

SERFF Tracking Number: META-125629346 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38839
Company Tracking Number: B08-20 MP LW
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Life Insurance
Project Name/Number: Actuarial Memorandum Supplement /B08-20 MP

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Group Life Insurance SERFF Tr Num: META-125629346 State: ArkansasLH
TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 38839
Sub-TOI: L08.000 Life - Other Co Tr Num: B08-20 MP LW State Status: Filed-Closed
Filing Type: Form Co Status: In Progress Reviewer(s): Linda Bird
Authors: Sandra Bennett, Ruth Rivera, Linda Williams Disposition Date: 05/02/2008
Date Submitted: 04/30/2008 Disposition Status: Filed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Actuarial Memorandum Supplement Status of Filing in Domicile:
Project Number: B08-20 MP 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: Small and Large
Overall Rate Impact: Group Market Type: Employer, Association, Trust, Other
Filing Status Changed: 05/02/2008 Deemer Date:
State Status Changed: 05/02/2008
Corresponding Filing Tracking Number:
Filing Description:
This is a Group Life Insurance filing to update Actuarial Material. Please see the Cover Letter for a detailed description of this filing submission.

Company and Contact

Filing Contact Information

SERFF Tracking Number: META-125629346 State: Arkansas
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Life Insurance
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Mary Pitonak, Contract Analyst mbpitonak@metlife.com
501 U.S. Highway 22 (908) 253-1247 [Phone]
Bridgewater, NJ 08807 (908) 253-2126[FAX]

Filing Company Information

Metropolitan Life Insurance Company. CoCode: 65978 State of Domicile: New York
1MetLife Plaza Group Code: -99 Company Type: Life
Long Island City, NY 11101-4015 Group Name: State ID Number:
(111) 111-1111 ext. [Phone] FEIN Number: 13-5581829

SERFF Tracking Number: META-125629346 State: Arkansas
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$0.00	04/30/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Linda Bird	05/02/2008	05/02/2008

SERFF Tracking Number: *META-125629346* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *38839*
Company Tracking Number: *B08-20 MP LW*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Group Life Insurance*
Project Name/Number: *Actuarial Memorandum Supplement /B08-20 MP*

Disposition

Disposition Date: 05/02/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125629346 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38839
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 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Group Life Insurance
 Project Name/Number: Actuarial Memorandum Supplement /B08-20 MP

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Actuarial Memorandum Supplement		No
Supporting Document	Cover Letter		Yes
Supporting Document	NAIC Transmittal Form		Yes

SERFF Tracking Number: *META-125629346* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *38839*
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TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Group Life Insurance*
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125629346 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38839
Company Tracking Number: B08-20 MP LW
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Life Insurance
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Supporting Document Schedules

Review Status:
Bypassed -Name: Certification/Notice 04/30/2008
Bypass Reason: Not Applicable for this type of submission.
Comments:

Review Status:
Bypassed -Name: Application 04/30/2008
Bypass Reason: Not Applicable.
Comments:

Review Status:
Satisfied -Name: Cover Letter 04/30/2008
Comments:
Attached is the Cover Letter.
Attachment:
Cover Letter as of 3-31-08.pdf

Review Status:
Satisfied -Name: NAIC Transmittal Form 04/30/2008
Comments:
Attached is the NAIC Transmittal Form.
Attachment:
AR NAIC Transmittal Document.pdf

Metropolitan Life Insurance Company
501 U.S. Highway 22 West
Bridgewater, NJ 08807
Phone (908)253-1247 Fax (908)253-2126
mbpitonak@metlife.com

MetLife[®]

Mary Pitonak
Contract Analyst
Institutional Contracts Division

April 30, 2008

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

Re: Metropolitan Life Insurance Company
NAIC Company No.: 241-65978 FEIN: 13-5581829
2001 CSO Mortality Table
Group Life Insurance Form Numbers G.9704(2003) & G.9704A(2003)

Dear Sir/Madam:

Enclosed is updated actuarial material for use with Group Universal Life Certificate forms G.9704(2003) and G.9704A(2003) approved March 11,2005. The enclosed actuarial materials are for forms issued to new customer plans effective on or after 1/1/09 for compliance with the 2001 Commissioner's Standard Ordinary Mortality Table requirements.

Please direct any questions, comments or correspondence regarding this filing to me. My telephone and fax numbers and email address appear in the letterhead above. I look forward to hearing from you.

Sincerely,



Mary Pitonak
Contract Analyst

B08-20 MP

Life, Accident & Health, Annuity, Credit Transmittal Document

Reset Form

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 Co. 27-01 Queens Plaza N. 6 th Floor Long Island City, NY 11101-4015	NY	Life	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mary Pitonak Metropolitan Life Insurance Co. 501 Route 22 West, Area 02C-312G Bridgewater, NJ 08807	908-253-1247	908-253-2126	mbpitonak@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: B08-20 MP
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise
		<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large
		<input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input checked="" type="checkbox"/> Other: Labor Unions

9.	Type of Insurance	Group Life
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10.	Product Coding Matrix Matrix Filing Code	L09 G Group Life- Flexible Premium Adjustable Life, L09G.001 Single Life
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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 <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input checked="" type="checkbox"/> <u>FILING OTHER THAN FORM OR RATES:</u> _____ Please explain: 2001 CSO Mortality Table 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: _____
12.	Filing Submission Date	April 30, 2008
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description: PLEASE SEE COVER LETTER	

View Complete Filing Description

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u></p>		
Print Name	Mary Pitonak	Title: Contract Analyst
Original Signature		Date: April 30, 2008

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

	Document Name Description	Form Number		Replace Form Number Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
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	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
12			<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				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <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 _____	

LH RFA-1