

SERFF Tracking Number: METD-126004410 State: Arkansas
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 41515
Company Tracking Number: UFND-59-09
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
Product Name: Variable Life Supplement
Project Name/Number: Enterprise Applications-2009 VL Supplement/UFND-59-09

Filing at a Glance

Company: MetLife Investors USA Insurance Company

Product Name: Variable Life Supplement SERFF Tr Num: METD-126004410 State: ArkansasLH
TOI: L06I Individual Life - Variable SERFF Status: Closed State Tr Num: 41515
Sub-TOI: L06I.002 Single Life - Flexible Co Tr Num: UFND-59-09 State Status: Approved-Closed
Premium
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Authors: Patricia Crowley, Diane Disposition Date: 02/13/2009
Palermo
Date Submitted: 02/11/2009 Disposition Status: Approved-Closed
Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Enterprise Applications-2009 VL Supplement
Project Number: UFND-59-09
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 02/13/2009

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 02/13/2009
Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

RE: MetLife Investors USA Insurance Company
NAIC # 241-61050 FEIN # 54-0696644
Individual Variable Life Application Filing
Form: UFND-59-09 Variable Life Supplement
New Submission

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State of Domicile: Delaware

Enclosed is the above referenced form that is being filed on behalf of MetLife Investors USA Insurance Company.

The above supplemental application form is enclosed for your review and approval. This is a new form that will not replace any existing form. This form will be implemented once the computer data collection system is available. This form is in final print and for actual field use, subject only to minor modifications in paper size, stock, ink, border, company logo and adaptation to computer printing.

Variable Life Supplement, form UFND-59-09 is a supplement that contains fund selections. This supplement will always be used in conjunction with an approved life application. It will be used in our agency distribution channel for both our traditional application as well as our tele-application processes. We have bracketed the funds to provide flexibility in updating the list of funds without refiling. Since this form will be used with a security and subject to federal jurisdiction, it is exempt from readability requirements.

We have bracketed the information on the final page of this supplement as variable. This will allow us to 1) remove these suitability questions when they are no longer applicable, 2) add suitability questions when regulatory requirements change, and 3) remove this section when we update our current Term Conversion and Policy Change Applications to include these questions. Any additions to this section will be followed by an informational filing showing that addition to the form.

We look forward to receiving your approval of this form. Thank you for your attention to this filing and if you have any questions or need further information, please contact me at the number or e-mail address below.

Enclosures: Certification

Company and Contact

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Filing Contact Information

Diane Palermo, Contract Consultant dpalermo@metlife.com
 501 Boylston Street (617) 578-4453 [Phone]
 Boston, MA 02116 (617) 578-5505[FAX]

Filing Company Information

MetLife Investors USA Insurance Company CoCode: 61050 State of Domicile: Delaware
 222 Delaware Ave. Suite 900 Group Code: 241 Company Type: Life
 P.O. Box 25130
 Wilmington, DE 19899 Group Name: MetLife Group State ID Number:
 (617) 578-2000 ext. [Phone] FEIN Number: 54-0696644

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: AR charges \$20 for each application.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MetLife Investors USA Insurance Company	\$20.00	02/11/2009	25647965

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/13/2009	02/13/2009

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Disposition

Disposition Date: 02/13/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certification		Yes
Form	Variable Life Supplement		Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	UFND-59-09	Application/Variable Life Enrollment Supplement Form	Initial		0	UFND-59-09 (Bracketed).pdf

Variable Life Supplement

MetLife Investors USA Insurance Company

This supplement will be attached to and become part of the application with which it is used.

SECTION I - Important Information for the Owner

⚠ Please Read Carefully.

Variable Life Insurance is generally not appropriate for time horizons of less than 10 years. These are long-term insurance products that may have significant short-term surrender charges. Variable Life Insurance is designed to provide death benefit protection while offering the potential for long-term cash accumulation, and may not be appropriate in situations where significant liquidation of assets in the near future may be expected.

The cash value may increase or decrease, even to the extent of being reduced to zero, in accordance with separate account investment experience.

The cost of insurance rates for this policy may change. The rates currently being charged are not guaranteed, and the Company may charge the full maximum guaranteed rates.

The death benefit may be variable or fixed under specified conditions.

Illustrations of benefits, including death benefits and cash values, are available upon request.

SECTION II - Owner's Information

OWNER: Proposed Insured Other Individual

OTHER INDIVIDUAL INFORMATION ONLY:

First Name	Middle Name	Last Name
Occupation	Name of Employer	
Employer City	State	Zip
		Position/Duties

Tax Bracket (%) _____ Is the Owner or a member of the Owner's household employed by or associated with a Broker-Dealer, other firm within the securities industry, or a financial regulatory agency? Yes No

Liquid Net Worth \$ _____ (Liquid Net Worth is assets that can be turned into cash quickly and easily. Include the amount of the initial premium and/or any lump sum payment for this coverage. Exclude your personal property, personal residence, real estate, business equity, home furnishings and autos.)

PRIOR INVESTMENT EXPERIENCE: (Choose **ALL** that apply and indicate your years of experience.)

Certificate of Deposit _____ years Stocks _____ years Mutual Funds _____ years Money Markets _____ years
 Bonds _____ years Other _____ years If Other, specify: _____

SECTION III - Coverage Information

⚠ Choose one of the following options. NOTE: Ages 85 and 121 available only by rider.

Guaranteed Minimum Death Benefit Option: 5 Years 20 Years To Age 65 To Age 85 To Age 121 Other _____

SECTION IV - Investment Objective and Risk Tolerance

Have you completed the Asset Allocation Questionnaire? Yes No If **YES**, please submit with this Supplement.
 Choose **one Investment Objective** below (a, b, c, d, or e). Then choose **one Risk Tolerance** for that specific Investment Objective.
 Be sure it supports the Investment Objective and your Risk Tolerance for this policy.

- a. **Capital Preservation:** Seeks income and stability with minimal risk.
Risk Tolerance: Conservative Conservative to Moderate
- b. **Income:** Seeks current income over time.
Risk Tolerance: Conservative Conservative to Moderate Moderate
- c. **Growth & Income:** Seeks capital appreciation over long term combined with current dividend income.
Risk Tolerance: Conservative to Moderate Moderate Moderate to Aggressive
- d. **Growth:** Seeks capital appreciation over long term.
Risk Tolerance: Moderate Moderate to Aggressive Aggressive
- e. **Aggressive Growth:** Seeks maximum capital appreciation over time by investing in speculative and/or higher risk securities.
Risk Tolerance: Moderate to Aggressive Aggressive



SECTION V - Optional Automated Investment Strategies

You may select **ONLY ONE** of the following. **If you are NOT electing any Automated Investment Strategies, please proceed to Section VI - Investment Allocation.**

Index Selector ⚠ No other funding options can be selected when using this strategy.
Check only **ONE** of the categories to the right. MetLife Investors USA will allocate 100% of your net premium based on the current allocation for the Index Selector Model you choose. I understand that the Index Selector strategy will be implemented using the percentage allocations of the model in effect on the date of issue of my policy. I also understand that in order to maintain this allocation, my account will be automatically rebalanced every quarter.

Conservative
 Conservative to Moderate
 Moderate
 Moderate to Aggressive
 Aggressive

Equity Generator ⚠ A percent of premium must be allocated to the Fixed Account when this option is chosen.
Automatically transfers the current month's earnings from the Fixed Account into any one of the available funding options on each monthly anniversary.
Please elect one funding option, except the Fixed Account, from the list in Section VI - Investment Allocation.

Rebalancer
Automatically rebalances the cash value among the funding options each calendar quarter to return the allocation to the allocation percentages you specify. Choose **ONE** of the following:

Check here if you wish to rebalance to the allocation percentages chosen for your premium payments.
 Check here if you wish to rebalance using different allocation percentages than your premium payments and indicate the allocation percentages in the right-hand column in Section VI - Investment Allocation.

Allocator ⚠ The destination funding option(s) chosen cannot include the "source fund".
Automatically transfers a set amount of money from the Fixed Account or any other funding option ("source fund") to any number of available funding options on each monthly anniversary. (The value of the "source fund" must be sufficient to ensure a minimum of three consecutive monthly transfers.)
Please indicate the "source fund" from which the transfers are to be made:

Please choose **ONE** of the following transfer options. Indicate the destination funding options and the dollar amount to be transferred to each in the right-hand column in Section VI - Investment Allocation.

- Transfer \$ _____ per month until the "source fund" is depleted.
 Transfer \$ _____ per month for _____ months.

The Allocator is a form of dollar cost averaging. Dollar cost averaging does not assure a profit or protect against a loss in declining markets. It involves continuous investment in securities regardless of fluctuations in price levels. An investor should consider his/her ability to continue purchases in periods of low price levels.

Enhanced Dollar Cost Averager (EDCA) ⚠ The destination funding option(s) chosen cannot include the Fixed Account.
Automatically transfers an amount of money each month from the EDCA fixed account to any number of available funding options each monthly anniversary until the EDCA fixed account is depleted. The amount allocated to the EDCA fixed account may consist of a one-time premium payment plus 1035 Exchange monies in the first policy year. The initial monthly amount transferred is based on the initial EDCA gross amount allocated to the EDCA fixed account, divided by twelve (months). If another eligible payment is received, the EDCA transfer amount will be increased by the subsequent payment, divided by twelve.

Please specify the EDCA amount (\$10,000 minimum):

- \$ _____ Premium payment
\$ _____ Expected 1035 Exchange amount
_____ % of all 1035 Exchange amounts to be allocated to EDCA (required if an Expected 1035 Exchange amount is specified)

Indicate the destination funding options and the percentage to be transferred to each in the right-hand column in Section VI - Investment Allocation.

The Enhanced Dollar Cost Averager is a form of dollar cost averaging. Dollar cost averaging does not assure a profit or protect against a loss in declining markets. It involves continuous investment in securities regardless of fluctuations in price levels. An investor should consider his/her ability to continue purchases in periods of low price levels.



SECTION VI - Investment Allocation

Please select funding options that are appropriate for the RISK TOLERANCE and INVESTMENT OBJECTIVE indicated in Section IV - Investment Objective and Risk Tolerance. Some funding options may be appropriate for more than one investment objective. For more complete information about a specific funding option, including charges and expenses, please read the prospectus carefully.

Indicate Initial Allocation in whole percentages; must equal 100%.		Use this column only if you have chosen an option on previous page.	Funding Options	Initial Premium Allocation %	Rebalancer % Allocator \$ EDCA%
Funding Options	Initial Premium Allocation %	Rebalancer % Allocator \$ EDCA %	American Funds Global Small Capitalization Fund		
Fixed Account			Harris Oakmark International Portfolio		
Western Asset Management U.S. Government Portfolio			MFS® Research International Portfolio		
American Funds Bond Fund			Julius Baer International Stock Portfolio		
PIMCO Total Return Portfolio			Morgan Stanley EAFE® Index Portfolio		
BlackRock Bond Income Portfolio			BlackRock Strategic Value Portfolio		
Lehman Brothers® Aggregate Bond Index Portfolio			Loomis Sayles Small Cap Portfolio		
Western Asset Management Strategic Bond Opportunities Portfolio			Russell 2000® Index Portfolio		
PIMCO Inflation Protected Bond Portfolio			American Funds Growth Fund		
Lord Abbett Bond Debenture Portfolio			Janus Forty Portfolio		
Met/Franklin Income Portfolio			Legg Mason Partners Aggressive Growth Portfolio		
Met/Franklin Templeton Founding Strategy Portfolio			Oppenheimer Capital Appreciation Portfolio		
BlackRock Diversified Portfolio			BlackRock Legacy Large Cap Growth Portfolio		
MFS® Total Return Portfolio			FI Large Cap Portfolio		
Clarion Global Real Estate Portfolio			Jennison Growth Portfolio		
Met/Templeton Growth Portfolio			T. Rowe Price Large Cap Growth Portfolio		
Oppenheimer Global Equity Portfolio			Met/AIM Small Cap Growth Portfolio		
Met/Franklin Mutual Shares Portfolio			Franklin Templeton Small Cap Growth Portfolio		
BlackRock Large Cap Value Portfolio			T. Rowe Price Small Cap Growth Portfolio		
Davis Venture Value Portfolio			T. Rowe Price Mid Cap Growth Portfolio		
FI Value Leaders Portfolio			BlackRock Aggressive Growth Portfolio		
MFS® Value Portfolio			FI Mid Cap Opportunities Portfolio		
American Funds Growth-Income Fund			RCM Technology Portfolio		
BlackRock Large Cap Core Portfolio			Cyclical Growth & Income ETF Portfolio		
Legg Mason Value Equity Portfolio			Cyclical Growth ETF Portfolio		
MetLife Stock Index Portfolio			American Funds Balanced Allocation Portfolio		
Harris Oakmark Focused Value Portfolio			American Funds Growth Allocation Portfolio		
Neuberger Berman Mid Cap Value Portfolio			American Funds Moderate Allocation Portfolio		
Lazard Mid Cap Portfolio			MetLife Conservative Allocation Portfolio		
MetLife Mid Cap Stock Index Portfolio			MetLife Conservative to Moderate Allocation Portfolio		
			MetLife Moderate Allocation Portfolio		
			MetLife Moderate to Aggressive Allocation Portfolio		
			MetLife Aggressive Allocation Portfolio		

Other - Write in any available funds not listed above.

Funding Options

Initial Premium Allocation %

Rebalancer %/ Allocator \$/ EDCA %



SECTION VII - Other Important Owner Questions

1. I elect to have the monthly deduction from the cash values taken as follows - choose **ONE**:

- Proportionately from the funding options based on the cash value in each at the time of the deduction.
- From the Fixed Account or any other specific funding option.

Specify: _____

If you have chosen a specific funding option, please note that if at any time that designated funding option has insufficient cash value to pay the entire amount of the monthly charges, the remaining portion of these charges will be deducted proportionately from each funding option based on the cash value in each at the time of the deduction.

2. Have you received a prospectus for the policy applied for? Yes No

If **YES**, please indicate:

Date of Prospectus	Prospectus Book Number	Date of any Prospectus Supplement Package
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3. Did your Producer review your financial situation, risk tolerance, and investment objectives prior to completing this application? Yes No

If **NO**, please indicate on what basis this product was recommended.

4. Do you understand that:

- A. The amount and duration of the death benefit may increase or decrease depending on the policy's investment return, subject to any guarantees provided by the policy? Yes No
- B. There is no guaranteed minimum cash value and the cash value may increase or decrease depending on the policy's investment return? Yes No

5. Do you believe that this policy and the funding options you have selected will meet your insurance needs and financial objectives? Yes No

6. If funding options selected do not reflect the risk tolerance in Section IV - Investment Objective and Risk Tolerance, please explain: _____

⚠ SIGNATURES ARE ONLY REQUIRED FOR A TELE-APPLICATION SUBMISSION.

Print Name of Proposed Insured

Signature(s) of all Proposed Insured(s)	Date	Signed at City, State
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(age 15 or over) Signature(s) of all Owner(s) (If NOT the Proposed Insured.)	Date	Signed at City, State
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(age 15 or over) Signature of Parent or Guardian	Date	Signed at City, State
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(If Owner or Proposed Insured is under 18, sign here. If not sign above.)

Print Name of Producer

Producer Signature	Date	Signed at City, State
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⚠ COMPLETE ONLY IF APPLYING FOR A POLICY CHANGE OR TERM CONVERSION

ADDITIONAL INFORMATION ABOUT THE OWNER:

Primary Phone Number

Annual Income

Net Worth

(Assets less liabilities, excluding value of primary residence.)



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Product Name: *Variable Life Supplement*
Project Name/Number: *Enterprise Applications-2009 VL Supplement/UFND-59-09*

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification

01/27/2009

Comments:

Attachment:

AR Certification.pdf

MetLife Investors USA Insurance Company
PO Box 25130, Wilmington DE 19899

State of Arkansas

Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.



Karen Johnson, Vice President

2/11/2009

Date