

SERFF Tracking Number: METD-126057570 State: Arkansas
 Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 42124
 Company Tracking Number: 5E-4JCC-09
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
 Adjustable Life
 Product Name: Joint Coverage Continuation Rider
 Project Name/Number: LASUL (09) AKA LASUL REPRICE/5E-4JCC-09

Filing at a Glance

Company: MetLife Investors USA Insurance Company

Product Name: Joint Coverage Continuation Rider SERFF Tr Num: METD-126057570 State: Arkansas

TOI: L09I Individual Life - Flexible Premium Adjustable Life SERFF Status: Closed-Approved- Closed State Tr Num: 42124

Sub-TOI: L09I.002 Joint (Last Survivor) Co Tr Num: 5E-4JCC-09 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird

Authors: Patricia Crowley, Karen Disposition Date: 04/22/2009

Poor

Date Submitted: 04/17/2009 Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: LASUL (09) AKA LASUL REPRICE

Project Number: 5E-4JCC-09

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/22/2009

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: 04/22/2009

Created By: Patricia Crowley

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Patricia Crowley

Filing Description:

MetLife Investors USA Insurance Company

NAIC #241-61050 FEIN #54-0696644

Life Filing

Forms:

5E-4JCC-09 Joint Coverage Continuation Rider

Policy Specifications page for Joint and Last Survivor Flexible Premium Adjustable Life Insurance Policy

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New Submission

State of Domicile: Delaware

Review and Approval: Enclosed for your review and approval is Rider form 5E-4JCC-09. This is a new form that will not replace any existing form. Rider form 5E-4JCC-09 is a Joint Coverage Continuation Rider. This rider guarantees that the policy will not lapse even if the policy's cash surrender value is insufficient to pay future monthly deductions if certain criteria are met. (This guarantee applies only to the policy's face amount portion of the death benefit, not the policy's cash value.) This guarantee continues beyond the maturity date as long as the coverage continuation value is greater than zero and greater than any policy loan balance on and after the maturity date. This Rider will be used with Joint and Last Survivor Flexible Premium Adjustable Life Insurance Policy form 5E-32-05 which was previously approved by the Department.

Informational: Enclosed for your information is a revised Policy Specifications page for Joint and Last Survivor Flexible Premium Adjustable Life Insurance Policy that will be used with policy form 5E-32-05. It will replace the Policy Specifications page that was originally filed as part of that policy form. The only difference between the new Policy Specifications page and the page it is replacing is the Maximum Percent of Premium Charge and a footnote attached to this charge. This charge will now vary based on a dollar amount as well as on duration.

The forms are in final print subject only to minor modifications in layout, paper size, color, stock, ink, border, font, company logo and adaptation to computer printing. Additionally, we reserve the right to correct minor typographical errors.

Items have been bracketed in the enclosed forms to indicate that we will consider it acceptable to change these items in the future without re-filing the forms with your Department, unless you advise otherwise during your review of the forms.

The enclosed forms will be used for both unisex and sex-distinct issues. Unisex policies will be issued to comply with the Norris Decision, or if required by state law. A provision is included in the policy that states if a policy is issued on a unisex basis, any reference to sex is deleted and all premiums and values will be on a unisex basis. We use 80/20 Male/Female for unisex issues.

You have our assurance that we are in compliance with Ark. Code Ann. 23-79-138 and Regulation 49.

We look forward to receiving your approval of these forms. Thank you for your attention to this filing.

Enclosures: Readability Certificate; Certification; Actuarial Memos for Rider and Base; Policy Specifications Page

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Company and Contact

Filing Contact Information

Karen Poor, Senior Contract Consultant KPoor@metlife.com
 501 Boylston Street 617-578-4730 [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 Group Name: MetLife Group State ID Number:
 Wilmington, DE 19899 FEIN Number: 54-0696644
 (617) 578-2000 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$70.00
 Retaliatory? Yes
 Fee Explanation: Arkansas charges \$20 per rider and miscellaneous form. DE charges \$50 per form for approval and nothing for informational filings - therefore, we are sending \$70.
 \$50 - Rider - approval
 \$20 - Policy Specifications Page - informational
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MetLife Investors USA Insurance Company	\$70.00	04/17/2009	27230868

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/22/2009	04/22/2009

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Certification		Yes
Supporting Document	Actuarial Memos		No
Supporting Document	Policy Specifications Page		Yes
Form	Joint Coverage Continuation Rider		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	5E-4JCC-09	Certificate	Joint Coverage Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	5E-4JCC-09 final merged.pdf

JOINT COVERAGE CONTINUATION RIDER

MetLife Investors USA Insurance Company

This Rider provides a guarantee that the Policy will not lapse, as long as this Rider is in force and the Joint Coverage Continuation Benefit is in effect.

This Rider is a part of the Policy if it is listed on the Policy Specifications page. A copy of the application for this Rider is attached to and made part of the Rider.

A new Rider Specifications page will be sent to you if any changes are made to the Policy.

Joint Coverage

Continuation Benefit

The Joint Coverage Continuation Benefit (called "Benefit") guarantees that the Policy will not lapse, as long as this Rider is in force and the Benefit is in effect. This Benefit does not guarantee the Policy's Cash Value. A Joint Coverage Continuation Value account will be established to determine if this Benefit is in effect.

On each monthly anniversary during the first policy year, this Benefit will be in effect if 1., 2., and 3. are met. Thereafter, this Benefit will be in effect if 2. and 3. are met. 1., 2., and 3. are as follows:

1. The amount of premium paid less any Policy Loan Balance at least equals: $1/12^{\text{th}}$ of the Joint Coverage Continuation Benefit Minimum First Year Total Premium, as shown on the Rider Specifications for Joint Coverage Continuation Rider page (called "Rider Specifications page"); times the number of policy months since the Policy Date (called "First Year Premium Requirement").
2. The Joint Coverage Continuation Value is greater than the Policy Loan Balance at all times.
3. The Policy Loan Balance is less than the Death Benefit.

Unless you elect to take the Maturity Benefit (see the Maturity Benefit provision in the Policy), this Benefit will stay in effect beyond the Maturity Date of the Policy as long as:

1. The Joint Coverage Continuation Value is greater than any Policy Loan Balance on and after the Maturity Date of the Policy; and
2. The Policy Loan Balance is less than the Death Benefit.

Once the Grace Period for this Benefit has expired, this Benefit will terminate. See the Grace Period for Joint Coverage Continuation Benefit provision below. You can reactivate this Benefit within the Joint Coverage Continuation Benefit Reactivation Period shown on the Rider Specifications page provided the payment required to reactivate this Benefit does not disqualify the Policy as life insurance. See the Reactivation of Joint Coverage Continuation Benefit provision below.

Impact of Rider on Policy's Cash Value

Cost of Rider

While this Rider is in force and this Benefit is in effect, the cost of this Rider will be deducted as part of the Monthly Deduction from the Policy's Cash Value. The cost of this Rider equals:

1. The Joint Coverage Continuation Monthly Cost of Insurance Charge; plus
2. The Joint Coverage Continuation Monthly Unit Load Charge; plus
3. The Joint Coverage Continuation Monthly Rider Charge.

More information about the above charges can be found in the Rider Specifications page.

No Cost of Rider charges will be deducted during the Joint Coverage Continuation Benefit Reactivation Period. See the Reactivation of Joint Coverage Continuation Benefit provision below for information on the cost to reactivate the Benefit.

Joint Coverage Continuation Monthly Cost of Insurance Charge

The Joint Coverage Continuation Monthly Cost of Insurance Charge equals:

1. The Net Amount at Risk (see the Net Amount at Risk provisions in the Policy) allocated to the remaining Initial Face Amount (which includes any increase in Face Amount resulting from a change in Death Benefit Option) times the Joint Coverage Continuation Monthly Cost of Insurance Rate for the Initial Face Amount, divided by 1,000; plus
2. If you request any increases in Face Amount, the Net Amount at Risk allocated to each requested increase in Face Amount times the Joint Coverage Continuation Monthly Cost of Insurance Rate for each increase in Face Amount, divided by 1,000.

The Joint Coverage Continuation Monthly Cost of Insurance Rates used to calculate the Joint Coverage Continuation Monthly Cost of Insurance Charge will not exceed the Guaranteed Maximum Joint Coverage Continuation Monthly Cost of Insurance Rates shown on the Rider Specifications page. The Joint Coverage Continuation Monthly Cost of Insurance Rates will vary based on the attained ages, risk classifications, sexes and completed years from the Policy Date for the Face Amount (which includes any increase in Face Amount resulting from a Death Benefit Option change) and from the Date of Coverage for each requested increase in Face Amount.

Joint Coverage Continuation Monthly Unit Load Charge

The Joint Coverage Continuation Monthly Unit Load Charge equals the total of these Charges for the Initial Face Amount and for all requested increases in Face Amount. The Charge for each piece of coverage equals: the Face Amount of the Policy (excluding any increase in Face Amount resulting from a Death Benefit Option change) or the amount of an increase; times its Joint Coverage Continuation Monthly Unit Load Charge for the applicable year shown on the Rider Specifications page; divided by 1,000.

Accumulated Amount

If the Cash Value of the Policy becomes negative while this Benefit is in effect, the Monthly Deductions will be accumulated without interest (called "Accumulated Amount"). This Accumulated Amount must be repaid before any Cash Value can develop under the Policy. This Accumulated Amount will not decrease the Death Benefit and will not be paid as part of the Policy Proceeds. It will not be considered in calculating the cost of insurance charges.

Determination of the Status of the Joint Coverage Continuation Benefit

Joint Coverage Continuation Value

Please note: The Joint Coverage Continuation Value is not available to you. Its purpose is only to determine the status of this Benefit. It does not affect the Cash Value of your Policy. It is calculated similarly to the calculation of the Cash Value of the Policy, except the comparable Coverage Continuation Value Charges shown in the Rider Specifications page are used. Also, a Coverage Continuation Value Risk Adjustment Charge will be deducted at the end of the last day of each policy year, if applicable. (See the Coverage Continuation Value Risk Adjustment Charge provision below for more details on this charge.) We have filed a detailed statement of the method of calculating the Joint Coverage Continuation Value with the insurance supervisory official of the state that governs the Policy. You may request, in writing to us at our Designated Office, additional information on the Joint Coverage Continuation Value.

The Joint Coverage Continuation Value will no longer be calculated once the Joint Coverage Continuation Benefit Reactivation Period has expired.

The Policy's annual report will indicate if this Benefit is in effect or in the Grace Period.

Coverage Continuation Value Risk Adjustment Charge

At the end of the last day of each policy year, an additional charge may be deducted from the Joint Coverage Continuation Value. A Coverage Continuation Value Risk Adjustment Charge will be calculated as follows:

1. The sum of the Joint Coverage Continuation Expected Threshold Amount from the Policy Date to the end of the last day of the policy year (The Joint Coverage Continuation Expected Threshold Amount is shown on the Rider Specifications page.); less
2. The sum of actual premiums paid since the Policy Date; plus
3. The sum of any partial withdrawals since the Policy Date.

This Charge will not be assessed if the Joint Coverage Continuation Value plus the Joint Coverage Continuation Expected Threshold Amount paid annually is sufficient to guarantee coverage to the younger Insured's Attained Age 120. If (1) - (2) + (3) is greater than zero and the Joint Coverage Continuation Value plus the Joint Coverage Continuation Expected Threshold Amount paid annually is not sufficient to guarantee coverage to the younger Insured's Attained Age 120, then the Risk Adjustment Charge will equal:

- a. The applicable Coverage Continuation Value Risk Adjustment Percent (which is shown on the Rider Specifications page); times
- b. The amount calculated by (1) - (2) + (3); less
- c. The sum of previous Coverage Continuation Value Risk Adjustment Charges assessed.

If (1) - (2) + (3) is less than or equal to zero, then the Coverage Continuation Value Risk Adjustment Charge will equal \$0.

General Provisions

Grace Period for Joint Coverage Continuation Benefit

In the first policy year on each monthly anniversary date, if the First Year Premium Requirement is not met, a Grace Period of 62 days from the monthly anniversary date will be allowed for the payment of a premium amount sufficient to keep this Benefit in effect (referred to as the "Amount Due"). See the Grace Period provision in your Policy.

Also, if on any monthly anniversary date the Joint Coverage Continuation Value is insufficient to pay the Joint Coverage Continuation Charges that are used in the calculation of the Joint Coverage Continuation Value, a Grace Period of 62 days will be allowed for the payment of a premium amount sufficient to keep this Benefit in effect (referred to as the "Amount Due"). See the Grace Period provision in your Policy.

If on any monthly anniversary date the Policy Loan Balance exceeds the Death Benefit, a Grace Period of 62 days will be allowed for payment of the excess due (referred to as the "Amount Due"). Notice of the Amount Due will be sent at the beginning of the Grace Period to your last known address and to any assignee on record.

If we do not receive the Amount Due by the end of this Rider's Grace Period, this Benefit will terminate. No further calculations of the Joint Coverage Continuation Value or deductions of the cost of the Rider will occur, unless you reactivate this Benefit as described below.

This Rider cannot be reinstated if the Policy lapses.

**Reactivation of Joint
Coverage
Continuation Benefit**

If your Policy is in force and this Benefit has terminated, you can reactivate this Benefit within the Joint Coverage Continuation Benefit Reactivation Period shown on the Rider Specifications page provided that the payment required to reactivate this Benefit does not disqualify your Policy as life insurance. A notice will be sent to your last known address and to any assignee on record at the end of the Grace Period for this Benefit. In order to reactivate this Benefit within the Reactivation Period, we will require a payment sufficient to make the Joint Coverage Continuation Value and the Death Benefit greater than any Policy Loan Balance. All past due costs of the Rider plus an amount to keep the Benefit in effect for two months will be assessed. You may contact us for additional information. If the payment is not paid within the Joint Coverage Continuation Benefit Reactivation Period: the Reactivation Period will terminate; this Benefit cannot be reactivated; and this Rider will terminate.

**Continuation of
Insurance**

If all premium payments cease and this Benefit is not in effect, the insurance provided under the Policy, including benefits provided by any rider attached to the Policy, will continue in accordance with Continuation of Insurance provision of the Policy.

Termination

This Rider will terminate on the first of the following events to occur.

1. The date the Policy is surrendered;
2. The date of the Last Death;
3. The expiration of the Joint Coverage Continuation Benefit Reactivation Period; and
4. The monthly anniversary on or next following our receipt of your written request at our Designated Office to terminate this Rider. Once you have requested the termination of this Rider, it cannot be added again to the Policy.

MetLife Investors USA Insurance Company



Secretary

RIDER SPECIFICATIONS FOR JOINT COVERAGE CONTINUATION RIDER

Insureds: [JOHN DOE] **Policy Number:** [SPECIMEN]
 [JANE DOE]
Issue Date: [AUGUST 1, 2009]

Guaranteed Coverage Date (Based on Planned [Annual] Premium and Planned First Year Lump Sum)*: [AUGUST 1, 2094]
Joint Coverage Continuation Benefit Minimum First Year Total Premium:** [\$1,072.32]

Joint Coverage Continuation Benefit Reactivation Period: [9 MONTHS]

IMPACT OF RIDER ON POLICY'S CASH VALUE

Maximum Joint Coverage Continuation Monthly Cost of Insurance Rates: SEE TABLE BELOW
Joint Coverage Continuation Monthly Unit Load Charge:

Years 1-20	0.0742 PER 1000
Years 21 & Later	0.0742 PER 1000

Joint Coverage Continuation Monthly Rider Charge:

Years 1-20	\$0.00
Years 21 & Later	\$0.00

DETERMINATION OF THE STATUS OF JOINT COVERAGE CONTINUATION VALUE

Monthly Joint Coverage Continuation Value Charges:

Monthly Coverage Continuation Value Expense Charge Per \$1,000:

Years 1-20	0.1320 PER 1000
Years 21 & Later	0.0000 PER 1000

Monthly Coverage Continuation Value Rider Charge:

Years 1-20	\$5.00
Years 21 & Later	\$5.00

Monthly Coverage Continuation Value Cost of Insurance Rates: SEE TABLE BELOW

	Years 1-20	Years 21 & Later
Coverage Continuation Value Percent of Premium Charge:		
For Premiums up to and including [\$1,490.91]*** each policy year	7.00%	7.00%
For Premiums in excess of [\$1,490.91]*** each policy year	3.50%	3.50%

Coverage Continuation Value Accumulation Factors:

Years 1	0.00%
Years 2-39	5.00%
Years 40 - 60	6.50%
Years 61 & Later	6.50%

RIDER SPECIFICATIONS FOR JOINT COVERAGE CONTINUATION RIDER (CONTINUED)

Coverage Continuation Value Surrender Charge Percent:

Years 1-10	100.00%
Years 11 & Later	100.00%

Coverage Continuation Value Risk Adjustment Percent:

Years 1-10	100.00%
Years 11 & Later	100.00%

Joint Coverage Continuation Expected Threshold Amount Annually*:**

Years 1-10	\$1,153.39
Years 11 & Later	\$1,153.39

*The Policy will stay in force to the Guaranteed Coverage Date if: at least the Planned Premium is paid by each Planned Premium Due Date; any Planned First Year Lump Sum is paid by the first policy anniversary; no Loans are taken; no partial withdrawals are made; no policy changes are made; the planned premium timing is not changed; there was no misstatement of age or sex; and no riders are added or removed. **Assuming that such conditions are met: the Planned Premium and any Planned First Year Lump Sum represent a premium payment schedule that will keep the Joint Coverage Continuation Value positive in all years and will, as a result, guarantee your Policy will stay in force to the Guaranteed Coverage Date; and you may contact us or our representative for additional information regarding other premium payment schedules that will guarantee your Policy will stay in force to the Guaranteed Coverage Date.**

**During the first policy year, this premium will be recalculated and shown on a new Rider Specifications page if: there is a requested increase in Face Amount; there is any change in a risk classification; there is any misstatement of age or sex; or any riders are added or removed.

*** This premium will be recalculated and shown on a new Rider Specifications page if: any policy changes are made; any partial withdrawals are taken; there is any change in a risk classification; there is any misstatement of age or sex; or any riders are added or removed.

**TABLE OF GUARANTEED MAXIMUM JOINT COVERAGE CONTINUATION RIDER
MONTHLY COST OF INSURANCE RATES PER \$1,000**

Insureds: [JOHN DOE] **Policy Number:** [SPECIMEN]
 [JANE DOE]
Date of Coverage: [AUGUST 1, 2009]

Policy Year	Rate	Policy Year	Rate	Policy Year	Rate
1	[0.0000	30	0.0089	59	0.0108
2	0.0001	31	0.0094	60	0.0104
3	0.0001	32	0.0100	61	0.0100
4	0.0002	33	0.0105	62	0.0096
5	0.0003	34	0.0111	63	0.0092
6	0.0004	35	0.0115	64	0.0090
7	0.0006	36	0.0120	65	0.0088
8	0.0006	37	0.0124	66	0.0085
9	0.0008	38	0.0131	67	0.0084
10	0.0009	39	0.0136	68	0.0084
11	0.0010	40	0.0139	69	0.0083
12	0.0013	41	0.0144	70	0.0082
13	0.0014	42	0.0147	71	0.0082
14	0.0017	43	0.0149	72	0.0082
15	0.0019	44	0.0153	73	0.0084
16	0.0021	45	0.0154	74	0.0084
17	0.0024	46	0.0155	75	0.0083
18	0.0028	47	0.0157	76	0.0084
19	0.0031	48	0.0157	77	0.0083
20	0.0035	49	0.0156	78	0.0083
21	0.0039	50	0.0152	79	0.0084
22	0.0044	51	0.0149	80	0.0084
23	0.0049	52	0.0146	81	0.0084
24	0.0054	53	0.0143	82	0.0084
25	0.0059	54	0.0138	83	0.0084
26	0.0064	55	0.0132	84	0.0084
27	0.0069	56	0.0126	85	0.0084
28	0.0075	57	0.0118	86+	0.0000]
29	0.0082	58	0.0113		

**MONTHLY JOINT COVERAGE CONTINUATION VALUE COST OF INSURANCE RATES
PER \$1,000**

Insureds: [JOHN DOE] **Policy Number:** [SPECIMEN]
 [JANE DOE]
Date of Coverage: [AUGUST 1, 2009]

Policy Year	Rate	Policy Year	Rate	Policy Year	Rate
1	[0.0000	30	0.2180	59	6.0634
2	0.0100	31	0.2546	60	6.5345
3	0.0100	32	0.2946	61	7.2074
4	0.0100	33	0.3390	62	7.8263
5	0.0100	34	0.3887	63	8.4604
6	0.0100	35	0.4433	64	8.5795
7	0.0100	36	0.5067	65	8.9254
8	0.0100	37	0.5790	66	9.4661
9	0.0100	38	0.6671	67	10.0191
10	0.0100	39	0.7634	68	10.6378
11	0.0100	40	0.8693	69	11.3119
12	0.0100	41	0.9870	70	12.0523
13	0.0100	42	1.1172	71	13.0019
14	0.0100	43	1.2643	72	13.9856
15	0.0111	44	1.4306	73	15.0019
16	0.0141	45	1.6174	74	16.0318
17	0.0178	46	1.8213	75	17.1086
18	0.0224	47	2.0720	76	18.2142
19	0.0280	48	2.3419	77	19.2848
20	0.0349	49	2.6210	78	20.3296
21	0.0430	50	2.9242	79	21.2919
22	0.0529	51	3.2526	80	22.6215
23	0.0642	52	3.5722	81	23.8694
24	0.0766	53	3.9724	82	25.1658
25	0.0906	54	4.3812	83	26.5844
26	0.1099	55	4.7943	84	27.9061
27	0.1308	56	5.1638	85	29.2516
28	0.1560	57	5.3652	86+	0.0000]
29	0.1851	58	5.6680		

The Monthly Joint Coverage Continuation Value Cost of Insurance Charge rate for each piece of coverage is based on the attained ages, risk classifications, sexes and completed years from the Policy Date for the Initial Face Amount and for the Date of Coverage for each requested increase in Face Amount.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: AR READABILITY CERT.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable for this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: Not applicable for this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: Not applicable for this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Certification		
Comments:		
Attachment: AR CERTIFICATION.pdf		

State of Arkansas

Readability Certification

Pursuant to Bulletin 14-79 and Arkansas Statute Annotated § 23-80-206 to § 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act, the Flesch Readability Ease Test has been applied to the following forms.

Form Number(s)

5E-4JCC-09

Flesch Score(s)

50



Karen Johnson, Vice President

4/17/2009

Date

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

4/17/2009

Date