

SERFF Tracking Number: METK-127284220 State: Arkansas  
Filing Company: MetLife Investors Insurance Company State Tracking Number: 49158  
Company Tracking Number: 7155 (6/11)  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: VA Application Re-file  
Project Name/Number: VA Application Re-file/7155 (6/11)

## Filing at a Glance

Company: MetLife Investors Insurance Company

Product Name: VA Application Re-file SERFF Tr Num: METK-127284220 State: Arkansas  
TOI: A03I Individual Annuities - Deferred SERFF Status: Closed-Approved- State Tr Num: 49158  
Variable Closed  
Sub-TOI: A03I.002 Flexible Premium Co Tr Num: 7155 (6/11) State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Disposition Date: 06/30/2011  
Authors: Karen Foley, Barry  
Sullivan, Doreen Morris, Janice  
Bellot  
Date Submitted: 06/28/2011 Disposition Status: Approved-  
Closed  
Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: VA Application Re-file Status of Filing in Domicile: Pending  
Project Number: 7155 (6/11) Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 06/30/2011  
State Status Changed: 06/30/2011  
Deemer Date: Created By: Barry Sullivan  
Submitted By: Barry Sullivan Corresponding Filing Tracking Number:  
Filing Description:  
Please find attached for your review and approval the referenced application forms listed on the Form Schedule tab.  
These forms are new and do not replace any forms.

These applications will be completed by a prospective contract owner/annuitant for our individual variable annuity contracts previously approved by your Department. These applications will be used with individual variable annuity contract form that was/were previously approved by your Department.”

These forms have been completed in John Doe fashion. Material that is bracketed is variable and is subject to change in

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accordance with the parameters described in the attached Memorandum of Variable Material. We will not consider it necessary to obtain Department approval for changes to these variables when such changes are within the stated parameters of the enclosed Memorandum of Variable Material. Any changes made outside of the stated parameters will be filed for approval with your Department. This form is submitted in final printed format and is subject to only minor modification in paper size and stock, ink, border, and adaptation to computer printing.

Please note that the contract form for which this forms are 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

Doreen Talone, Senior Contract Consultant dtalone@metlife.com  
 1300 Hall Blvd. 860-768-0810 [Phone]  
 3rd Floor 860-656-3329 [FAX]  
 Bloomfield, CT 06002

### Filing Company Information

MetLife Investors Insurance Company	CoCode: 93513	State of Domicile: Missouri
13045 Tesson Ferry Road	Group Code: 241	Company Type: Life
St. Louis, MO 63128	Group Name: MetLife Group	State ID Number:
(617) 578-2000 ext. [Phone]	FEIN Number: 43-1236042	

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MetLife Investors Insurance Company	\$50.00	06/28/2011	49188648

SERFF Tracking Number: METK-127284220 State: Arkansas  
Filing Company: MetLife Investors Insurance Company State Tracking Number: 49158  
Company Tracking Number: 7155 (6/11)  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
Product Name: VA Application Re-file  
Project Name/Number: VA Application Re-file/7155 (6/11)

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/30/2011	06/30/2011

*SERFF Tracking Number:*      *METK-127284220*                      *State:*                      *Arkansas*  
*Filing Company:*              *MetLife Investors Insurance Company*              *State Tracking Number:*      *49158*  
*Company Tracking Number:*      *7155 (6/11)*  
*TOI:*                      *A031 Individual Annuities - Deferred Variable*      *Sub-TOI:*                      *A031.002 Flexible Premium*  
*Product Name:*              *VA Application Re-file*  
*Project Name/Number:*      *VA Application Re-file/7155 (6/11)*

## **Disposition**

Disposition Date: 06/30/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: METK-127284220 State: Arkansas  
 Filing Company: MetLife Investors Insurance Company State Tracking Number: 49158  
 Company Tracking Number: 7155 (6/11)  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: VA Application Re-file  
 Project Name/Number: VA Application Re-file/7155 (6/11)

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

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 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: VA Application Re-file  
 Project Name/Number: VA Application Re-file/7155 (6/11)

## Form Schedule

**Lead Form Number: 7155 (6/11)**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	7155 (6/11)	Application/ Individual Variable Enrollment Annuity Application Form	Initial		0.000	7155 (6-11).pdf



# Individual Variable Annuity Application

Send Application and check to:

[Home Office Address (no correspondence)  
13045 Tesson Ferry • St. Louis, MO 63128]

**MetLife Investors Insurance Company**  
[Policy Service Office: P.O. Box 10366 • Des Moines, Iowa 50306-0366]

[MetLife Investors Variable Annuity Class A]

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

## ACCOUNT INFORMATION

### 1. Annuitant

Name [John J. Doe] Social Security Number [123 - 45 - 6789]  
 (First) (Middle) (Last)  
 Sex  M  F Date of Birth [4 / 12 / 58]  
 Address [123 Main Street Anytown IL 60001] Phone [708] 123-4567  
 (Street - No P.O. Box) (City) (State) (Zip)

### 2. Owner (Complete only if different than Annuitant)

Correspondence is sent to the Owner.  
 Name \_\_\_\_\_ Social Security/Tax ID Number \_\_\_\_\_  
 (First) (Middle) (Last)  
 Sex  M  F Date of Birth/Trust \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 (Street - No P.O. Box) (City) (State) (Zip)

### 3. Joint Owner

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 (First) (Middle) (Last)  
 Sex  M  F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 (Street - No P.O. Box) (City) (State) (Zip)

### 4. Beneficiary

Show full name(s), address(es), relationship to Owner, Social Security Number(s), and percentage each is to receive. Use the Special Requests section if additional space is needed. **Unless specified otherwise in the Special Requests section, if Joint Owners are named, upon the death of either Joint Owner, the surviving Joint Owner will be the primary beneficiary, and the beneficiaries listed below will be considered contingent beneficiaries.**

<u>[Mary J. Doe, 123 Main Street, Anytown, IL, Wife, 234 - 56 - 7890 100%]</u>
Primary Name _____ Address (Street - No P.O. Box) _____ Relationship _____ Social Security Number _____ % - -
Primary Name _____ Address (Street - No P.O. Box) _____ Relationship _____ Social Security Number _____ % - -
Contingent Name _____ Address (Street - No P.O. Box) _____ Relationship _____ Social Security Number _____ % - -
Contingent Name _____ Address (Street - No P.O. Box) _____ 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 ..... {}]

• 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/Transfer  Check  Wire]

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





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## Supporting Document Schedules

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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> See Forms Schedule tab. <b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo <b>Bypass Reason:</b> Not applicable to this filing. <b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of variability <b>Comments:</b> <b>Attachment:</b> Generic_MLI__911APP_SoV.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Certification <b>Comments:</b> <b>Attachment:</b> Certification.pdf		

**STATEMENT OF VARIABILITY**  
**For Applications**  
**MetLife Investors Insurance Company: Form 7155 (6/11)**  
**June 15, 2011**

<b>Home Office Address, Policy Service Office Address, Product Name, Phone Number</b>	This fields are bracketed to allow us to change the address, zip code, product name and phone number if necessary
<b>Plan Type</b>	We reserve the right to offer this product in some or all of the following markets: Nonqualified, IRA (including traditional, Simple IRA, SEPs, custodial/decedent IRA and Roth IRA) and 401a. Additionally, some or all of the Payment type choices may show some or all of the following choices (1035 Exchange, Transfer, Rollover Contribution or other).
<b>Purchase Payment Section</b>	We reserve the right for future reprints of the app, to reformat this section as follows: <ul style="list-style-type: none"> <li>• The Payment method heading will show some or all of the following choices available choices (1035 Exchange, check, wire or draft) and a new sub-heading will follow entitle Payment Type which will show some or all of the following choices (1035 Exchange, Transfer, Rollover Contribution or other)</li> <li>• The Source of Funds for purchasing this Annuity section may contain some or all of the possible choices shown in the filed application at future reprints.</li> </ul>
<b>Optional Riders</b>	These optional riders are bracketed to permit changes to the marketing name and rider availability. As new riders or endorsements are approved by the Department, this section will be updated to reflect the marketing name and rider/endorsement name. If a rider or endorsement is not approved in your state, we will note that.
<b>Fraud Statement &amp; Disclosure,</b>	The text in these sections may be enhanced

<b>Replacement Questions Section</b>	for clarity or compliance with insurance laws in your state or other states. We may add additional directive/clarification information in the "Replacement Question" section of the application based on changes from the NAIC model regulation or other insurance regulations or laws. Additionally, the Disclosure & Acknowledgement section may be modified for any changes in "fraud language" that may be required by other states.
<b>Acknowledgment Section - Separate Account Name</b>	This text has been bracketed to allow us to change the Separate Account name.
<b>Home Office Information Section</b>	This text in this area may be revised in the future to delete or add commission options

MetLife Investors Insurance Company  
13045 Tesson Ferry Rd. St. Louis, MO 63128

## 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*

6/27/2011

*Date*