

SERFF Tracking Number: METK-126831479 State: Arkansas
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 46970
Company Tracking Number: SERIES VA - 4
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Series VA - 4
Project Name/Number: Series VA - 4/Series VA - 4

Filing at a Glance

Company: MetLife Investors USA Insurance Company

Product Name: Series VA - 4

SERFF Tr Num: METK-126831479 State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable

SERFF Status: Closed-Approved-Closed State Tr Num: 46970

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: SERIES VA - 4

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Karen Foley, Pam Kerry, Barry Sullivan, Janice Bellot

Disposition Date: 10/07/2010

Date Submitted: 10/04/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Series VA - 4

Status of Filing in Domicile: Not Filed

Project Number: Series VA - 4

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filing not required in Domicile State

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/07/2010

Explanation for Other Group Market Type:

State Status Changed: 10/07/2010

Deemer Date:

Created By: Janice Bellot

Submitted By: Janice Bellot

Corresponding Filing Tracking Number:

Filing Description:

The referenced form is enclosed for your review and approval. Form 8280 (9/10) is new and does not replace any previously filed form.

Application form 8280 (9/10) will be completed by a prospective contract owner/annuitant when an applicant purchases our MetLife Investors USA Variable Annuity Series VA or MetLife Investors USA Variable Annuity Series VA - 4 product. It will be used with individual variable annuity form 8010 (11/00) that was previously approved by your Department.

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Please note that the contract form for which this form is used is a variable annuity that is subject to federal jurisdiction and is therefore exempt from readability requirements.

Thank you for your review of this filing.

Company and Contact

Filing Contact Information

Pam Kerry, Policy Forms Consultant pkerry@metlife.com
 501 Boylston Street 617-578-2298 [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. Group Code: 241 Company Type: Life
 Suite 900 Group Name: MetLife Group State ID Number:
 P.O. Box 25130 FEIN Number: 54-0696644
 Wilmington, DE 19899
 (617) 578-2000 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: MetLife Investors USA Insurance Company domicile is Delaware. \$50.00 per form. One form filed.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MetLife Investors USA Insurance Company	\$50.00	10/04/2010	40222103

SERFF Tracking Number: METK-126831479 State: Arkansas
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 46970
Company Tracking Number: SERIES VA - 4
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: Series VA - 4
Project Name/Number: Series VA - 4/Series VA - 4

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/07/2010	10/07/2010

SERFF Tracking Number: *METK-126831479* *State:* *Arkansas*
Filing Company: *MetLife Investors USA Insurance Company* *State Tracking Number:* *46970*
Company Tracking Number: *SERIES VA - 4*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *Series VA - 4*
Project Name/Number: *Series VA - 4/Series VA - 4*

Disposition

Disposition Date: 10/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: METK-126831479 State: Arkansas
 Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 46970
 Company Tracking Number: SERIES VA - 4
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: Series VA - 4
 Project Name/Number: Series VA - 4/Series VA - 4

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	Yes	Yes
Supporting Document	Life & Annuity - Actuarial Memo	No	No
Supporting Document	Certification	Yes	Yes
Supporting Document	Statement of Variability	Yes	Yes
Form	Variable Annuity Application	Yes	Yes

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 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: Series VA - 4
 Project Name/Number: Series VA - 4/Series VA - 4

Form Schedule

Lead Form Number: 8280 (9/10)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	8280 (9/10)	Application/Variable Annuity Enrollment Application Form	Initial		0.000	Generic_8280 (9-10)_APP.pdf

Home Office Address (no correspondence)
222 Delaware Avenue Suite 900 • Wilmington, DE 19899

MetLife Investors USA Insurance Company

Policy Service Office: P.O. Box 10366 • Des Moines, Iowa 50306-0366

MetLife Investors USA Variable Annuity Series VA
MetLife Investors USA Variable Annuity Series VA - 4

For Express Mail Only • 4700 Westown Parkway Ste. 200 • West Des Moines, IA 50266-2266
For assistance call: The Sales Desk

PRODUCT SELECTION (Please Select One)

Series VA Series VA - 4

ACCOUNT INFORMATION

1. Annuitant

Name [John J. Doe] Social Security Number [123 45 6789]
Address [123 Main Street Anytown IL 60001] Sex [X]M Date of Birth [4 / 12 / 58] Phone [708] 123-4567

2. Owner (Complete only if different than Annuitant)

Correspondence is sent to the Owner.
Name (First) (Middle) (Last) Social Security/Tax ID Number
Sex M F Date of Birth/Trust / / / Phone ()

3. Joint Owner

Name (First) (Middle) (Last) Social Security Number
Sex M F Date of Birth / / / Phone ()

4. Beneficiary

Show full name(s), address(es), relationship to Owner, Social Security Number(s), and percentage each is to receive.
Primary Name [Mary J. Doe, 123 Main Street, Anytown, IL, Wife, 234 - 56 - 7890 100%]
Relationship Social Security Number %

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT, WHEN BASED ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT, ARE VARIABLE, MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

5. Plan Type

Indicate only how contract is to be issued.
• NON-QUALIFIED [X]
• QUALIFIED TRADITIONAL IRA* ... [] Transfer [] Rollover [] Contribution - Year
• QUALIFIED SEP IRA* ... [] Transfer [] Rollover [] Contribution - Year
• QUALIFIED ROTH IRA* ... [] Transfer [] Rollover [] Contribution - Year
• QUALIFIED 401 []
*The annuitant and owner must be the same person.

6. Purchase Payment

Funding Source of Purchase Payment
[] 1035 Exchange [] Check [] Wire
Initial Purchase Payment \$ [10,000]
Make Check Payable to MetLife Investors USA Insurance Company
(Estimate dollar amount for 1035 exchanges, transfers, rollovers, etc.)
Minimum Initial Purchase Payment:
\$5,000 Non-Qualified \$2,000 Qualified-Series VA
\$10,000 Non-Qualified/Qualified - Series VA - 4



RIDERS

7. Benefit Riders (Subject to state availability and age restrictions. Other restrictions may apply.)

These riders may only be chosen at time of application. **Please note, there are additional charges for the optional riders. Once elected these options may not be changed.**

- 1) **Living Benefit Riders** (Optional. Only one of the following Benefit Riders may be elected)
- Guaranteed Minimum Income Benefit Plus Rider (**GMB Plus III**)
 - Guaranteed Withdrawal Benefit (**GWB**)
 - Single Life – Lifetime Withdrawal Guarantee (**LWG**) (**2008**)
 - Joint Life – Lifetime Withdrawal Guarantee (**LWG**) (**2008**)
- 2) **Death Benefit Riders** (Check one. If no election is made, the Principal Protection option will apply).
- Principal Protection (no additional charge)
 - Annual Step-Up
 - Enhanced Death Benefit II (may only be elected with GMB Plus or without an optional Living Benefit Rider.)
- 3) Earnings Preservation Benefit Rider

SIGNATURES

8. Replacements

Does the applicant have any existing life insurance policies or annuity contracts? Yes No

Is this annuity being purchased to replace any existing life insurance or annuity policy(ies)? Yes No

If "Yes" to either, applicable disclosure and replacement forms must be attached.

9. Fraud Statement & Disclosure

Notice to Applicant:

Arkansas, Louisiana, Rhode Island and West Virginia Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and confinement in prison.

District of Columbia Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Florida Residents Only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Residents Only: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maryland Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts Residents Only: The variable annuity for which you are making this application gives you the right to restrict or discontinue allocations of purchase payments to the Fixed Account and reallocation from the Investment Divisions to the Fixed Account. This discontinuance right may be exercised for reasons which include but are not limited to our ability to support the minimum guaranteed interest rate of the Fixed Account when the yields on our Investments would not be sufficient to do so. This discontinuance will not be exercised in an unfairly discriminatory manner. The prospectus also contains additional information about our right to restrict access to the Fixed Account in the future.

BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTOOD THE STATEMENTS IN THIS APPLICATION AND IN THE PROSPECTUS THAT THE FIXED ACCOUNT MAY NOT BE AVAILABLE AT SOME POINT DURING THE LIFE OF THE CONTRACT INCLUDING POSSIBLY WHEN THIS CONTRACT IS ISSUED.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio Residents Only: A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

Pennsylvania Residents Only: ANNUITY PAYMENTS OR SURRENDER VALUES, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

10. Acknowledgement and Authorization

I (We) agree that the above information and statements and those made on all pages of this application are true and correct to the best of my (our) knowledge and belief and are made as the basis of my (our) application. I (We) acknowledge receipt of the current prospectus of [MetLife Investors USA Separate Account A.] PAYMENTS AND VALUES PROVIDED BY THE CONTRACT FOR WHICH APPLICATION IS MADE ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.

I have read the State Fraud Statement in Section 9 above applicable to me.

[John J. Doe, Owner]

(Owner Signature & Title, Annuitant unless otherwise noted)

(Joint Owner Signature & Title)

(Signature of Annuitant if other than Owner)

Signed at [Anytown, IL]
(City) (State)

Date [November 11, 2000]

11. Agent's Report

5~|bzfa U|cb d|fcj |XXVrth YW|Ybh \UgVYyb |fi n|LbX
UW|fUY|nifw|fXXX"

Does the applicant have any existing life insurance policies or annuity contracts? Yes No

Is this annuity being purchased to replace any existing life insurance or annuity policy(ies)? Yes No

If "Yes" to either, applicable disclosure and replacement forms must be attached.

[Richard Roe]

Agent's Signature

[(312) 456-7890]

Phone

[Richard Roe, #723]

Agent's Name and Number

[456 Main Street, Anytown, IL 60001]

Name and Address of Firm

[#723]

State License ID Number[(Required for FL)]

[1234567]

Client Account Number

Home Office Program Information:

Select one. Once selected, the option cannot be changed.

Option A _____ Option B _____ Option C _____

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

See Form Schedule tab.

Item Status: **Status**
Date:

Satisfied - Item: Certification

Comments:

Attachment:

AR Certification.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Series VA_4_GENERIC_APP_SoV.pdf

MetLife Investors USA Insurance Company
222 Delaware Avenue, Suite 900, Wilmington DE 19899

State of Arkansas

Certification

We certify compliance with Articles VI, VII, IX, and XI of Rule and Regulation 33 and all other applicable requirements of the Arkansas Insurance Department.

Bennett D. Kleinberg

Print Name



Signature

Vice President & Senior Actuary

Title

October 4, 2010

Date

STATEMENT OF VARIABILITY
MetLife Investors USA Insurance Company
Application Form 8280 (9/10)

Home Office Address, Policy Service Office Address, Product Name, Phone Number:	These fields are bracketed to allow us to change the address, zip code, product name, and phone number if necessary.
Product Name	<p>This field is bracketed to allow us to change the product name to one of the following depending on product selection, currently shown on application as:</p> <p>MetLife Investors USA Variable Annuity Series VA MetLife Investors USA Variable Annuity Series VA – 4.</p>
Plan Type	<p>We reserve the right to offer this product in some or all of the following markets: NON-QUALIFIED, IRA (including TRADITIONAL, SIMPLE, SEP, custodial/decendent and ROTH) and 401(a).</p> <p>A new sub-heading may be added entitled Payment Type which will show some or all of the following choices (1035 Exchange, Transfer, Rollover Contribution or other).</p>
Purchase Payment	<p>We reserve the right for future reprints of the application, to reformat this section as follows:</p> <ul style="list-style-type: none"> • The Funding Source of Purchase Payment section will show some or all of the following available choices (1035 Exchange, Check, Wire, Transfer, Rollover Contribution, Other, or Draft).
Benefit Riders	<p>The Benefit Riders are bracketed to permit changes to the marketing name and rider availability.</p> <p>As new riders are approved by the Department, this section may be updated to reflect the marketing name and rider name. If a rider is not approved in your state, we will note that.</p>

Fraud Statement & Disclosure	The text in these sections may be enhanced for clarity or compliance with insurance laws in your state or other states. Additionally, the Disclosure & Acknowledgement section may be modified for any changes in “fraud language” that may be required by other states.
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