

State: Arkansas **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: A02G Group Annuities - Deferred Non-variable/A02G.001 Fixed Premium
Product Name: Group Annuity
Project Name/Number: Form G.7812-83/NY12-184 SD

Filing at a Glance

Company: Metropolitan Life Insurance Company
Product Name: Group Annuity
State: Arkansas
TOI: A02G Group Annuities - Deferred Non-variable
Sub-TOI: A02G.001 Fixed Premium
Filing Type: Form
Date Submitted: 10/02/2012
SERFF Tr Num: META-128709847
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: NY12-184 SD

Implementation
Date Requested:
Author(s): Sandra Bennett, Ruth Rivera, Linda Williams
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/08/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: A02G Group Annuities - Deferred Non-variable/A02G.001 Fixed Premium
Product Name: Group Annuity
Project Name/Number: Form G.7812-83/NY12-184 SD

General Information

Project Name: Form G.7812-83 Status of Filing in Domicile:
 Project Number: NY12-184 SD Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 10/08/2012 Deemer Date:
 State Status Changed: 10/08/2012 Submitted By: Sandra Bennett
 Created By: Sandra Bennett
 Corresponding Filing Tracking Number:

Filing Description:

Please view the Cover Letter located in the NAIC Transmittal form, attached to the (Supporting Documentation tab).

Company and Contact

Filing Contact Information

Salvatore D'Addio, Sr. Analyst sdaddio@metlife.com
 1095 Avenue of the Americas 212-578-1563 [Phone] 1563 [Ext]
 MSC 30020 212-578-3874 [FAX]
 New York, NY 10036

Filing Company Information

Metropolitan Life Insurance Company CoCode: 65978 State of Domicile: New York
 MetLife Group Code: 241 Company Type: Life
 1095 Avenue of the Americas Group Name: State ID Number:
 New York, NY 10036-6796 FEIN Number: 13-5581829
 (212) 578-2211 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form
 Per Company: No

Company	Amount	Date Processed	Transaction #
Metropolitan Life Insurance Company	\$100.00	10/02/2012	63317569

State: Arkansas Filing Company: Metropolitan Life Insurance Company
TOI/Sub-TOI: A02G Group Annuities - Deferred Non-variable/A02G.001 Fixed Premium
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/08/2012	10/08/2012

State: Arkansas **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: A02G Group Annuities - Deferred Non-variable/A02G.001 Fixed Premium
Product Name: Group Annuity
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Disposition

Disposition Date: 10/08/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	AR NAIC Transmittal Document Form		Yes
Supporting Document	ARCERTREG19		Yes
Supporting Document	Arkansas 98-02-04		Yes
Form	Group Annuity Contract Endorsement Group Annuity Contract Endorsement		Yes
Form	Group Annuity Contract Endorsement		Yes

State: Arkansas **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: A02G Group Annuities - Deferred Non-variable/A02G.001 Fixed Premium
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Form Schedule

Lead Form Number: Form G.7812-83

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		Form G.7812-83	POLA	Group Annuity Contract Endorsement Group Annuity Contract Endorsement	Initial:	80.000	Form G.7812-83 GAC 1183.pdf
2		Form G.7812-83	POLA	Group Annuity Contract Endorsement	Initial:	82.000	Form G.7812-83 GAC 1035.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Metropolitan Life Insurance Company
200 Park Avenue New York, NY 10066

Group Annuity Contract No. 1183 issued to

H.N. Donahoo Contracting Co., Inc.

Is hereby endorsed, effective October 1, 2012 as follows:

A.) By replacing the following schedules

1. Schedule I – MBR Basis under the Contract with both:

Schedule I (a) – ACTIVE MBR BASIS (Added October 1, 2012) and
Schedule 1(b) - FINAL MBR AT DISCONTINUANCE BASIS (Continuation of Prior Arrangement)

2. Schedule IV-Risk Charges (REVISED February 1, 2003) under the Contract with Schedule IV-Risk Charges (Revised October 1, 2012).

B.) By removing all references to Deficit Risk Charge from the Contract.

This endorsement is attached to and made part of the Contract.

Metropolitan Life Insurance Company

Christine M. DeBiase
Vice President and Secretary

Registrar

Date

City and State

SCHEDULE I —(a) ACTIVE MBR BASIS (Added October 1, 2012)*

	ASSUMPTIONS
Mortality Table and Projection Scale	90% GAR94 with 100% Scale AA
Interest	50% US Treasuries and 50% Corporate Aa ⁽¹⁾
Age Setback for Females	None
Expense Load	None

⁽¹⁾ Corporate Aa rates are based on Barclays U.S. Corporate Aa maturities. Cash flows beyond 29 years will be discounted to the 29th year at the lesser of 6% and the 29th year rate.

(b) FINAL MBR AT DISCONTINUANCE BASIS (Continuation of Prior Arrangement)

	ASSUMPTIONS
Mortality Table and Projection Scale	1983 GAM Table 150% of Scale H from 1983 to Valuation Date and thereafter
Interest	Zero-coupon Treasuries for the first 29 years. ⁽²⁾
Age Setback for Females	6 Years
Expense Load	0% load

⁽²⁾ Cash flows beyond 29 years will be discounted to the 29th year at the lesser of 6% and 80% of the 29 year zero-coupon treasury bond rate.

***The ACTIVE MBR BASIS will never be greater than the FINAL MBR AT DISCONTINUANCE BASIS.**

SCHEDULE IV—RISK CHARGES (Revised October 1, 2012)

Risk Charge – MetLife will deduct from the payment fund a risk charge at the end of each calendar month. The annualized risk charge percentage for each calendar month will be determined using the table below, based on the most recently available ratio of the MBR divided by the RAV. The monthly charge will be determined by multiplying the most recently available MBR by one-twelfth of that month’s annualized risk charge percentage.

Annualized Risk Charge

MBR	MBR/RAV is less than 85%	MBR/RAV is at least 85% but less than 100%	MBR/RAV is at least 100% but less than 110%	MBR/RAV is at least 110% but less than 120%	MBR/RAV is over 120%
Less than \$10,000,000	0.0600%	0.0650%	0.2150%	0.3150%	0.3650%
\$10,000,000-\$30,000,000	0.0550%	0.0600%	0.1600%	0.2100%	0.3100%
\$30,000,000-\$90,000,000	0.0400%	0.0450%	0.1450%	0.1950%	0.2950%
\$90,000,000-\$250,000,000	0.0200%	0.0250%	0.1250%	0.1750%	0.2750%
\$250,000,000-\$500,000,000	0.0150%	0.0200%	0.1200%	0.1700%	0.2700%
Over \$500,000,000	0.0125%	0.0200%	0.1200%	0.1700%	0.2700%



Metropolitan Life Insurance Company
200 Park Avenue New York, NY 10066

Group Annuity Contract No. 1035 issued to

Hytrol Conveyor Co., Inc.

Is hereby endorsed, effective October 1, 2012 as follows:

A.) By replacing the following schedules

1. Schedule I – MBR Basis under the Contract with both:

Schedule I (a) – ACTIVE MBR BASIS (Added October 1, 2012) and
Schedule 1(b) - FINAL MBR AT DISCONTINUANCE BASIS (Continuation of Prior
Arrangement)

2. Schedule IV-Risk Charges under the Contract with Schedule IV-Risk Charges (Revised
October 1, 2012).

This endorsement is attached to and made part of the Contract.

Metropolitan Life Insurance Company

Christine M. DeBiase
Vice President and Secretary

Registrar

Date

City and State

SCHEDULE I —(a) ACTIVE MBR BASIS (Added October 1, 2012)*

	ASSUMPTIONS
Mortality Table and Projection Scale	90% GAR94 with 100% Scale AA
Interest	50% US Treasuries and 50% Corporate Aa ⁽¹⁾
Age Setback for Females	None
Expense Load	None

⁽¹⁾ Corporate Aa rates are based on Barclays U.S. Corporate Aa maturities. Cash flows beyond 29 years will be discounted to the 29th year at the lesser of 6% and the 29th year rate.

(b) FINAL MBR AT DISCONTINUANCE BASIS (Continuation of Prior Arrangement)

	ASSUMPTIONS
Mortality Table and Projection Scale	1983 GAM Table 150% of Scale H from 1983 to Valuation Date and thereafter
Interest	Zero-coupon Treasuries for the first 29 years. ⁽²⁾
Age Setback for Females	6 Years
Expense Load	0% load

⁽²⁾ Cash flows beyond 29 years will be discounted to the 29th year at the lesser of 6% and 80% of the 29 year zero-coupon treasury bond rate.

***The ACTIVE MBR BASIS will never be greater than the FINAL MBR AT DISCONTINUANCE BASIS.**

SCHEDULE IV—RISK CHARGES (Revised October 1, 2012)

Risk Charge – MetLife will deduct from the payment fund a risk charge at the end of each calendar month. The annualized risk charge percentage for each calendar month will be determined using the table below, based on the most recently available ratio of the MBR divided by the RAV. The monthly charge will be determined by multiplying the most recently available MBR by one-twelfth of that month’s annualized risk charge percentage.

Annualized Risk Charge

MBR	MBR/RAV is less than 85%	MBR/RAV is at least 85% but less than 100%	MBR/RAV is at least 100% but less than 110%	MBR/RAV is at least 110% but less than 120%	MBR/RAV is over 120%
Less than \$10,000,000	0.0600%	0.0650%	0.2150%	0.3150%	0.3650%
\$10,000,000-\$30,000,000	0.0550%	0.0600%	0.1600%	0.2100%	0.3100%
\$30,000,000-\$90,000,000	0.0400%	0.0450%	0.1450%	0.1950%	0.2950%
\$90,000,000-\$250,000,000	0.0200%	0.0250%	0.1250%	0.1750%	0.2750%
\$250,000,000-\$500,000,000	0.0150%	0.0200%	0.1200%	0.1700%	0.2700%
Over \$500,000,000	0.0125%	0.0200%	0.1200%	0.1700%	0.2700%

SERFF Tracking #:

META-128709847

State Tracking #:**Company Tracking #:**

NY12-184 SD

State:

Arkansas

Filing Company:

Metropolitan Life Insurance Company

TOI/Sub-TOI:

A02G Group Annuities - Deferred Non-variable/A02G.001 Fixed Premium

Product Name:

Group Annuity

Project Name/Number:

Form G.7812-83/NY12-184 SD

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	ARCERTREAD		
Attachment(s):	ARCERTREAD.pdf		

		Item Status:	Status Date:
Satisfied - Item:	AR NAIC Transmittal Document Form		
Comments:	AR NAIC Transmittal Document Form		
Attachment(s):	AR NAIC Transmittal Document Form.pdf		

		Item Status:	Status Date:
Satisfied - Item:	ARCERTREG19		
Comments:	ARCERTREG19		
Attachment(s):	ARCERTREG19.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Arkansas 98-02-04		
Comments:	Arkansas 98-02-04		
Attachment(s):	Arkansas 98-02-04.pdf		



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS FLESCH CERTIFICATION

I certify that the form shown below has achieved the Flesch Reading Ease Score shown below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form No.	Form Description	Flesch Score
Form G.7812-83	Group Annuity Contract Endorsement-GAC 298	80
Form G.7812-83	Group Annuity Contract Endorsement-GAC 1035	82

Nan Tecotzky
Vice President

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Co.	NY	Life	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Salvatore A. D'Addio Metropolitan Life Insurance Co. 1095 Avenue of the Americas New York, New York 10036	212-578-1563		sdaddio@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	NY12-184 SD
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9.	Type of Insurance (TOI)	A02G
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10.	Sub-Type of Insurance (Sub-TOI)	A02G.001
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11.	Submitted Documents	<p><input checked="" type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input checked="" type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table> <p>Rates</p> <p><input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate</p> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input checked="" type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other:		<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate																			
<input type="checkbox"/> Application/Enrollment	<input checked="" type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising																			
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other:																				
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization																				
<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements																				
<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications																				
<input type="checkbox"/> Actuarial Memorandum																					
<input type="checkbox"/> Other _____																					

12.	Filing Submission Date	October 1, 2012	
13	Filing Fee (If required)	Amount _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Date _____ Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		
<p>Re: Form G.7812-83 Group Annuity Contract Endorsement</p> <p>To Whom It May Concern:</p> <p>Enclosed find Group Annuity Contract Endorsement Form G.7812-83 (the "Form") for issuance on a single-case basis in Arkansas. The Form has been prepared to endorse MetLife's Immediate Participation Guarantee ("IPG") Contracts, including those issued on Amendment Form G.21403-175LS which was approved on a general basis by your Department on February 4, 1998. A copy of the approval letter is attached.</p> <p>The purpose of the Form is to update the contracts to better reflect the current interest rate environment and the mortality experience of our IPG contracts by making changes to the calculation of their Minimum Balance Requirement ("MBR"), as well as changes to the Risk Charges.</p> <p><u>MBR</u></p> <p>Although the "Final MBR" under each of these contracts at a contract's discontinuance will continue to be determined in accordance with the previously established basis, currently in place, MetLife is introducing a distinct "Active MBR" which is intended to reduce the contractholder's funding requirements under their contract.</p> <p><u>Risk Charges</u></p> <p>The Form will replace the tables currently in our IPG contracts which determine the risk charge that are based solely on the size of a contract's MBR. As illustrated in the Forms, the risk charge going forward will also be based on the ratio of a contract's MBR to the value of the contract's assets.</p> <p>Therefore as the contractholder funds its contract so as to a level that increases the ratio of assets to the MBR, the risk charge percentage will decrease. This new and expanded table also provides the contractholder with some flexibility with greater disclosure and an incentive to better fund its contract.</p> <p>We are filing the Form with your Department in accordance with the requirements of the Arkansas Insurance Law.</p> <p>Sincerely</p> <p></p> <p>Salvatore A. D'Addio</p>			
16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas.</p> <p>Print Name <u>Salvatore A. D'Addio</u> Title <u>Senior Analyst</u></p> <p></p> <p>Signature _____ Date: <u>October 1, 2012</u></p>			

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		NY12-184 SD
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Group Annuity Contract Endorsement	Form G.7812-83	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		NY12-184 SD		
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS CERTIFICATION
Rule and Regulation 19
Unfair Sex Discrimination in the Sale of Insurance

I certify that this submission meets the provisions of Rule and Regulation 19, and all applicable requirements of the Arkansas Department of Insurance.

A handwritten signature in black ink, reading "Nan Tecotzky". The signature is written in a cursive style with a large, stylized "N" and "T".

Nan Tecotzky
Vice President

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166
Tel 212 578-0308 Fax 212 578-3874

MetLife®

Herbert B. Brown, Jr.
Vice-President
Pensions Contracts

APPROVED

JAN 27 1998

FEB 4 1998

RECEIVED

JAN 30 1998

Hon. Mike Pickens
Commissioner of Insurance
Department of Insurance
Life and Health Division
1200 W. Third Street
Little Rock, AR 72201-1904

INSURANCE COMMISSIONER
STATE OF ARKANSAS

**LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT**

Re: **Metropolitan Life Insurance Company**
NAIC No. 24165978
Group Annuity Contract Amendment Form G.21403-175LS

Dear Commissioner Pickens

Enclosed is Group Annuity Contract Amendment Form G.21403-175LS, designed for use with group annuity contract forms such as Form G.2461, which your Department approved on February 19, 1974.

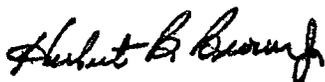
Form G.21403-175LS restates the terms of the Contract and provides for retirement and surviving spouse benefits through the medium of a contract balance in which the Contractholder's payments are accumulated under an immediate participation guarantee arrangement. Under this arrangement, investment and mortality gains, losses and expenses are directly reflected in the amount of the contract balance. The contract balance is maintained at a specified minimum amount sufficient to provide MetLife the consideration for its annuity liabilities under the Contract.

The separate accounts used under this form have been established and will be maintained in accordance with New York Insurance Law.

The portions of the enclosed Form which are highlighted are illustrative. Variations of text are set forth within enclosed Form G.21403-175LS. Only the provisions applicable to the Contractholder and agreed to by MetLife will be used in the actual amendment issued.

Please advise us whether Form G.21403-175LS is in accordance with the requirements of your Department. We have enclosed a check for the \$50.00 filing fee and a stamped, addressed envelope for your reply.

Sincerely



ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: Metropolitan Life Insurance Company

Company NAIC Code: 24165978

Company Contact Person & Telephone # Herbert B. Brown, Jr. (212) 578-0308

* INSURANCE DEPARTMENT USE ONLY *
* *
* ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____ *

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS,
UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. * 1 x\$50= \$50.
** Retaliatory _____

Life and/or Disability -Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. * _____ x\$ 50= _____
** Retaliatory _____

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. * _____ x\$ 20= _____
** Retaliatory _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. * _____ x\$ 25= _____
** Retaliatory _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. * _____ x\$400= _____

Filing to amend Certificate of Authority. *** _____ x\$100= _____

* THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.

** THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

*** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. §23-61-401.

STATEMENT OF INVOICES PAID	01/23/98	500003099200		
INVOICE #	INVOICE DATE	P O #	AMOUNT	MSG
FILE FEE 011998	01/19/98		50.00	
		TOTAL	50.00	

Form G-21403-17545



P.O. BOX 1500
TROY, NY 12181-1500

Pay to the Order of:

The Chase Manhattan Bank, N.A.
33 East 23rd Street, New York, N.Y.

Metropolitan Life Insurance Company **292** 1-2/210

Type of Payment		Check Number
ACCOUNTS PAYABLE		001679845
56	5000030992 00 0101	SEE STATEMENT ABOVE
		Not Valid Before
		01/23/98
		Dollars Amount Cents
		\$ *****50*00

ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, AR
72201-1904

Arthur G. Tipler
SENIOR VICE-PRESIDENT AND TREASURER

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