

SERFF Tracking Number: METK-126605781 State: Arkansas
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 45729
Company Tracking Number: 8401 (5/10)
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: PrimeElite IV Application Refile
Project Name/Number: PrimeElite IV Application Refile/8401 (5/10)

Filing at a Glance

Company: MetLife Investors USA Insurance Company

Product Name: PrimeElite IV Application Refile SERFF Tr Num: METK-126605781 State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable SERFF Status: Closed-Approved- State Tr Num: 45729
Closed

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: 8401 (5/10)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Karen Foley, Barry

Disposition Date: 05/21/2010

Sullivan, Sarah Neil, Janice Bellot

Date Submitted: 05/20/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PrimeElite IV Application Refile

Status of Filing in Domicile: Not Filed

Project Number: 8401 (5/10)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filing not required.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/21/2010

Explanation for Other Group Market Type:

State Status Changed: 05/21/2010

Deemer Date:

Created By: Barry Sullivan

Submitted By: Barry Sullivan

Corresponding Filing Tracking Number:

Filing Description:

Please find attached for your review and approval a final-print version of the above-referenced form. This form is new and does not replace any form.

Application form 8401 (5/10) will be completed by a prospective contract owner/annuitant when an applicant purchases our PrimElite IV product. It will be used with individual variable annuity form 8010 (11/00) that was previously approved by your Department.

Please note that the contract form for which this form is used is a variable annuity that is subject to federal jurisdiction

SERFF Tracking Number: METK-126605781 State: Arkansas
 Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 45729
 Company Tracking Number: 8401 (5/10)
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: PrimeElite IV Application Refile
 Project Name/Number: PrimeElite IV Application Refile/8401 (5/10)

and is therefore exempt from readability requirements.

Thank you for your review of this filing.

Company and Contact

Filing Contact Information

Sarah Neil, Contract Analyst sneil@metlife.com
 501 Boylston Street 617-578-4252 [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	05/20/2010	36683422

SERFF Tracking Number: METK-126605781 State: Arkansas
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 45729
Company Tracking Number: 8401 (5/10)
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: PrimeElite IV Application Refile
Project Name/Number: PrimeElite IV Application Refile/8401 (5/10)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/21/2010	05/21/2010

SERFF Tracking Number: *METK-126605781* *State:* *Arkansas*
Filing Company: *MetLife Investors USA Insurance Company* *State Tracking Number:* *45729*
Company Tracking Number: *8401 (5/10)*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *PrimeElite IV Application Refile*
Project Name/Number: *PrimeElite IV Application Refile/8401 (5/10)*

Disposition

Disposition Date: 05/21/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *METK-126605781* *State:* *Arkansas*
Filing Company: *MetLife Investors USA Insurance Company* *State Tracking Number:* *45729*
Company Tracking Number: *8401 (5/10)*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *PrimeElite IV Application Refile*
Project Name/Number: *PrimeElite IV Application Refile/8401 (5/10)*

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

SERFF Tracking Number: METK-126605781 State: Arkansas
 Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 45729
 Company Tracking Number: 8401 (5/10)
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: PrimeElite IV Application Refile
 Project Name/Number: PrimeElite IV Application Refile/8401 (5/10)

Form Schedule

Lead Form Number: 8401 (5/10)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	8401 (5/10)	Application/Variable Annuity Enrollment Application Form	Initial		0.000	8401 (5-10).pdf

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

PrimElite IVSM is a service mark of Primerica, Inc. MetLife Investors USA Insurance Company uses this mark pursuant to a license agreement. Securities offered by PFS Investments Inc.

[PrimElite IVSM]

ACCOUNT INFORMATION

1. Annuitant

Name [John J. Doe] Social Security No. [123 - 45 - 6789] Sex [X]M []F Date of Birth [1 / 11 / 70] Phone [708] 123-4567 Address [123 Main Street] Anytown IL 60001

2. Owner (Complete only if different than Annuitant)

Name (First) (Middle) (Last) Social Security / Tax ID No. Sex []M []F Date of Birth/Trust / / Phone () Address (Street) (City) (State) (Zip)

3. Joint Owner

Name (First) (Middle) (Last) Social Security No. Sex []M []F Date of Birth / / Phone () Address (Street) (City) (State) (Zip)

4. Beneficiary

Table with 5 columns: Name, Address, Relationship, Social Security Number, Percentage. Row 1: Mary J. Doe, 123 Main Street, Anytown, IL, Wife, 234 - 56 - 7890, 100%

5. Plan Type (Check only one box below)

[X] NON-QUALIFIED 408 IRA* (check one of the options listed below) Traditional IRA SEP IRA Roth IRA [] Transfer [] Rollover [] Contribution - Year

6. Purchase Payment

Funding Source of Purchase Payment [] Transfer of Assets [] Check [] Wire Initial Purchase Payment \$ [10,000] Minimum Initial Purchase Payment: \$5,000 Non-Qualified \$10,000 Qualified



RIDERS

7. Benefit Riders (subject to state availability and age restrictions)

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) **Death Benefit Rider (Check one.** If no election is made, the Principal Protection option will apply.)
 Principal Protection (no additional charge)
OR
 Annual Step-up
- 2) Earnings Preservation Benefit Rider
- 3) **Living Benefit Rider (Optional.** Only **one** of the following riders may be elected)
 Guaranteed Withdrawal Benefit (GWB)
 Single Life - Lifetime Withdrawal Guarantee (LWG)
 Joint Life - Lifetime Withdrawal Guarantee (LWG)]

COMMUNICATIONS

8. Telephone Transfer

I (We) authorize MetLife Investors USA Insurance Company (MetLife Investors USA) or any person authorized by MetLife Investors USA to accept telephone transfer instructions and/or future payment allocation changes from me (us) and my Registered Representative/Agent. Telephone transfers will be automatically permitted unless you check one or both of the boxes below indicating that you do not wish to authorize telephone transfers. MetLife Investors USA will use reasonable procedures to confirm that instructions communicated by telephone are genuine.

I (We) **DO NOT** wish to authorize telephone transfers for the following (check applicable boxes): Owner(s) Registered Representative/Agent

SIGNATURES

9. 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," applicable disclosure and replacement forms must be attached.

10. Fraud Statement & Disclosure

Notice to Applicants:

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.

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 us 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.]

11. 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.

[*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

12. Agent's Report

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," 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

[1234567]

Client Account Number

SERFF Tracking Number: METK-126605781 State: Arkansas
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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: See Form Schedule tab.		
Comments:		

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

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: PEIV_GENERIC_APP_SoV.pdf		

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

5/20/2010

Date

STATEMENT OF VARIABILITY
MetLife Investors USA Insurance Company
Application Form 8401 (5/10)

May 20, 2010

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.
Plan Type	We reserve the right to offer this product in some or all of the following markets: NON-QUALIFIED, IRA (including TRADITIONAL, SIMPLE, SEP, custodial/decedent and ROTH) and 401(a). 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).
Purchase Payment	We reserve the right for future reprints of the application, to reformat this section as follows: <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	The Benefit Riders are bracketed to permit changes to the marketing name and rider availability. 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.
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.