial Lines

Co Tr Num: B07-68 GJ (RR)

State Status: Fees verified and received

Filing Type: Form

Co Status: In Progress

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Authors: Sandra Bennett, Ruth Rivera, Linda Williams

Disposition Date: 05/09/2008

Date Submitted: 05/02/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date (New): 01/01/2009

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: MP&C GLSP 07 P

Status of Filing in Domicile: Pending

Project Number: B07-68 GJ

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/09/2008

State Status Changed: 05/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This is a Group Legal Services Insurance Filing. The Rates portion of the filing is also being submitted via Tracking number META-125631415.

Company and Contact

SERFF Tracking Number: META-125631414 State: Arkansas
Filing Company: Metropolitan Property & Casualty Company State Tracking Number: EFT \$50
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TOI: 33.0 Other Lines of Business Sub-TOI: 33.0002 Other Commercial Lines
Product Name: Group Legal Services Insurance administered through Hyatt Legal Plans
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/09/2008	05/09/2008

SERFF Tracking Number: *META-125631414* *State:* *Arkansas*
Filing Company: *Metropolitan Property & Casualty Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *B07-68 GJ (RR)*
TOI: *33.0 Other Lines of Business* *Sub-TOI:* *33.0002 Other Commercial Lines*
Product Name: *Group Legal Services Insurance administered through Hyatt Legal Plans*
Project Name/Number: *MP&C GLSP 07 P/B07-68 GJ*

Disposition

Disposition Date: 05/09/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125631414 State: Arkansas
 Filing Company: Metropolitan Property & Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: B07-68 GJ (RR)
 TOI: 33.0 Other Lines of Business Sub-TOI: 33.0002 Other Commercial Lines
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR ERS filing letter	Approved	Yes
Supporting Document	MP&C GLSP EOV	Approved	Yes
Supporting Document	MP&C Prob Enh CERT EOV	Approved	Yes
Form	MP&C Enh Policy	Approved	Yes
Form	MPC Prob Enh Cert	Approved	Yes

SERFF Tracking Number: META-125631414 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	MP&C Enh Policy	MP&C GLSP 07 P		Policy/Cove rage Form	New		52.30	MP&C Enh Policy Final - 3-13- 2008.pdf
Approved	MPC Prob Enh Cert	MP&C GLSC 07 P		Certificate	New		50.10	MPC Prob Enh Cert - Final 3-13- 2008-a.pdf

MetLife Auto & Home

Metropolitan Property and Casualty Insurance Company
700 Quaker Lane, Warwick, RI 02887

Group Legal Services Policy

This is a policy of group legal services insurance by and between the Policyholder and Metropolitan Property and Casualty Insurance Company (Metropolitan), a Rhode Island Corporation with its principal place of business at 700 Quaker Lane, Warwick, Rhode Island, 02887.

Name and Address of the Policyholder: [ABC Corporation, 1111 W. Main Street, Lawrence, Kansas 77777]

Group Legal Services Policy Number: [12345-6]

Situs: This policy is governed by the laws of the state of [Mississippi]

In return for the payment of Participation Fees, Metropolitan will provide insurance for the Covered Legal Services described in this policy.

[Important Dates

Group Policy Effective Date: October 1, 2007

Initial Plan Year: Begins on the Group Policy Effective Date and continues through December 31, 2008.

Plan Year: means the Initial Plan Year and each 12 consecutive month period which occurs thereafter.

Renewal Date: means January 1, 2009 and on each January 1st which occurs thereafter. On the Renewal Date this Group Legal Services Policy will be automatically renewed for a period of one year. Such renewals will continue until either party gives advance written notice of no less than three calendar months prior to a Renewal Date that it intends to end the Group Legal Services Policy effective on such Renewal Date. The Group Legal Services Policy may be ended or amended with less than the required number of days notice if both parties agree in writing.]

Definitions

As used in this policy, defined terms will have the meaning specified whenever they appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Covered Legal Services means [the following probate services to be made available to Your estate upon Your death: The probate services to provide attorney representation and payment of legal fees for the executor or administrator of Your estate including representation for the preparation of all documents and all of the court proceedings needed to transfer probate assets from Your estate to Your heirs; and the completion of correspondence necessary to transfer non-probate assets such as proceeds from insurance policies, joint bank accounts, stock accounts or a house; and associated tax filings.]

Eligible Employee means [each employee of the Policyholder who is insured under the Policyholder's plan of group supplemental life insurance with Metropolitan Life Insurance Company].

Legal Services Plan or Plan means this policy to provide insurance for Covered Legal Services.

[**MetLife** means Metropolitan Life Insurance Company.]

Metropolitan means Metropolitan Property and Casualty Insurance Company.

Plan Attorney means an attorney who has contracted with Metropolitan or Hyatt Legal Plans to provide Covered Legal Services.

Definitions (continued)

We, Us and **Our** means Hyatt Legal Plans, Inc. Administrative services are provided under this policy by Hyatt Legal Plans, Inc. ("Hyatt"), a Delaware Corporation and an affiliate of Metropolitan. Any reference to Hyatt is as the administrator of the Covered Legal Services provided under this policy.

Plan Participation

This is a Non-Contributory plan. This means that Eligible Employees are not required to pay any part of the Participation Fees set forth below. All Eligible Employees participate in the Plan

[The Policyholder] must provide Hyatt or Metropolitan with a list of Eligible Employees at times and in a mutually agreed upon form. [The Policyholder] will make all decisions regarding whether a person is an Eligible Employee. Hyatt and Metropolitan may accept and rely on such decisions.

Participation in this Plan may not be required as a condition of employment and no employee may be discriminated against or coerced for failure to participate.

Certificate

Metropolitan will provide [the Policyholder] with a certificate to deliver to Eligible Employees. Such certificate will be attached to the policy and will outline the provisions of the insurance and describe the Covered Legal Services provided.

Participation Fees

In consideration of the insurance provided under this Plan, Participation Fees must be paid to Metropolitan. [The Policyholder] and Metropolitan have agreed that Participation Fees for the insurance under this Plan will be paid by [MetLife] pursuant to an agreement made between Metropolitan, Hyatt and [MetLife]. [MetLife] will continue to pay participation fees [so long as the Policyholder's plan of Supplemental Life Insurance with MetLife remains in effect] or until another date agreed to by [MetLife] and [the Policyholder].

[The initial Participation Fee is: \$ xx.xx per month per Eligible Employee. Participation Fees may be changed on the Renewal Date as agreed to by Metropolitan, Hyatt and MetLife.]

Grace Period

This policy will not be terminated for [MetLife's] failure to pay Participation Fees.

Covered Legal Services

The executor or administrator of Your estate can decide to use a Plan Attorney or a non-Plan Attorney.

Metropolitan will be liable for payment to Plan Attorneys for providing Covered Legal Services. Plan Attorneys may not request or accept additional compensation for providing Covered Legal Services, except for payments required to be made to third parties, which shall be the responsibility of the estate of the Eligible Employee.

If Covered Legal Services are provided by a non-Plan Attorney, payment will be made in accordance with the amounts set forth in the "Non-Plan Attorney Fee Schedule" as maintained by Hyatt. However, in no event will an amount greater than the sum of the legal fees actually incurred be paid. The estate of the Eligible Employee will be responsible for making payment to the non-Plan Attorney for any costs, expenses and/or fees incurred in excess of the amount paid by Hyatt. Once Hyatt is notified that a non-Plan Attorney is to be used, Hyatt will provide a claim form and informational material including a Non-Plan Attorney Fee Schedule

If a claim is denied in whole or in part, Hyatt may be asked to provide a written statement with the reason(s) for the denial and with information as to the steps that need to be taken to appeal the denial.

Covered Legal Services (continued)

Complaints regarding the conduct of an attorney who provides Covered Legal Services under the Plan maybe made to the state bar association.

Nothing contained in this policy is intended to interfere with freedom of choice in the selection of an attorney or with the attorney-client relationship.

Exclusions

The following are not covered: [

- Matters in which there is a conflict of interest between the executor, administrator, any beneficiary or heir and Your estate;
- Any disputes with the Policyholder, Employer, Plan Attorneys, MetLife and/or any of its affiliates;
- Any disputes involving statutory benefits;
- Will Contests or litigation outside Probate Court;
- Appeals;
- Court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and
- Frivolous or unethical matters.]

Entire Contract

This policy, the certificate and any attached schedules, endorsements, exhibits, and amendments will constitute the entire contract.

End Of Insurance Provided By This Policy

1. Upon providing written notice of intent to end this policy of no less than [three] calendar months prior to the Renewal Date, this policy and the insurance provided under it may be terminated by either party on any Renewal Date.
- [2. The insurance under this policy will be terminated on the date the Policyholder's plan of group supplemental life insurance with MetLife ends.]

End Of Insurance Coverage For An Eligible Employee

Insurance coverage provided to an individual Eligible Employee will end [upon the first of the following to occur:

- the date this policy terminates;
- the date the individual ceases to be an Eligible Employee.]

Additional [Policyholder] Responsibilities

The [Policyholder] will be responsible for any filings required of the [Policyholder] by:

- the Internal Revenue Service;
- the Department of Labor or any federal agency; or
- any agency of a state government claiming jurisdiction over the [Policyholder].

Upon request, Hyatt or Metropolitan will provide to the [Policyholder] information they possess that the [Policyholder] needs to make such required filings.

Changes

No change to this policy will be valid unless approved by an officer of Metropolitan. Changes requiring the agreement of Metropolitan and the [Policyholder] must be signed by an officer of the [Policyholder] and by an officer of Metropolitan. Each change must be in writing and must be endorsed on or attached to this policy.

No agent, broker, or sales representative may make any change in this policy or waive any of its provisions.

[Other Important Information]

[FOR RESIDENTS OF MONTANA

The provisions of this policy conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which the insured resides on or after the effective date of this policy.]

[FOR RESIDENTS OF MASSACHUSETTS

Complaints about the operation of the plan or quality of the attorneys may be made by calling 800-821-6400. The complaint will be resolved during the call or through the intervention of a representative who will contact the attorney and member to resolve the matter in most cases within 72 hours.]

Signatures

The undersigned, being authorized to do so and having reviewed this policy, execute it agreeing to its terms and intending to be bound on the Effective Date.

[POLICYHOLDER]

By: _____ Title: _____ Date: _____

METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY

By: _____ Title: _____ Date: _____

MetLife Auto & Home

Metropolitan Property and Casualty Insurance Company
700 Quaker Lane, Warwick, RI 02887

Legal Services Plan Certificate of Coverage

This Legal Services Plan is insured by Metropolitan Property and Casualty Insurance Company; a Rhode Island company with its principal place of business at 700 Quaker Lane, Warwick, Rhode Island, 02887. Administrative services are provided under the policy by Hyatt Legal Plans, Inc. ("Hyatt"), a Delaware Corporation and an affiliate of Metropolitan Property and Casualty Insurance Company. Any reference to Hyatt is as the administrator of the Covered Legal Services described in this certificate.

This certificate certifies that if you are an Eligible Employee, you are insured for the Covered Legal Services described in this certificate, subject to the provisions of this certificate. This certificate is issued under the Group Legal Services Policy and includes the terms and provisions of the Group Legal Services Policy that describe this insurance. Please read this certificate carefully.

[Name and Address of Policyholder: John Doe Company,
870 Summer Street
Waltham, MA 024517]

Group Policy Effective Date: [January 1, 2008]

Contacting Hyatt Legal Plans

Hyatt Legal Plans, Inc. may be contacted by phone or mail as follows:

Phone: [1-800-821-6400]
Mail: [1111 Superior Avenue
Cleveland, OH 44114-2507]

Definitions

Covered Legal Services [means the following probate services to be made available to Your estate upon Your death: Probate services to provide attorney representation and payment of legal fees for the executor or administrator of Your estate including representation for the preparation of all documents and all of the court proceedings needed to transfer probate assets from Your estate to Your heirs; and the completion of correspondence necessary to transfer non-probate assets such as proceeds from insurance policies, joint bank accounts, stock accounts or a house; and associated tax filings.]

Eligible Employee means [each employee who is insured under the Policyholder's plan of group supplemental life insurance with Metropolitan Life Insurance Company (MetLife)].

Legal Services Plan or Plan means the group policy that provides insurance for Covered Legal Services.

Metropolitan means Metropolitan Property and Casualty Insurance Company.

Plan Attorney means an attorney who has contracted with Metropolitan or Hyatt Legal Plans to provide Covered Legal Services.

We, Us and **Our** means Hyatt Legal Plans, Inc.

You and **Your** means an Eligible Employee.

How the Group Legal Services Plan Works

To use the Group Legal Services Plan, the executor or administrator of Your estate should call Hyatt and be prepared to identify themselves as the executor or administrator of the estate. When calling Hyatt, the Client Service Representative who answers the call will:

- make an initial determination of whether and to what extent the matter is covered;
- give a case number (a new case number will be needed for each new matter);
- give the telephone number(s) and location of the nearest Plan Attorney(s); and
- answer questions about the Plan.

The executor or administrator of Your estate can decide to use a Plan Attorney or a non-Plan Attorney.

If a Plan Attorney is used, the Plan Attorney will provide the Covered Legal Services described above.

If a non-Plan Attorney is used, the executor or administrator of the estate must notify Hyatt. Hyatt will send a claim form and informational material including a Non-Plan Attorney Fee Schedule. After the matter is finished, the claim form must be completed and returned to Hyatt with the attorney's final bill. Within [60 days] of Hyatt's receipt of the completed claim form and final bill, Hyatt will pay the estate for covered legal services an amount equal to the lesser of the amount the estate paid for the attorney's services and the amount stated in the Non-Plan Attorney Fee Schedule. The estate will be responsible for making payment to the non-Plan Attorney for any expenses, costs and/or fees incurred in excess of the amount paid by Hyatt.

If a claim is denied in whole or in part, Hyatt may be asked to provide a written statement with the reason(s) for the denial and with information as to the steps that need to be taken to appeal the denial.

Exclusions

The following are not covered: [

- Matters in which there is a conflict of interest between the executor, administrator, any beneficiary or heir and Your estate;
- Any disputes with the Policyholder, Employer, Plan Attorneys, MetLife and/or any of its affiliates;
- Any disputes involving statutory benefits;
- Will Contests or litigation outside Probate Court;
- Appeals;
- Court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and
- Frivolous or unethical matters.]

Requirements for Coverage

All Eligible Employees are participants in the Plan. Because this is a Non-Contributory Plan, Eligible Employees do not need to contribute to the cost of coverage. An employee will be a participant in the Plan on the later of the Group Policy Effective Date; or the date he or she becomes an Eligible Employee.

How Insurance Coverage Ends

Your insurance coverage will end [upon the first of the following to occur:

- the date the Group Legal Services Policy ends, or
- the last day of the month in which You cease to be an Eligible Employee.]

Other Important Information

Plan Attorneys may not request or accept additional compensation for providing Covered Legal Services, except for expenses or payments required to be made to third parties. Complaints regarding the conduct of an attorney who provides Covered Legal Services under the Plan maybe made to the state bar association. If, at any time, a question or concern arises about the Covered Legal Services received, please call Hyatt Legal Plans, Inc. Hyatt and Metropolitan will work hard to fix the problem. Nothing contained in this certificate is intended to interfere with freedom of choice in the selection of an attorney or with the attorney-client relationship.

[FOR RESIDENTS OF MASSACHUSETTS

Complaints about the operation of the plan or quality of the attorneys may be made by calling 800-821-6400. The complaint will be resolved during the call or through the intervention of a representative who will contact the attorney and member to resolve the matter in most cases within 72 hours.]

SERFF Tracking Number: *META-125631414* *State:* *Arkansas*
Filing Company: *Metropolitan Property & Casualty Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *B07-68 GJ (RR)*
TOI: *33.0 Other Lines of Business* *Sub-TOI:* *33.0002 Other Commercial Lines*
Product Name: *Group Legal Services Insurance administered through Hyatt Legal Plans*
Project Name/Number: *MP&C GLSP 07 P/B07-68 GJ*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125631414 State: Arkansas
Filing Company: Metropolitan Property & Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: B07-68 GJ (RR)
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0002 Other Commercial Lines
Product Name: Group Legal Services Insurance administered through Hyatt Legal Plans
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 05/09/2008

Comments:
Uniform Transmittal Document-Property & Casualty
Attachment:
Property & Casualty Transmittal form 4-8-08.pdf

Satisfied -Name: AR ERS filing letter
Review Status: Approved 05/09/2008

Comments:
AR ERS filing letter.
Attachment:
AR ERS filing letter.pdf

Satisfied -Name: MP&C GLSP EOv
Review Status: Approved 05/09/2008

Comments:
MP&C GLSP EOv.
Attachment:
MP&C GLSP EOv Final 03-13-2008.pdf

Satisfied -Name: MP&C Prob Enh CERT EOv
Review Status: Approved 05/09/2008

Comments:
MP&C Prob Enh CERT EOv.
Attachment:
MP&C Prob Enh CERT EOv Final 03-13-2008.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Metropolitan Property and Casualty Insurance Company ("MPC")	

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Met Property and Casualty Ins. Co.	RI	241-26298	13-2725441	

5. Company Tracking Number	MP&C GLSP 07 P
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Susan Bajusz MetLife 501 Route 22 Bridgewater, NJ 08801	Senior Consultant Contract	908-253-2120	908-253-2126	sbajusz@metlife.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Susan Bajusz
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Property and Casualty
10. Sub-Type of Insurance (Sub-TOI)	Legal
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Group Estate Resolution Service
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) Explanation of Variables
14. Effective Date(s) Requested	New: 1/1/09 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	MP&C GLSP 07 P						
21.	<p>Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]</p> <p>We enclose for filing, final printed copies of the group legal services insurance forms described below. These forms are new and do not replace any forms previously filed with the Department.</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 30%;">Form Number</th> <th style="text-align: left;">Description</th> </tr> </thead> <tbody> <tr> <td>MP&C GLSC 07 P</td> <td>The Group Policy to be issued to a policyholder to provide insurance for estate resolutions as a covered legal service for their certificateholders on a non-contributory basis.</td> </tr> <tr> <td>MP&C GLSP 07 P</td> <td>The Certificate that is issued to a participating certificateholder and the legal service insurance provided under the Group Policy.</td> </tr> </tbody> </table> <p>These forms are designed for issue to employer, labor union or association groups. When issued, the Policyholder will receive the Policy. The individual participant will receive the Certificate. The forms may be printed in another format such as continuous text or booklet. The proposed effective date for this filing is January 1, 2009.</p>		Form Number	Description	MP&C GLSC 07 P	The Group Policy to be issued to a policyholder to provide insurance for estate resolutions as a covered legal service for their certificateholders on a non-contributory basis.	MP&C GLSP 07 P	The Certificate that is issued to a participating certificateholder and the legal service insurance provided under the Group Policy.
Form Number	Description							
MP&C GLSC 07 P	The Group Policy to be issued to a policyholder to provide insurance for estate resolutions as a covered legal service for their certificateholders on a non-contributory basis.							
MP&C GLSP 07 P	The Certificate that is issued to a participating certificateholder and the legal service insurance provided under the Group Policy.							
22.	<p>Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]</p> <p>Check #: Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>							

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	MP&C GLSP 07 P
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Noncontributory Legal Services Group Policy	MP&C GLSP 07P	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Legal Services Noncontributory Certificate	MP&C GLSC 07P	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	MP&C GLSP 07 P
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)		
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	See Actuarial Memo	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Metropolitan Life Insurance Company
501 U.S. Highway 22 West, Area
Bridgewater, NJ 08807
Tel 908 253-2120 Fax 908 253-2126
sbajusz@metlife.com



Susan Bajusz
Senior Contract Consultant
Institutional Contracts Development

May 2, 2008

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

Re: METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY
Filing No. MP&C GLSP 07 P, et al.
Group Legal Services Insurance administered through Hyatt Legal Plans, Inc., an affiliate of
Metropolitan Property and Casualty Company
Our NAIC Company No. is 241-26298
Our FEIN is 13-2725441

Dear Sir/Madam:

We enclose for filing, final printed copies of the group legal services insurance forms described below. These forms are new and do not replace any forms previously filed with the Department.

The forms are as follows:

MP&C GLSP 07 P	The Group Policy to be issued to a group policyholder to provide insurance for the estate resolution covered legal service for certificateholders on a non-contributory basis. The Group Policy describes the legal service that is provided.
MP&C GLSC 07 P	The Certificate to be issued to all eligible certificateholders when legal service insurance is provided on a non-contributory basis. The Certificate evidences the legal service insurance provided under the Group Policy.

These forms are designed for issue to employer, labor union or association groups. When issued, the Policyholder will receive the Policy. The individual participant will receive the Certificate.

With respect to the above group policy form MP&C GLSP 07 P, we would like to provide the Department with additional information we believe will help clarify the intention of certain provisions in this form. Specifically, we call your attention to the provisions entitled "Participation Fees" and "Grace Period".

In the "Participation Fees" provision, we have stated that the participation fees are to be paid by MetLife to the insurer Metropolitan Property & Casualty Insurance Company (Metropolitan) rather than such fees being paid by the policyholder as is typically the case. The reason for this language, is that Metropolitan, an affiliate of MetLife, has agreed to an arrangement with MetLife to offer group will service under the subject forms, without cost, to persons insured for a certain coverage under the policyholder's plan of group insurance with MetLife. MetLife in turn will pay the premium to Metropolitan Property and Casualty Insurance Company (Metropolitan) on behalf of the policyholder. Such participation fee payment arrangement is properly disclosed in the group life insurance certificate issued to such insured persons under the referenced group plan with MetLife. Such disclosure wording is the subject of a separate submission to the life insurance section of your Department.

B07-68 GJ

With respect to the "Grace Period" provision, we have stated only that the policy will not be terminated due to MetLife's failure to pay the participation fees to Metropolitan. We believe that such language is appropriate in the context of the participation fee payment arrangement described in the above paragraph.

In addition, the "Entire Contract" provision that appears on page 3 of the policy, MP&C GLSP 07 P, states that we will not use any information in any application to deny coverage under the policy. As such, we do not intend to make any application part of the policy, and therefore none is included in this filing.

Text that is subject to variation has been indicated by brackets. An Explanation of Variable Material is enclosed.

The officer signing below certifies that the enclosed forms achieve Flesch Reading Ease Scores of:

MP&C GLSP 07 P - 52.3

MP&C GLSC 07 P - 50.1

The attached actuarial memoranda explain in detail the rates that will be used in conjunction with the subject forms. Please keep the actuarial memoranda confidential to the extent allowable by law.

The required filing fee is enclosed.

Please address all correspondence regarding this filing to my attention. If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of page 1 of this letter).

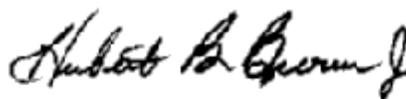
Re: Filing Correspondence Instructions

Please direct any questions, comments or correspondence regarding this filing to me. I look forward to hearing from you.

Very Truly Yours,



Susan Bajusz
Senior Contract Analyst



Herbert B. Brown Jr.
Vice President

METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY

Statement Regarding Variable Provisions in Policy Form MP&C GLSP 07-P

There are two types of variable material set forth within Form MP&C GLSP 07-P. These types are:

1. Illustrative variable material; and
2. Specific variable material.

Illustrative Material

All illustrative material has been bracketed. Illustrative material consists of entries such as names, addresses, telephone numbers, dates, rates, numbers, percentages, amounts, periods of time and ages which may be varied.

Page numbers may vary depending upon the provisions included in the Plan.

References to periods of time or dollar amounts mandated by state or federal laws will vary to conform to changes in such laws.

Specific Variable Material

Specific variable material are also marked by brackets. Specific items marked will be changed only as indicated in the explanations set forth below.

If we remove a bulleted, numbered or lettered variable item from a list, formatting and grammar will be adjusted accordingly.

Page 1

Important Dates

The Important Dates section of the policy will be changed to meet the needs of the Policyholder.

Definitions

A definition of Employer may be added in the event the Policyholder and the Employer are not the same. In such situations, the term Employer may be substituted for Policyholder as appropriate throughout the certificate. In the event the policy is issued to a trust, language may be adjusted throughout the certificate to reflect applicability to each participating Employer.

The definition of Covered Legal Services may change to reflect other legal services. If other legal services are to be offered, we will file such services and rates, if applicable, for approval.

The definition of Eligible Employee may change to reflect the specific requirements of the Policyholder.

The term "MetLife" will appear as shown or may vary to show any other properly licensed and filed MetLife affiliated company. If varied, the affiliate's name will appear in place of MetLife throughout the policy form.

Page 2

Participation Fees

The benefits provided under the policy may be offered by other plans of insurance, such as Universal Life. In such situations, references to Supplemental Life Insurance will be changed throughout the form accordingly.

The bracketed text in the last sentence of the first paragraph may be changed as follows:

“on behalf of an employee so long as that Employer remains a participant in this policy.”

The second paragraph may be omitted.

The Participation Fee and premium mode may vary.

The timing for changes in the Participation Fee may vary.

Page 3

Exclusions

The exclusions may vary to omit any of the bulleted items.

End of Insurance Provided By This Policy

The time period for notice may vary.

Item 2 may be omitted or may vary to be consistent with the plan of insurance with which this benefit is provided.

For example the text may vary to state:

“2. The insurance under this policy will be terminated on the date when there are no participating Employers in the group universal life insurance policy issued by MetLife to the Policyholder”. or:

“2. The insurance under this policy will be terminated on the date when there are no participating Employers in the group universal life insurance policy issued by MetLife to the Policyholder.”

End of Insurance Coverage for an Eligible Employee

The following language may be substituted for the bracketed text that describes when coverage will end. If this substitute language is used, some of the bulleted items below may be omitted or modified to be consistent with the plan of insurance with which this benefit is provided.

“upon the first of the following to occur:

- “The date the Employee ends employment with the employer;
- The date the last premium was paid through payroll deduction;
- The date the Employee’s Certificate ends;
- The date the Group Contract with us ends; or
- The date the Employee’s coverage under the Certificate becomes paid-up insurance.”

Other Important Information

Either or both notices may be removed. Other notices may be added as required. If no notices are removed the entire section may be removed.

METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY

Statement Regarding Variable Provisions in Form MP&C GLSC 07 P

There are two types of variable material set forth within Form MP&C GLSC 07 P. These types are:

1. Illustrative variable material; and
2. Specific variable material.

Illustrative Material

All illustrative material has been bracketed. Illustrative material consists of entries such as names, addresses, telephone numbers, dates, rates, numbers, percentages, amounts, periods of time and ages which may be varied.

Page numbers may vary depending upon the provisions included in the Plan.

References to periods of time or dollar amounts mandated by state or federal laws will vary to conform to changes in such laws.

Specific Variable Material

Specific variable material are also marked by brackets. Specific items marked will be changed only as indicated in the explanations set forth below.

If we remove a bulleted, numbered or lettered variable item from a list, formatting and grammar will be adjusted accordingly.

Page 1

Definitions

The name and address of the Employer may be included if different than the name and address of the Policyholder.

A definition of Employer may be added in the event the Policyholder and the Employer are not the same. In such situations, the term Employer may be substituted for Policyholder as appropriate throughout the certificate. In the event the policy is issued to a trust, language may be adjusted throughout the certificate to reflect applicability to each participating Employer.

The definition of Covered Legal Services may change to reflect other legal services. If other legal services are to be offered, we will file such services and rates, if applicable, for approval.

The definition of Eligible Employee may change to reflect the specific requirements of the Policyholder. The term "MetLife" will appear as shown or may vary to show any other properly licensed and filed MetLife affiliated company. If varied, the affiliate's name will appear in place of MetLife throughout the policy form.

Page 2

Exclusions

The exclusions may vary to omit any of the bulleted items.

How Insurance Coverage Ends

The following language may be substituted for the bracketed text that describes when coverage will end. If this substitute language is used, some of the bulleted items below may be omitted or modified to be consistent with the plan of insurance with which this benefit is provided. Grammar may be adjusted accordingly.

“upon the first of the following to occur:

- The date the Employee ends employment with the employer;
- The date the last premium was paid through payroll deduction;
- The date the Employee’s Certificate ends;
- The date the Group Contract with us ends; or
- The date the Employee’s coverage under the Certificate becomes paid-up insurance.”

Page 3

Other Important Information

The notices may be removed. Other notices may be added as required.