

<i>SERFF Tracking Number:</i>	<i>SKML-125682034</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39210</i>
<i>Company Tracking Number:</i>	<i>ACT CORRECT</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>EC1/EC2</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Revision/Act Correct</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: EC1/EC2

SERFF Tr Num: SKML-125682034 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed

State Tr Num: 39210

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: ACT CORRECT

State Status: Filed-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Alvah Shelton

Disposition Date: 06/06/2008

Date Submitted: 06/04/2008

Disposition Status: Accepted For

Informational Purposes

Implementation Date:

Implementation Date Requested: 01/01/2009

State Filing Description:

General Information

Project Name: 2001 CSO Revision

Status of Filing in Domicile: Pending

Project Number: Act Correct

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments: All states filed concurrently

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/06/2008

State Status Changed: 06/06/2008

Deemer Date:

Corresponding Filing Tracking Number: Act Correct

Filing Description:

State Tracking Number 38801 approved 4/29/2008

The above captioned filing was submitted and approved by your department in response to the mandated change in mortality basis. In review of the submission's approval we have found an error in the Numerical Illustration portion of the

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submitted actuarial material provided.

This filing is being submitted for your information as a means to correct this issue.

There have been no other changes to the approved submission. We hope the enclosed information will allow your department to amend the above referenced submission.

Thank you in advance for your assistance and your favorable response.

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$0.00	06/04/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	06/06/2008	06/06/2008

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Disposition

Disposition Date: 06/06/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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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		No
Supporting Document	Authorization Letter		Yes

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Supporting Document Schedules

Review Status: 06/04/2008
Satisfied -Name: Certification/Notice
Comments:
Attachment:
AR CERT OF COMP reg 19.pdf

Review Status: 06/04/2008
Bypassed -Name: Application
Bypass Reason: This requirement does not apply to this submission. This filing is submitted to correct an error in the Numerical Illustration section of the Basis of Values for the aforementioned filing.
Comments:

Review Status: 06/04/2008
Bypassed -Name: Outline of Coverage
Bypass Reason: This requirement does not apply to this submission.
Comments:

Review Status: 06/04/2008
Satisfied -Name: Authorization Letter
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 #97-9304 (2001CSO)

Form #97-9304.1 CVA (2001CSO)

Form #97-9311 (2001CSO)

Form #R.S. 1192 September 1993 (2001CSO)

Guaranteed Maximum COI Rates

Table of Minimum Death Benefit Factors

Revised Policy Page

Policy Endorsement



Signature

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

Name & Title

3/17/08

Date



Metropolitan Life Insurance Company

501 Boylston Street
Boston, MA 02116

Karen A. Johnson
Assistant Vice President

February 21, 2008

RE: Form No. 97-93, Flexible Premium Adjustable Life Insurance Policy
Revised Policy Text Page and Schedule Pages – 2001 CSO
Form No. R.S. 1192, Endorsement Revised – 2001 CSO

Dear State Regulator:

On behalf of Metropolitan 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