

SERFF Tracking Number: SKML-125546626 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 38439
 Company Tracking Number: CULEBUL 2001 CSO
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: CUL/EBUL
 Project Name/Number: 2001 CSO Revision/CULEBUL 2001 CSO

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: CUL/EBUL

SERFF Tr Num: SKML-125546626 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed

State Tr Num: 38439

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: CULEBUL 2001 CSO

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Alvah Shelton

Disposition Date: 03/21/2008

Date Submitted: 03/17/2008

Disposition Status: Approved

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: 2001 CSO Revision

Status of Filing in Domicile: Pending

Project Number: CULEBUL 2001 CSO

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 03/21/2008

State Status Changed: 03/21/2008

Deemer Date:

Corresponding Filing Tracking Number: CULEBUL 2001 CSO

Filing Description:

Form No. 97-89, Flexible Premium Adjustable Life Insurance Policy

Form #436-88 (2001CSO) Revised Policy Page Number 9

Form #432-88 (2001CSO) Revised Policy Schedule Page 4

Form #R.S. 1156 (2001CSO) Endorsement Form

Form #R.S. 1176 May 1990 (2001CSO)

Minimum Death Benefit Endorsement Schedule

<i>SERFF Tracking Number:</i>	<i>SKML-125546626</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38439</i>
<i>Company Tracking Number:</i>	<i>CULEBUL 2001 CSO</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>CUL/EBUL</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Revision/CULEBUL 2001 CSO</i>		

Enclosed for your review and approval, please find the above captioned forms for use with Metropolitan Life Insurance Company's Flexible Premium Adjustable Life Insurance Policy. To comply with the change in Mortality Basis, we are submitting a revised policy page 9 (form 436-88 (2001CSO)), policy schedule page 4 (form number 432-88 (2001CSO)), endorsement form (R.S. 1156 (2001CSO)) and endorsement schedule page (R.S. 1176 (2001CSO)). We request the effective date of this change be 01/01/2009. Your department, on 12/1/1989, approved Flexible Premium Adjustable Life Insurance Policy (form number 97-89) along with Endorsement Form (form number R.S. 1156). The Endorsement to amend the Minimum Death Benefit provision (form number R.S. 1176) was approved 8/23/1990.

We hereby certify there have been no other changes than those mandated by the new 2001 Commissioner's Standard Ordinary Mortality Table.

Company and Contact

Filing Contact Information

(This filing was made by a third party - sandrakmeltzerandassociates)

Alvah Shelton, Policy Analyst	alvah@skminc.com
1750 Century Circle	(404) 633-5353 [Phone]
Atlanta, GA 30345	(404) 633-6301[FAX]

Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
485-B Route 1 South	Group Code: 241	Company Type:
Suite 420		
Iselin, NJ 08830	Group Name:	State ID Number:
(732) 602-6424 ext. [Phone]	FEIN Number: 13-5581829	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$80.00
Retaliatory?	No
Fee Explanation:	The fee in the state of Arkansas is more than the domicile fee (NY=\$0). There are 4 incidental forms included in this submission. At \$20 per form, the fee would be \$80. The fee of \$80 is

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submitted concurrently with this submission via EFT.

Per Company: No

SERFF Tracking Number: SKML-125546626 State: Arkansas
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$80.00	03/17/2008	18718157

SERFF Tracking Number: SKML-125546626 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	03/21/2008	03/21/2008

SERFF Tracking Number: SKML-125546626 *State:* Arkansas
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Disposition

Disposition Date: 03/21/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SKML-125546626 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Supporting Document	Authorization Letter		Yes
Form	Revised Policy Page Number 9		Yes
Form	Revised Policy Schedule Page 4		Yes
Form	Revised Endorsement Form		Yes
Form	Minimum Death Benefit Endorsement Schedule		Yes

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Form Schedule

Lead Form Number: 436-88 (2001CSO)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	436-88 (2001CSO)	Certificate	Revised Policy Page Amendmen Number 9 t, Insert Page, Endorseme nt or Rider	Initial		0	436-88 (2001CSO).p df
	432-88 (2001CSO)	Schedule	Revised Policy Pages Schedule Page 4	Initial		0	432-88 (2001CSO).p df
	R.S. 1156 (2001CSO)	Certificate	Revised Amendmen Endorsement Form t, Insert Page, Endorseme nt or Rider	Initial		0	RS 1156 (2001CSO).p df
	R.S. 1176 May 1990 (2001CSO)	Schedule	Minimum Death Benefit Endorsement Schedule	Initial		0	RS 1176 (2001CSO) spec page.pdf

General Provisions

The Contract	This policy includes any riders and, with the application attached when the policy is issued, makes up the entire contract. All statements in the application will be representations and not warranties. No statement will be used to contest the policy unless it is in the application.
Limitation on Sales Representative's Authority	No sales representative or other person except our President, a Vice-President, or the Secretary may (a) make or change any contract of insurance; or (b) make any binding promises about policy benefits; or (c) change or waive any of the terms of this policy. Any change is valid only if made in writing and signed by our President, Vice-President, or Secretary.
Incontestability	We will not contest the validity of your policy after it has been in force during the insured's lifetime for 2 years from the date of policy. We will not contest the validity of any increase in the death benefit after such increase has been in force during the insured's lifetime for 2 years from its effective date.
Age and Sex	If the insured's age or sex on the date of policy is not correct as shown on page 3, we will adjust the benefits under this policy. The adjusted benefits will be those that the premiums paid would have provided at the correct age and sex.
Nonparticipation	This policy is not eligible for dividends; it does not participate in any distribution of our surplus.
Computation of Values	<p>The minimum accumulation fund is computed using interest at the rate of 4% a year. These values and the maximum term insurance rates shown on page 4 are based on the 2001 Commissioners Standard Ordinary Mortality (sex distinct) Table.</p> <p>For substandard policy classifications, these values and rates are based on a modified version of the 2001 CSO Mortality Table.</p> <p>We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this policy is delivered. The values under this policy are equal to or greater than those required by the law of that state.</p>
Annual Report	<p>Each year we will send you a report showing the current death benefit, accumulation fund and cash value for this policy.</p> <p>It will also show the amount and type of credits to and deductions from the accumulation fund during the past policy year.</p> <p>The report will also include any other information required by state laws and regulations.</p>
Illustration of Future Benefits	At any time, we will provide an illustration of the future benefits and values under your policy. You must ask in writing for this illustration and pay the service fee set by us.

Table of Guaranteed Maximum Rates for Each \$1,000 of Term Insurance

(See "Cost of Term Insurance" Provision on Page 7).

Age	Monthly Rate*		Age	Monthly Rate*	
	Male	Female		Male	Female
20	.083	.039	58	.722	.592
21	.084	.040	59	.788	.643
22	.085	.041	60	.870	.697
23	.086	.042	61	.971	.755
24	.088	.044	62	1.088	.816
25	.090	.045	63	1.213	.883
26	.095	.048	64	1.346	.955
27	.097	.050	65	1.482	1.033
28	.096	.053	66	1.620	1.119
29	.095	.055	67	1.763	1.214
30	.095	.058	68	1.915	1.318
31	.094	.062	69	2.081	1.434
32	.095	.065	70	2.273	1.565
33	.096	.070	71	2.510	1.714
34	.099	.076	72	2.787	1.876
35	.103	.083	73	3.078	2.055
36	.109	.089	74	3.392	2.250
37	.115	.095	75	3.738	2.466
38	.124	.100	76	4.129	2.702
39	.132	.105	77	4.586	2.961
40	.143	.111	78	5.118	3.247
41	.155	.119	79	5.716	3.562
42	.170	.127	80	6.388	3.954
43	.189	.137	81	7.122	4.436
44	.210	.149	82	7.902	4.949
45	.231	.163	83	8.761	5.491
46	.252	.180	84	9.728	6.095
47	.271	.198	85	10.817	6.707
48	.285	.220	86	12.028	7.436
49	.303	.244	87	13.354	8.346
50	.326	.270	88	14.782	9.317
51	.355	.300	89	16.304	10.285
52	.392	.333	90	17.840	10.992
53	.435	.368	91	19.376	11.683
54	.487	.405	92	21.010	12.846
55	.544	.447	93	22.766	14.444
56	.607	.493	94	24.654	16.491
57	.664	.542			

* If there is a supplemental rating of the life insurance benefit, as shown on page 3, the monthly deduction for such supplemental rating must be added to the monthly rate determined from this table.

Metropolitan Life Insurance Company

ENDORSEMENT

1. The following replaces the provision entitled **Age and Sex**:

Age -- If the insured's age on the date of the policy is not correct as shown on page 3, we will adjust the benefits under this policy. The adjusted benefits will be those that the premiums paid would have provided at the correct age.

2. The following replaces the first paragraph of the provision entitled **Computation of Values**:

Computation of Values -- The minimum accumulation fund and policy reserves are computed using interest at the rate of 4% a year. These values and the maximum term insurance rates shown on page 4 are based on the 2001 Commissioners Standard Ordinary Mortality Table (80% males, 20% females).

3. The following tables replace the tables for Option 3 and Option 4 under the heading **Minimum Payments under Payment Plans**:

Payee's Age	Option 3. Single Life Income-- Guaranteed Payment Period Minimum Amount of each Monthly Payment for each \$1,000 Applied			Option 3A. Single Life Guaranteed Return Minimum Amount of Monthly Payment for \$1,000 Applied
	Guaranteed Payment Period			
	10 years	15 years	20 years	
50	\$4.12	\$4.08	\$4.02	\$3.97
55	4.51	4.44	4.32	4.29
60	5.02	4.87	4.65	4.70
65	5.67	5.36	4.97	5.21
70	6.46	5.88	5.24	5.85
75	7.34	6.33	5.41	6.68
80	8.21	6.64	5.48	7.75
and over	8.92	6.80	5.51	9.12

Option 4. Joint and Survivor Life Income-- Guaranteed Period of 10 years	
Age of Both Payees	Minimum Amount of each Monthly Payment for each \$1,000 Applied
50	\$3.64
55	3.93
60	4.30
65	4.80
70	5.47
75	6.33

On request, we will provide additional information about amounts of minimum payments.


 Gwenn L. Carr
 Vice-President and Secretary

Table of Minimum Death Benefit Factors

Age on Date of Death	FACTORS			Age on Date of Death	FACTORS		
	MALE	FEMALE	UNISEX		MALE	FEMALE	UNISEX
20	7.7471	8.9936	7.9662	58	2.1987	2.4569	2.2464
21	7.4979	8.6791	7.7059	59	2.1355	2.3864	2.1819
22	7.2553	8.3752	7.4538	60	2.0748	2.3185	2.1200
23	7.0195	8.0815	7.2083	61	2.0168	2.2533	2.0607
24	6.7907	7.7973	6.9696	62	1.9616	2.1907	2.0042
25	6.5686	7.5233	6.7385	63	1.9092	2.1304	1.9504
26	6.3528	7.2590	6.5147	64	1.8594	2.0723	1.8993
27	6.1448	7.0043	6.2988	65	1.8121	2.0165	1.8505
28	5.9432	6.7586	6.0894	66	1.7669	1.9628	1.8040
29	5.7465	6.5215	5.8858	67	1.7235	1.9110	1.7592
30	5.5546	6.2929	5.6876	68	1.6819	1.8612	1.7163
31	5.3677	6.0724	5.4948	69	1.6418	1.8134	1.6750
32	5.1859	5.8603	5.3079	70	1.6033	1.7674	1.6352
33	5.0095	5.6558	5.1264	71	1.5662	1.7232	1.5970
34	4.8386	5.4591	4.9507	72	1.5309	1.6809	1.5606
35	4.6731	5.2698	4.7813	73	1.4973	1.6403	1.5260
36	4.5133	5.0880	4.6172	74	1.4654	1.6014	1.4929
37	4.3590	4.9130	4.4593	75	1.4348	1.5640	1.4614
38	4.2104	4.7445	4.3070	76	1.4057	1.5282	1.4312
39	4.0672	4.5819	4.1604	77	1.3779	1.4938	1.4024
40	3.9293	4.4250	4.0191	78	1.3514	1.4607	1.3750
41	3.7965	4.2737	3.8832	79	1.3265	1.4289	1.3491
42	3.6691	4.1280	3.7524	80	1.3030	1.3982	1.3245
43	3.5467	3.9876	3.6269	81	1.2810	1.3689	1.3013
44	3.4295	3.8525	3.5066	82	1.2601	1.3411	1.2794
45	3.3172	3.7227	3.3911	83	1.2404	1.3146	1.2586
46	3.2096	3.5982	3.2805	84	1.2216	1.2892	1.2387
47	3.1062	3.4786	3.1743	85	1.2037	1.2646	1.2197
48	3.0066	3.3640	3.0721	86	1.1866	1.2407	1.2014
49	2.9103	3.2543	2.9734	87	1.1702	1.2172	1.1836
50	2.8173	3.1492	2.8782	88	1.1542	1.1944	1.1662
51	2.7277	3.0486	2.7865	89	1.1384	1.1719	1.1489
52	2.6416	2.9524	2.6986	90	1.1222	1.1489	1.1311
53	2.5591	2.8604	2.6144	91	1.1049	1.1244	1.1118
54	2.4801	2.7725	2.5338	92	1.0856	1.0978	1.0901
55	2.4048	2.6882	2.4569	93	1.0629	1.0688	1.0653
56	2.3330	2.6077	2.3835	94	1.0352	1.0368	1.0359
57	2.2644	2.5307	2.3135				

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Adjustable Life
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Project Name/Number: 2001 CSO Revision/CULEBUL 2001 CSO

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 03/14/2008

Comments:

No certification of readability is included with this filing as it has not changed. This filing is in response to the change in mortality basis.

Attachment:

AR CERT OF COMP reg 19.pdf

Review Status:

Bypassed -Name: Application 03/14/2008

Bypass Reason:

No policy is being filed with this submission. This filing is in response to the change in mortality basis.

Comments:

Review Status:

Satisfied -Name: Health - Actuarial Justification 03/14/2008

Comments:

Attachment:

Basis of Values policy form 97-89 CORRECTED.pdf

Review Status:

Bypassed -Name: Outline of Coverage 03/14/2008

Bypass Reason:

This requirement does not apply to this submission.

Comments:

Review Status:

Satisfied -Name: Authorization Letter 03/17/2008

Comments:

Attachment:

Met AUTHORIZ LTR.pdf

CERTIFICATION OF COMPLIANCE

RE: Metropolitan Life Insurance Company

This is to certify that the form(s) referenced below is/are in compliance with the Unfair Sex Discrimination Rule pursuant to Regulation 19.

Form(s)

Form #436-88 (2001CSO)	Revised Policy Page Number 9
Form #432-88 (2001CSO)	Revised Policy Schedule Page 4
Form #R.S. 1156 (2001CSO)	Endorsement Form
Form #R.S. 1176 May 1990 (2001CSO)	Minimum Death Benefit Endorsement Schedule



Signature

Karen A. Johnson, FLMI, AIRC, ACS - Vice President

Name & Title

3/17/08

Date

Basis of Values – Flexible Premium Life – Policy Form 97-89

This policy is a “Universal Life” type contract.

The minimum guaranteed cash values and reserves provided by this policy are computed using an interest rate of 4% per year in all policy years. The mortality basis for minimum guaranteed calculations is the Commissioner’s 2001 Standard Ordinary Mortality Table (sex distinct). All values are based on the insured’s age last birthday.

The cash values in all years is determined using a retrospective cash formula which is equivalent to the prospective formula specified by the Standard Non-forfeiture Law. A retrospective formula is used because of the flexible nature of this product with respect to 1) premiums and death benefits, 2) interest which can be credited and 3) mortality charges which can be made. Since the values after the issue date can vary, this policy form does not include a Table of Values. Instead, the policyholder will be provided with a statement of the policy values on each anniversary. This statement will include a history of the debits and credits affecting the policy during the prior policy year. In addition, the policyholder may request at any time an illustration of future values under the policy.

The expense charges associated with this policy are within the constraints of the Standard Non-forfeiture Law. The level expense charge is 4.5% of the gross premiums.

If the interest credited is greater than the minimum guaranteed rate or if the mortality charges deducted are less than the maximum guaranteed, the resulting cash values will always exceed the minimum guaranteed cash values. In the event premiums are not paid, the cash value is used to continue the policy on the same basis as applicable while premiums are being paid. When the cash value less any policy loan and loan interest, is insufficient to allow the deduction of the current mortality and expense charges, a grace period of 61 days is provided. If a sufficient amount is not paid by the end of this grace period, the policy terminates without value. Any cash value becomes payable on the final date of the policy, which is the policy anniversary at the insured’s attained age 95.

In all policy years, reserves are at least equal to the cash value provided by this policy. Reserves will exceed the cash value if we guarantee interest at a rate higher than 4% for a period extending beyond the valuation date. The reserve will then equal the cash value plus the present value of the additional benefits associated with the higher interest guarantee. This method satisfies the Standard Valuation Law.

A numerical illustration involving a hypothetical case is attached. Minimum cash values and reserves for the Flexible Premium Life policy are compared with Standard Non-forfeiture Law minimum cash. The policy values are based on the minimum guaranteed interest rate of 4% and the maximum guaranteed mortality table. Any excess interest or reduction in mortality charges will result in higher cash values and reserves.

Numerical Illustration for Flexible-Premium Life Policy
Form 97-89
Male Issue Age – 35; Planned Premium – \$1,093 Payable Annually
Specified Face Amount \$100,000 – Option A; Maturity Value - \$100,000 at Age 95

<u>End of Year</u>	<u>Cash Values* and Statutory Reserves</u>	<u>SNFL Minimum Cash Values</u>	<u>End of Year</u>	<u>Cash Values* and Statutory Reserves</u>	<u>SNFL Minimum Cash Values</u>
1	961	0	31	44,666	40,791
2	1,954	0	32	46,483	42,592
3	2,980	0	33	48,319	44,406
4	4,039	724	34	50,177	46,238
5	5,133	1,790	35	52,057	48,090
6	6,260	2,889	36	53,953	49,961
7	7,419	4,022	37	55,853	51,844
8	8,611	5,188	38	57,746	53,726
9	9,832	6,386	39	59,638	55,594
10	11,083	7,615	40	61,533	57,455
11	12,364	8,872	41	63,432	59,310
12	13,677	10,160	42	65,332	61,158
13	15,029	11,481	43	67,226	62,994
14	16,424	12,840	44	69,108	64,808
15	17,861	14,242	45	70,978	66,587
16	19,339	15,688	46	72,839	68,327
17	20,854	17,174	47	74,704	70,024
18	22,402	18,697	48	76,592	71,680
19	23,979	20,252	49	78,526	73,305
20	25,581	21,838	50	80,527	74,904
21	27,205	23,447	51	82,615	76,479
22	28,851	25,079	52	84,690	78,033
23	30,526	26,733	53	86,736	79,576
24	32,235	28,416	54	88,754	81,131
25	33,974	30,132	55	90,747	82,732
26	35,735	31,878	56	92,736	84,438
27	37,509	33,646	57	94,737	86,345
28	39,289	35,425	58	96,766	88,595
29	41,074	37,210	59	98,843	91,382
30	42,865	38,998	60	100,000	100,000

*Guaranteed Values – Based on minimum interest rate of 4% and guaranteed cost of insurance rates for Standard classification



Metropolitan Life Insurance Company

501 Boylston Street
Boston, MA 02116

Karen A. Johnson
Assistant Vice President

February 21, 2008

RE: Form No. 97-89, Flexible Premium Adjustable Life Insurance Policy
Revised Policy Text Page and Schedule Page – 2001 CSO
Form No. R.S. 1156 (2001CSO), Endorsement
Form No. R.S. 1176, Endorsement Revised Schedule Page – 2001 CSO

Dear State Regulator:

On behalf of General American Life Insurance Company, I hereby authorize:

Sandra K. Meltzer & Associates, Inc.
1925 Century Boulevard, Suite 1
Atlanta, Georgia 30345

to carry out the filing of the above reference forms to reflect the use of the 2001 CSO Mortality Table in your state.

Sincerely,

A handwritten signature in black ink that reads "Karen Johnson".

Karen A. Johnson