

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>METLIFE OPTIONS &amp; CHOICES PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>512</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>METLIFE GROUP, INC.</u></p> <p><u>501 US HIGHWAY 22 WEST</u> <u>C/O HR BENEFITS</u> <u>BRIDGEWATER, NJ 08807-2441</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1996</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>55-0790010</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>908-253-1977</u></p> <p><b>2d</b> Business code (see instructions) <u>524140</u></p>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/07/2025	ANDREW J BERNSTEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	34238
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	14442
	<b>6a(2)</b>	14556
	<b>6b</b>	19263
	<b>6c</b>	
	<b>6d</b>	33819
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4B 4D 4E 4F 4H 4L 4Q

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>6</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>METLIFE OPTIONS &amp; CHOICES PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>512</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>METLIFE GROUP, INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>55-0790010</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier

**HMSA HEALTH PLAN**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>99-0203939</b>	<b>95804</b>	<b>91737 1</b>	<b>5</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies                      (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration                      (2)  immediate participation guarantee  
(3)  guaranteed investment                      (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account .....		
(4) Other (specify below)..... ▶		
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	43691
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>METLIFE OPTIONS &amp; CHOICES PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>512</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>METLIFE GROUP, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>55-0790010</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5581829</b>	<b>65978</b>	<b>132878833</b>	<b>1380</b>	<b>12/17/2023</b>	<b>12/16/2024</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	2730380
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>	2730380
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	1491316
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	499236
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>	1990552
	(4) Claims charged .....	<b>9b(4)</b>	1990552
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	280137
	(H) Total retention .....	<b>9c(1)(H)</b>	280137
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>	
	(2) Claim reserves .....	<b>9d(2)</b>	
	(3) Other reserves .....	<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>	459691

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>METLIFE OPTIONS &amp; CHOICES PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>512</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>METLIFE GROUP, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>55-0790010</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5581829</b>	<b>65978</b>	<b>190815</b>	<b>16115</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	27673009
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	603506
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>	28276515
	(4) Claims charged .....	<b>9b(4)</b>	28576515
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	908548
	(E) Taxes .....	<b>9c(1)(E)</b>	144749
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	210836
	(G) Other retention charges .....	<b>9c(1)(G)</b>	-29540648
	(H) Total retention .....	<b>9c(1)(H)</b>	-28276515
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>	180711909
	(2) Claim reserves .....	<b>9d(2)</b>	6650388
	(3) Other reserves .....	<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>METLIFE OPTIONS &amp; CHOICES PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>512</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>METLIFE GROUP, INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>55-0790010</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5581829</b>	<b>65978</b>	<b>0234311</b>	<b>24129</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	7958527
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>METLIFE OPTIONS &amp; CHOICES PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>512</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>METLIFE GROUP, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>55-0790010</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	33506-G	1881	08/27/2023	08/26/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies                      (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration                      (2)  immediate participation guarantee  
(3)  guaranteed investment                      (4)  other ▶

<b>b</b> Balance at the end of the previous year .....		<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		
	<b>7c(6)</b>		
(6) Total additions .....		<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....		<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>		
	<b>7e(2)</b>		
	<b>7e(3)</b>		
	<b>7e(4)</b>		
	<b>7e(5)</b>		
(5) Total deductions .....		<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....		<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	4508452
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>METLIFE OPTIONS &amp; CHOICES PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>512</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>METLIFE GROUP, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>55-0790010</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0005029	14614	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies                      (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration                      (2)  immediate participation guarantee  
(3)  guaranteed investment                      (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account .....		
(4) Other (specify below)..... ▶		
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)     
 **b**  Dental     
 **c**  Vision     
 **d**  Life insurance  
**e**  Temporary disability (accident and sickness)     
 **f**  Long-term disability     
 **g**  Supplemental unemployment     
 **h**  Prescription drug  
**i**  Stop loss (large deductible)     
 **j**  HMO contract     
 **k**  PPO contract     
 **l**  Indemnity contract  
**m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	3813915
(2) Increase (decrease) in amount due but unpaid .....		<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	3813915
<b>b</b> Benefit charges (1) Claims paid .....		<b>9b(1)</b>	3527979
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	-1030412
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	2497567
(4) Claims charged .....		<b>9b(4)</b>	2497567
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		11074
(E) Taxes .....	<b>9c(1)(E)</b>		85432
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		31236
(G) Other retention charges .....	<b>9c(1)(G)</b>		1188606
(H) Total retention .....	<b>9c(1)(H)</b>		1316348
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	7276402
(3) Other reserves .....		<b>9d(3)</b>	5263490
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>METLIFE OPTIONS &amp; CHOICES PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>512</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>METLIFE GROUP, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>55-0790010</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EXPRESS SCRIPTS

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	7067677	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

UNITED HEALTH CARE

06-1413734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 49	NONE	6045927	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

AETNA

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	3462528	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 52	PLAN SPONSOR	1978538	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1029848	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ADP

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	1527895	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
METROPOLITAN LIFE INSURANCE COMPANY	52	1029848
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
METROPOLITAN LIFE INSURANCE COMPANY  13-5581829	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>METLIFE OPTIONS &amp; CHOICES PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>512</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>METLIFE GROUP, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>55-0790010</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG GOVT/CREDIT FIXED INC IND 589</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>13-5581829-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8470271</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL EQUITY INDEX 272</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>13-5581829-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28722205</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIQUIDITY FUND 084</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>13-5581829-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>666885</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SD GOV CREDIT - SA 573</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>13-5581829-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>808544988</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE US CREDIT - SA 543</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>13-5581829-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>107012877</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY INDEX 088</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>13-5581829-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25238144</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>METLIFE OPTIONS &amp; CHOICES PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>512</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>METLIFE GROUP, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>55-0790010</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	27253962	28019764
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	931077	995831
<b>(3)</b> Other .....	<b>1b(3)</b>	28141316	36225462
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	9005	12934
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	616656782	601632467
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	150945574	171983084
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	110733701	127935224
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	54581415	54224663
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	45878509	45601270
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	258620908	239760183
<b>(15)</b> Other .....	<b>1c(15)</b>	9420073	8464169

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1303172322	1314855051
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	21850547	28291579
<b>h</b> Operating payables.....	<b>1h</b>	20271426	30133964
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	42121973	58425543
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1261050349	1256429508

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	241945129	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	85041244	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		326986373
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	1294023	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	1615222	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	9032056	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		11941301
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	420656	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		420656
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-625400	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		49704135
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		-894613
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		387532452

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	353332102	
(2) To insurance carriers for the provision of benefits .....	2e(2)	43691	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		353375793
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	20082566	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	1029848	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	1080	
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)	17638126	
(11) Other expenses.....	2i(11)	25880	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		38777500
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		392153293

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-4620841
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **DELOITTE & TOUCHE, LLP**

(2) EIN: **13-3891517**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		30000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

# ***MetLife Options and Choices Plan***

*EIN Number: 55-0790010*

*Plan Number: 512*

*Financial Statements as of December 31, 2024 and 2023,*

*and for the Year Ended December 31, 2024,*

*Supplemental Schedule as of December 31, 2024,*

*and Independent Auditor's Report*

## MetLife Options and Choices Plan

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

## **INDEPENDENT AUDITOR'S REPORT**

To the Plan Administrator of  
MetLife Options and Choices Plan

### **Opinion**

We have audited the financial statements of MetLife Options and Choices Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2024 and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its plan benefit obligations for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material

misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Supplemental Schedule Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Deloitte & Touche LLP*

October 6, 2025

**MetLife Options and Choices Plan**  
**Statements of Net Assets Available for Benefits**

	<b>As of December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Assets:</b>		
Investments at fair value:		
Group flexible premium variable life insurance policy	\$ 978,655,370	\$ 947,100,566
Life insurance funding account	239,760,183	258,620,908
Fixed maturity securities	3,010,555	6,437,925
Mutual funds	42,870,966	43,267,534
Total investments	1,264,297,074	1,255,426,933
Net assets held in MetLife Retirement Plan		
restricted for 401(h) account	36,766,219	40,839,335
Cash and cash equivalents	19,733,805	25,881,133
Premium stabilization reserve	687,983	1,590,425
Receivables:		
Drug rebates	29,138,133	19,340,349
Participant contributions	995,831	931,077
Fixed maturity securities interest	2,225	2,405
Total receivables	30,136,189	20,273,831
<b>Total Assets</b>	<b>1,351,621,270</b>	<b>1,344,011,657</b>
<b>Liabilities:</b>		
Participant contributions due to Sponsor	995,831	931,077
Rebates due to Sponsor	29,138,133	19,340,349
<b>Total Liabilities</b>	<b>30,133,964</b>	<b>20,271,426</b>
<b>Net Assets Available for Benefits</b>	<b>\$ 1,321,487,306</b>	<b>\$ 1,323,740,231</b>

See accompanying notes to the financial statements.

**MetLife Options and Choices Plan**  
**Statement of Changes in Net Assets Available for Benefits**

	<b>For the Year Ended December 31, 2024</b>
<b>Additions:</b>	
Contributions:	
Sponsor	\$ 241,945,129
Participant	85,041,244
Total contributions	326,986,373
Net appreciation in fair value of investments	48,184,122
Interest and dividend income from investments	13,264,399
<b>Total Additions</b>	<b>388,434,894</b>
<b>Deductions:</b>	
Benefits paid on behalf of Participants and their dependents and beneficiaries:	
Healthcare	308,024,042
Disability	404,886
Dependent care	1,747,953
Total benefits paid	310,176,881
<b>Premiums paid to insurance companies:</b>	
Life insurance premiums	28,755,662
Long term disability premiums	7,958,527
Healthcare premiums	43,691
Total premiums paid	36,757,880
Total benefits paid and premiums paid	\$ 346,934,761
Net decrease in 401(h) account	4,073,116
Decrease in premium stabilization reserve	902,442
Administrative and investment advisory expenses	38,777,499
<b>Total Deductions</b>	<b>390,687,818</b>
<b>Net Change During the Year</b>	<b>(2,252,924)</b>
<b>Net Assets Available for Benefits:</b>	
Beginning of year	1,323,740,231
<b>End of year</b>	<b>1,321,487,307</b>

See accompanying notes to the financial statements.

**MetLife Options and Choices Plan  
Statements of Plan Benefit Obligations**

	As of December 31,	
	2024	2023
<b>Amounts Currently Payable:</b>		
Claims incurred but not reported	\$28,291,579	\$ 21,850,547
Total amounts currently payable	28,291,579	21,850,547
<b>Postemployment Benefit Obligations, Net of Amounts Currently Payable:</b>		
Benefits for inactive Participants	7,200,000	5,739,000
<b>Postretirement Benefit Obligations, Net of Amounts Currently Payable:</b>		
Retired Participants	637,923,000	660,446,000
Other Participants fully eligible for benefits	39,758,000	45,050,000
Participants not yet fully eligible for benefits	15,459,000	17,674,000
Total postretirement benefit obligations	693,140,000	723,170,000
<b>Plan Benefit Obligations</b>	<b>\$ 728,631,579</b>	<b>\$ 750,759,547</b>

See accompanying notes to the financial statements.

**MetLife Options and Choices Plan**  
**Statement of Changes in Plan's Benefit Obligations**

	For the Year Ended <u>December 31, 2024</u>
<b>Amounts Currently Payable:</b>	
Balance at beginning of year	\$ 21,850,547
Claims and premiums reported and approved for payment, including benefits reclassified from postemployment and postretirement benefit obligations	346,934,761
Net change during the year in claims incurred but not reported	6,441,032
Claims and insurance premiums paid	<u>(346,934,761)</u>
Balance at end of year	<u>28,291,579</u>
 <b>Postemployment Benefit Obligations:</b>	
Balance at beginning of year	5,739,000
Increase (decrease) in postemployment benefits during the year attributable to:	
Benefits earned	8,002,000
Benefits reclassified to amounts currently payable	(3,873,000)
Interest	150,000
Actuarial gains and change in assumptions	
Changes in financial assumptions	83,000
Changes due to experience	<u>(2,901,000)</u>
Balance at end of year	<u>7,200,000</u>
 <b>Postretirement Benefit Obligations:</b>	
Balance at beginning of year	723,170,000
Increase (decrease) in postretirement benefits during the year attributable to:	
Benefits earned	1,731,000
Benefits reclassified to amounts currently payable	(52,595,000)
Interest	37,655,000
Actuarial gains and change in assumptions	
Changes in financial assumptions	(12,908,000)
Changes due to experience	<u>(3,913,000)</u>
Balance at end of year	<u>693,140,000</u>
 Plan Benefit Obligations at End of Year	 <u><u>728,631,579</u></u>

See accompanying notes to the financial statements.

# MetLife Options and Choices Plan

## Notes to the Financial Statements

### 1. Description of the Plan

The following description of the MetLife Options and Choices Plan (the “Plan”) is provided for general information purposes only. Eligible employees and retirees of the plan sponsor (the “Sponsor”) (described and defined below) and Participating Affiliates (described and defined below) who participate in the Plan (each such individual, a “Participant”) should refer to the Plan document and Constituent Plan documents (subplans of the Plan) and summary plan descriptions (“SPDs”) for a more complete description of the Plan, including how certain terms used in these Notes are defined.

#### *General Information*

Established January 1, 1992, the Plan provides health/vision, dental, disability, life insurance and employee assistance benefits to eligible active, disabled, and retired employees of the Sponsor and the Participating Affiliates. MetLife Group, Inc. (the “Company”) is the Plan Sponsor.

The Plan has the following Participating Affiliates in 2024 and 2023: Metropolitan Life Insurance Company (“MLIC”), MetLife Credit Corp., MetLife Funding, Inc., and SafeGuard Health Plans, Inc. (California).

The Plan also provides benefits to the eligible dependents of such employees and retirees of the Sponsor or Participating Affiliates. Finally, the Plan also provides continuation of certain benefits upon the termination of employment from the Sponsor and the Participating Affiliates or loss of medical coverage, as applicable, through the Consolidated Omnibus Budget Reconciliation Act (“COBRA”).

Note that the Plan and the Constituent Plans (as defined below) have additional inactive Participating Affiliates in such plans. For purposes of such Constituent Plans, former employees of such former Participating Affiliates who satisfied eligibility to remain participants under such Constituent Plans as of the date such former Participating Affiliate ceased to be an active Participating Affiliate may continue to participate in such Constituent Plans in accordance with the terms of such Constituent Plans.

The Company is both the Sponsor and the administrator of the Plan (“Plan Administrator”) and has delegated the Plan Administrator duty to one of its officers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The Sponsor and Participating Affiliates have four trusts, which are (collectively known as the “Welfare Benefit Trusts”): (1) originally effective on December 1, 1993, the MetLife Voluntary Employees’ Beneficiary Association Trust (the “Non-Bargained Retiree Medical Trust”) pays post-retirement medical and dental benefits to certain eligible retired employees of the Company and Participating Affiliates and their eligible dependents; (2) originally effective on January 1, 2003 through October 31, 2022, the Trust for Providing Disability Benefits to Employees of MetLife (the “Disability Trust”) pays long-term and short-term disability benefits to employees of the Company and Participating Affiliates (see “Plan Amendments and Other Events” regarding the liquidation of the Disability Trust in 2022); (3) originally effective on January 1, 1999, the Medical and Dental Benefits Trust for Employees of MetLife (the “Active Medical Trust”) pays medical and dental benefits to eligible active employees of the Company and Participating Affiliates and their eligible dependents; and (4) originally effective on December 24, 1999, the Welfare Benefits Trust for Collectively Bargained Retired Employees of MetLife (the “Bargained Retiree Medical Trust”) pays post-retirement medical and dental benefits to certain eligible collectively bargained retired employees of the Company and Participating Affiliates and their eligible dependents.

Additionally, the Sponsor purchased group insurance policies for life benefits from MLIC as an insurer for life insurance coverage under the Company-Paid Life Insurance Plan, one of the coverages under the MetLife Options

## MetLife Options and Choices Plan

### Notes to the Financial Statements — (continued)

Plan (“MLO”) The MLO is a Constituent plan of the Plan. The Company holds the group insurance policies on behalf of its Participants and its Participating Affiliates’ Participants because the Plan is not eligible under state group insurance law to enter into a contract as a policyholder. The Life Insurance Funding Account (“LIFA”) is a life insurance reserve contract with MLIC as insurer used to fund retiree life insurance costs incurred under the group insurance policy for life benefits. LIFA assets are restricted for the use of funding life benefits on behalf of the Company’s and the Participating Affiliates’ retirees. The Premium Stabilization Reserve (“PSR”) is a fund maintained by MLIC as insurer to limit the need for future adjustments to the Sponsor’s premiums under the group insurance policy for life benefits.

Also, effective as of January 1, 2022, the Sponsor purchased group insurance policies for long-term disability benefits from MLIC as insurer for long-term disability coverage under the MetLife Long- Term Disability Plan (the “MLTD”). The Company holds the group insurance policies on behalf of its Participants and its Participating Company because the Plan is not eligible under state group insurance law to enter into a contract as a policyholder. The new insurance contract, effective as of January 1, 2022, covers the liability for disabilities that begin on or after January 1, 2022. Effective November 1, 2022, an additional insurance contract was purchased to cover the liabilities for disabilities that began before January 1, 2022, except for any liabilities for disabilities that would pay a benefit greater than \$50,000 per month.

#### *Coverage*

The Plan provides coverage under the following “Constituent Plans”:

**MetLife Options Plan (“MLO”)** – Effective January 1, 1999, this omnibus health and welfare plan provides health and welfare benefits for employees and their eligible dependents, as well as employees who have been disabled for less than 30 calendar months. In addition, the MLO also provides continuation of certain benefits upon the termination of employment through COBRA for medical/vision and dental benefits. The full list of benefits provided under the plan are: (1) medical; (2) prescription drug; (3) vision; (4), dental; (5) health care flexible spending accounts; (6), dependent day care flexible spending accounts; and (7) company-paid life insurance benefits.

**MetLife Short-Term Disability Plan (“MSTD”)** – The MSTD provides short-term disability plan benefits to active employees.

**MetLife Long-Term Disability Plan (“MLTD”)** – The MLTD provides long-term disability plan benefits to active employees.

**The MetLife Choices Plan (“MLC”)** – This health and welfare benefit plan provides benefits to eligible former employees who retired or became disabled on or after January 2, 1991, and their eligible dependents. In addition, the MLC also provides continuation of certain benefits upon the termination of medical coverage through COBRA. There is a special subplan (“Subplan”) for certain retirees covered by the Metropolitan Tower Retiree Plan, a grandfathered plan for certain GenAmerica Corporation and General American Life Insurance Company employees who were covered by The Group Benefits Plan for Full-Time Employees of GenAmerica Corporation, otherwise also known as The General Agency Healthchoice Program, as of January 1, 1999. The MLC is a Medicare supplemental plan only for the Subplan retirees.

**The MetLife Healthcare Choices Plan (“HCC”)** – This health and welfare benefit plan provides medical and prescription drug benefits to employees who retired or became disabled prior to January 2, 1991, and their eligible dependents. In addition, the HCC also provides continuation of certain benefits upon the termination of medical coverage through COBRA.

## MetLife Options and Choices Plan

### Notes to the Financial Statements — (continued)

**Work-Life Assist Plan (“EAP”)** – This employee assistance program or plan provides access to phone and in person sessions with experienced master’s level mental health professionals for active employees.

#### *Benefits*

Through Constituent Plans, the Plan provides eligible active employees with medical and prescription drug coverage, dental coverage, group-term life insurance, disability coverage (both short-term and long-term disability coverage), flexible spending accounts, and work-life assistance coverage (employee assistance programs or plans or “EAP” coverage). Constituent Plans also provide medical and dental coverage to certain former employees. The Plan also provides continuation of certain benefits upon the termination of medical coverage through COBRA.

The benefit summaries of the Plan and the Constituent Plans below are general descriptions. For purposes of the descriptions below, the Plan and the Constituent Plan will both be referred to as the “Plan.” Detailed benefit explanations are provided in the applicable Plan/Constituent Plan documents and the SPDs that are available to all Participants and beneficiaries under the Plan.

**Medical**– Generally, Participants in the MLO are offered traditional self-insured medical options, each of which have in-network and out-of-network features along with point-of-service (“POS”) and Preferred Provider Organizations (“PPOs”). Also, one national network offers a High Deductible Health Plan (“HDHP”). There is also a required Hawaiian Health Maintenance Organization for Hawaii participants. MLC and HCC Participants who are under age 65 are generally offered similar medical plan options but do not have the choice of POS organizations. MLC and HCC Participants who are Medicare-eligible are limited to a Group Medicare Advantage PPO (“MA PPO”) plan that includes Medicare Part D Prescription Drug Plan (“PDP”) if not waived. The same benefits under the MLO, MLC and HCC are offered to Participants who are receiving benefits through COBRA. There is a Subplan of the MLC (as described above) that is a Medicare supplemental plan only for such Subplan retirees.

**Prescription drugs** – MLO Participants enrolled in the PPOs, POSs and the Hawaiian HMO and MLC and HCC Participants under the Medicare Advantage PPO receive prescription drug coverage as part of the plan. MLO, and MLC Participants enrolled in the HDHP receive prescription drug benefits under the same deductible and out of pocket limitations as applied under the HDHP. For all other Participants, a separate drug plan is provided along with the medical coverage. The same benefits under the MLO, MLC, and HCC are offered to those Participants who are receiving benefits through COBRA.

**Dental** – MLO Participants are eligible for dental plan options. The Sponsor provides at least two types of coverage to these Participants. HCC Participants under age 65 who are enrolled in the medical plan may elect to receive dental coverage. HCC Participants who are age 65 and older are not eligible to continue dental coverage under the HCC. The same benefits are offered to those Participants who are receiving benefits through COBRA.

**Flexible Spending Accounts (“FSAs”)** – Under the MLO, active employees are eligible to contribute on a pre-tax basis each pay period to an employee health care flexible spending account and/or a dependent day care flexible spending account in order to reduce gross income for eligible out-of-pocket expenses incurred. Generally, eligible expenses under the health care flexible spending account include medical, dental, prescription drug, and vision care expenses that are not reimbursed elsewhere and that are subject to annual limitations as set forth by the plan document. Eligible expenses under the dependent care flexible spending account include certain dependent care expenses that are subject to annual limitations as set forth in the Internal Revenue Code (the “IRC”). Amounts contributed to both the health care flexible spending account and/or the dependent care flexible spending account in 2024 could be used to pay for eligible expenses through the normal extended period of March 15, 2025. Amounts contributed in excess

## MetLife Options and Choices Plan

### Notes to the Financial Statements — (continued)

of funds claimed as eligible expenses were forfeited to the Sponsor and/or Participating Affiliates to be used to pay certain plan expenses, as permitted by plan design and by applicable law. The opportunity to continue to participate in the health care FSA after a termination of employment through the end of the calendar year is available through COBRA.

**Life Insurance** – MLO, MLC, and HCC Participants are eligible for life insurance coverage. Active employees are eligible for company-paid life insurance in an amount equal to the greater of one hundred percent (100%) of base pay or \$75,000. Retired Participants are eligible to continue company-paid life insurance, subject to certain reductions and limitations. As of January 1, 2023, the minimum Company Paid Life Insurance Plan coverage under the MLO was increased for active participants who were actively employed on or after January 1, 2023, to the greater of 1x Pay or \$100,000 (or, if eligible for 2x Pay, the greater of 2x Pay or \$100,000), unless the active participant elects otherwise, as provided by the MLO.

**Short-Term Disability** – Under the MSTD, the Sponsor continues to pay all or a percentage of eligible Participants' base compensation for a period of weeks. After exceeding the initial period of weeks eligible, the Sponsor funds claims under the MSTD at a reduced percentage of compensation. Subject to certain exceptions under state-mandated leave or disability programs, combined benefits for the MSTD can be earned for a maximum of 26 weeks. Any amounts received as MSTD payments will be reduced, by any payments that participants are eligible under state family leave or disability programs.

**Long-Term Disability** – The Sponsor funds claims for coverage based on 40% of compensation for eligible MLTDS participants who are disabled more than 26 weeks. In addition, MLTDS Participants may purchase coverage for an additional 20% of compensation (for total payments equal to 60% of compensation). MLTD Participants receive such compensation (40% or 60%) for the lesser of the remaining period of their disabilities or when they have reached the duration limits specified by the plan, depending on whether they are salaried or they are commissioned.

In addition, the duration limits for commissioned employees are dependent, in part, upon the employee's age at the time the commissioned employee became disabled. Any amounts received as MLTD payments will be reduced, by any payments that participants are eligible under state-mandated leave or disability programs.

**Work-Life Assist Plan** – This is an employee assistance program or plan (“EAP”) that provides access to phone and in person sessions with experienced, master's level mental health professionals.

## MetLife Options and Choices Plan

### Notes to the Financial Statements — (continued)

#### *Funding of Benefits*

Benefits are either self-insured by the Sponsor or are insured through insurance contracts, or a combination of both funding methods.

Benefits are insured and funded as follows:

<b>Benefits Provided</b>	<b>Active and Disabled Employees</b>	<b>Retirees</b>
<b>Self-insured medical and prescription drug</b>	<p>Contributions are made by the Sponsor and/or Participating Affiliates and Participants.</p> <p>Claims are funded by the Sponsor and/or Participating Affiliates and/or from the Active Medical Trust.</p>	<p>Contributions are made by the Sponsor and/or Participating Affiliates and Participant</p> <p>Claims are funded by the Sponsor and/or Participating Affiliates and/or from the Non-Bargained Retiree Medical Trust and the Bargained Retiree Medical Trust</p>
<b>Insured medical and prescription drug</b>	<p>For the Hawaiian HMO, premiums are paid to providers by the Sponsor and/or Participating Affiliates and Participants.</p> <p>For the Hawaiian HMO, claims are paid by the insurer.</p>	<p>For the Hawaiian HMO, premiums are paid to providers by the Sponsor and/or Participating Affiliates and Participants.</p> <p>For the Hawaiian HMO, claims are paid by the insurer.</p>
<b>Self-insured dental</b>	<p>Contributions are made by the Sponsor and/or Participating Affiliates and Participants.</p> <p>Claims are funded by the Sponsor and/or Participating Affiliates and/or from the Active Medical Trust.</p>	<p>Contributions are made by the Sponsor and/or Participating Affiliates and Participants.</p> <p>Claims are funded by the Sponsor and/or Participating Affiliates and/or from the Non-Bargained Retiree Medical Trust and the Bargained Retiree Medical Trust.</p>

**MetLife Options and Choices Plan**  
**Notes to the Financial Statements — (continued)**

<b>Benefits Provided</b>	<b>Active and Disabled Employees</b>	<b>Retirees</b>
<b>Flexible Spending Accounts (health care flexible spending &amp; dependent day care flexible spending)</b>	Contributions are made by Participants.	N/A
<b>Life insurance</b>	Premiums are paid by the Sponsor and/or Participating Affiliates.  Claims are paid by the insurer.	Premiums are paid from the LIFA reserve.  Claims are paid by the insurer.
<b>Self-Insured Short-term disability</b>	The Sponsor and/or Participating Affiliates pay(s) for the benefit.  Claims are funded by the Sponsor and/or Participating Affiliates.	N/A
<b>Insured long-term disability</b>	For disabilities that began on or after January 1, 2022, except where the monthly amount payable is more than \$50,000, premiums are paid by the insurer.  Participants may also elect a supplemental benefit for which they pay the premiums.  For disabilities that began before January 1, 2022, except if the monthly amount payable is in excess of \$50,000, claims are paid by the Sponsor and/or Participating Affiliates.	N/A
<b>Work-Life Assist Plan</b>	The Sponsor and/or Participating Affiliates pay for the benefit.	N/A

**Contributions**

To the extent that self-insured benefits are provided by funding through the Welfare Benefit Trusts, the funding policy of the Sponsor is to contribute amounts within the statutory amount allowed as a tax deduction under the IRC in order to fund current obligations, plus a reasonable reserve for incurred but not reported claims. Contributions under the Plan are made by the Sponsor and/or Participating Affiliates and by Participants in amounts determined by the Sponsor and/or Participating Affiliates in accordance with applicable law.

**MetLife Options and Choices Plan**  
**Notes to the Financial Statements — (continued)**

In addition to the deductibles and copayments, retiree contributions are determined as follows:

<b>Hire Date</b>	<b>Contributions</b>
Prior to January 2, 1991	Participant's costs for the medical and/or dental coverage are based on the number of dependents covered, Medicare eligibility for the Participant and dependents, and the amount of the Participant's pension or MLTD benefit. The Sponsor and/or Participating Affiliates pay the full cost of basic life benefits under the HCC Plan.
On or after January 2, 1991, and prior to January 1, 2003, or rehired prior to April 1, 2003, if Participant was age 40 or older as of such date or the combination of the Participant's age and service (at least 10 years) was at least equal to 50	Each year, the Sponsor and/or Participating Affiliates contribute(s) money to help cover the overall cost of Participant's medical coverage only. The amount contributed by the Sponsor and/or Participating Affiliates on the Participant's behalf is determined under a formula based upon the Participant's age upon initial hire date, length of service (but no service is included after December 31, 2022, regardless of whether the Participant is still employed), and Medicare eligibility. The maximum contributed by the Sponsor and/or Participating Affiliate is approximately 80%. The retirees contribute the amount of the estimated total cost of coverage that is not paid by the Sponsor and/or Participating Affiliate. Any active employee who satisfied the age and service requirement needed to become eligible for benefits under the MLC prior to January 1, 2008, is eligible for a Sponsor and/or Participating Affiliates contribution for such coverage determined under the same formula as is available for the medical coverage. For active employees who had not satisfied the age and service requirements needed to become eligible under the MLC prior to January 1, 2008, the Participant pays the full cost of dental coverage (where dental coverage under the MLC is available and under the HCC, if applicable).

**MetLife Options and Choices Plan**  
**Notes to the Financial Statements — (continued)**

<b>Hire Date</b>	<b>Contributions</b>
Prior to January 1, 2003, or rehired prior to April 1, 2003, if Participant was below age 40 as of such date or the combination of the Participant's age and service was less than 50	Participant pays the full cost of medical coverage. The Sponsor and/or Participating Affiliates pay(s) the full cost of basic life benefits.
On or after January 1, 2003, or rehired on or after April 1, 2003	Generally, the Participant pays the full cost of medical coverage under the Plan. The Sponsor and/or Participating Affiliates pay(s) the full cost of basic life benefits.

Special rules apply to employees who are covered by the Metropolitan Tower Retiree Plan, a grandfathered plan for certain GenAmerica Corporation and General American Life Insurance Company employees who were covered by The Group Benefits Plan for Full-Time Employees of GenAmerica Corporation, otherwise also known as The General Agency Healthchoice Program, as of January 1, 1999. The inactive Participating Affiliate pays the entire cost of benefits; the retiree makes no contributions. The Subplan is a Medicare supplement plan only for such Subplan retirees.

Active employees make contributions through payroll deductions and/or direct billing. Retirees and disabled employees make contributions through deductions from pension and disability payments as permitted under applicable law, respectively, and/or are directly billed. The Sponsor contracts with a third party to administer the direct billing process.

***401(h) Account***

The MetLife Retirement Plan (the "Pension Plan") includes a medical benefit component in addition to normal retirement benefits to fund a portion of post-retirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC. A separate account has been established and maintained in the Pension Plan for the net assets related to the health and welfare benefit component (the "401(h) account"). In accordance with Section 401(h) of the IRC, the Plan investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries who qualify for coverage under the MLC or HCC Plan. The related obligations for health benefits are not included in the Pension Plan obligations but are reported as obligations in the accompanying financial statements of the Plan. Plan Participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually and are at the discretion of the Sponsor and/or Participating Affiliates in the Plan.

***Plan Amendments and Other Events***

Plan Amendments

No plan amendments were executed during the 2024 plan year.

Disclosure

CAA included a provision, effective as of December 27, 2020, that prohibited contracts between health plans and health care providers, third-party administrators ("TPA"s) or other service providers from including provisions in the contracts that restricted the health plan from providing, accessing, or sharing

## **MetLife Options and Choices Plan**

### **Notes to the Financial Statements — (continued)**

certain information about provider price and quality and deidentified claims (these provisions are called “gag clauses”). On February 23, 2023, the DOL, CMS and Treasury issued regulations regarding this and are imposing a new annual attestation filing requirement with CMS due December 31 each year where the Plan Administrator confirms that the health plan is complying with the CAA “gag clause” rules. The 2024 required disclosure was completed in December of 2024.

#### **2. Basis of Presentation and Summary of Significant Accounting Policies**

##### ***Basis of Presentation***

The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America (“GAAP”).

The preparation of financial statements in conformity with GAAP requires Plan management to adopt accounting policies and make estimates and assumptions that affect amounts reported in the financial statements. Actual results could differ from those estimates.

##### ***Risks and Uncertainties***

The Plan utilizes various investment vehicles, including MLIC’s, as the insurer’s general account, fixed maturity securities, mutual funds, and separate accounts. Such investments, in general, are exposed to various risks, such as overall market volatility, interest rate risk, and credit risk. Volatility in interest rates, as well as the equity and credit markets could materially affect the value of the Plan investments reported in the accompanying financial statements. Market risks include global events that could impact the value of investment securities, such as a pandemic or international conflict. In addition, investments in actively managed separate accounts are exposed to diversifiable risks. Diversifiable risk is the risk of price change due to the unique circumstances of a specific security, as opposed to the overall market.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

We are closely monitoring political and economic conditions that might contribute to global market volatility and impact our business operations and investment portfolio, such as, global inflation, supply chain disruptions acts of war and banking sector volatility and employment and work policies of the federal government. We are also monitoring the imposition of tariffs, sanctions or other barriers to international trade, changes to international trade agreements, and their potential impacts on our business, changes in net assets and financial condition. Governments and central banks around the world are using fiscal and monetary policies to address uncertain economic conditions.

In the United States (“U.S.”), the Federal Open Market Committee took various actions in 2024 to promote economic stability, including lowering interest rates during the second half of the year. While rates have remained steady in 2025, labor market conditions, inflation and financial and international developments, as well as other factors, could result in policy adjustments later this year.

##### ***Investment Valuation and Income Recognition***

The Plan investments are reported at estimated fair value in the Plan financial statements. The Plan defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the

## **MetLife Options and Choices Plan**

### **Notes to the Financial Statements — (continued)**

principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. In most cases, the exit price, and the transaction (or entry) price will be the same at initial recognition. Subsequent to initial recognition, fair values are based on unadjusted quoted prices for identical assets or liabilities in active markets that are readily and regularly obtainable. When such quoted prices are not available, fair values are based on quoted prices in markets that are not active, quoted prices for similar but not identical assets or liabilities, or other observable inputs. If these inputs are not available, or observable inputs are not determinative, unobservable inputs and/or adjustments to observable inputs requiring the judgment of Plan management are used to determine the fair value of assets and liabilities.

The Plan records purchases and sales of securities on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan gains and losses on investments bought and sold as well as held during the year.

#### ***Group Flexible Premium Variable Life Insurance Policy – Trust Owned Life Insurance (“TOLI”)***

Premiums are paid in lump sum amounts and allocated amongst various separate accounts, each with different types of return objectives. The timing and amount of premiums paid, as well as the investment allocations amongst the various separate accounts, are determined at the discretion of the Plan.

#### ***Life Insurance Funding Account (“LIFA”)***

LIFA is used to pay premiums and receive experience credits on policies that provide life insurance benefits and survivor benefits to retirees of the Plan. Interest is credited at a rate determined annually by MLIC, as insurer, in a manner consistent with its practices for determining such rates but that may not be less than three percent. Since LIFA does not have a stated maturity and interest is adjusted at least annually, the estimated fair value approximates the contract value.

#### ***Fixed Maturity Securities***

Fixed maturity securities primarily consist of U.S. Treasury and agency fixed maturity securities, U.S. corporate bonds, and local/foreign government and municipal bonds. The estimated fair value of these fixed maturity securities is based on quoted prices in active markets, when available. When quoted prices in active markets are not available, estimated fair value is based on market standard valuation models, including discounted cash flow methodologies and matrix pricing. These market standard valuation models utilize assumptions and inputs that include, but are not limited to: (1) interest rates; (2) credit standing of the issuer; (3) industry sector of the issuer; (4) coupon rates; (5) call provisions; (6) sinking fund requirements; (7) maturity; and (8) estimated duration. The fixed maturity securities held by the Plan generally have reasonable levels of price transparency such that the inputs to the market standard valuation models are observable in the market or can be derived principally from or corroborated by observable market data. Included in fixed maturity securities are iShares, which are a family of exchange traded funds. Each iShare fund tracks a bond or stock market index and is priced daily by the fund company.

#### ***Mutual Funds***

Mutual funds consist primarily of a pool of investments such as stocks, bonds, money market instruments and similar assets. Valuation of these funds is based on unadjusted quoted prices in active markets that are readily and regularly available.

**MetLife Options and Choices Plan**  
**Notes to the Financial Statements — (continued)**

***Cash and Cash Equivalents***

Cash and cash equivalents primarily consist of funds on deposit with depository institutions and money market funds that are invested in generally liquid underlying investments. Due to the readily available, liquid nature of these holdings, the estimated fair value approximates the carrying value.

The Plan considers all highly liquid investments purchased with an original or remaining maturity of three months or less at the date of purchase to be cash equivalents.

***Premium Stabilization Reserve (“PSR”)***

The Sponsor pays premiums to MLIC as insurer. When premiums paid exceed claims and other charges, the excess may be held and used to reduce future charges. The PSR is stated at book value, which represents the aggregate amount of excess claims credited to the reserve, plus interest credited, less withdrawals used to fund premium payments.

***Administrative and Investment Advisory Expenses***

Expenses incurred in the administration of the Plan are paid by the Plan or by the Sponsor and/or Participating Affiliates specified by the Plan and permitted by law. Fees for investment management services provided by MLIC are recorded as an investment advisory expense.

***Life Insurance Proceeds***

Life insurance premiums are paid by the Sponsor and/or Participating Affiliates and claims are paid by MLIC as insurer.

***Claims Incurred But Not Reported***

Liabilities for claims incurred but not reported are estimated based upon actuarial methods using the Plan historical trend information. These amounts are paid by the Plan only if claims are submitted and approved for payment.

***Postemployment Benefits***

The postemployment benefit obligation represents the actuarial present value of those estimated future benefits that are attributed, by the terms of the Plan, to Participant service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan Participants.

Postemployment benefits include future benefits expected to be paid to or for disabled employees and their beneficiaries and dependents.

The postemployment benefit obligation represents the amount that is to be funded by contributions from the Sponsor and/or Participating Affiliates.

Plan obligations for future medical payments to Participants considered permanently disabled are estimated by the Plan actuary in accordance with accepted actuarial principles.

Insured MLTD premiums for active participants are paid by the Sponsor and/or Participating Affiliates (except that Participants may also elect a supplemental benefit for which they pay for the benefit) and claims are paid by MLIC as insurer.

**MetLife Options and Choices Plan**  
**Notes to the Financial Statements — (continued)**

Significant assumptions used in the valuations as of December 31, 2024 and 2023, were as follows:

- Discount rate of 4.20% and 4.85%, respectively.
- Disabled mortality and recovery rates are based on the “2012 Group Long-Term Disability Valuation Table” for 2024 and 2023.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of postemployment benefit obligations.

***Post-retirement Benefits***

The post-retirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed, by the terms of the Plan, to Participant’s service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Participants. Post-retirement benefits include future benefits expected to be paid to or for: (1) currently retired employees and their beneficiaries and dependents; and (2) active Participants and their beneficiaries and dependents after retirement from service with the Sponsor and Participating Affiliates. Prior to an active Participant’s full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributable to that Participant’s service rendered to the valuation date. The post-retirement benefit obligation represents the amount that is to be funded by contributions from the Sponsor and/or Participating Affiliates and/or from existing Plan assets.

The actuarial present value of the expected post-retirement benefit obligation is determined by the Plan’s independent actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment, and to reflect the portion of those costs expected to be borne by Medicare, the retired Participants, and other providers.

The Plan is a member of a Medicare Part D Prescription Drug Plan (“PDP”), indirectly receiving Medicare subsidies in the form of smaller gross benefit payments for prescription drug coverage. The Accumulated Plan Benefit Obligations (“APBO”) as of December 31, 2024 and December 31, 2023, reflects the fact that the Plan for post-65 retirees is a PDP and therefore includes any prescription drug subsidies provided by Medicare and also reflects the fact that post-65 retiree medical coverage is in a fully insured Medicare Advantage plan.

For measurement purposes, as of December 31, 2024, the health care cost trend rate for all eligible claims during 2024 for pre-65 retirees is 7.00%. This initial trend will decrease to 6.10% in 2025 then generally decreasing to 3.70% by 2074. For post-65 retirees, MLIC Participants are assumed to have a 2024 medical trend rate of 4.90% followed by 8.30% for 2025, increasing to 17.20% in 2027 and generally decreasing over time to 4.60% in 2080. HCC Participants are assumed to have a 2024 medical trend rate of 4.90% followed by 8.30% for 2025, increasing to 9.00% in 2026 and generally decreasing over time to 3.90% in 2081.

For measurement purposes, as of December 31, 2023, the health care cost trend rate for all eligible claims during 2023 for pre-65 retirees is 4.40%. This initial trend will increase to 6.40% in 2025 then gradually decrease to 3.70% by 2074. For post-65 retirees, MLIC Participants are assumed to have a 2023 medical trend rate of (3.10%) followed by 4.5% for 2024, increasing to 14.10% in 2026 and generally decreasing over time to 4.5% in 2102. HCC Participants are assumed to have a 2023 medical trend rate of (3.10%) followed by 4.50% for 2024, increasing to 29.70% in 2026 and generally decreasing over time to 4.60% in 2101.

**MetLife Options and Choices Plan**  
**Notes to the Financial Statements — (continued)**

The health care cost trend assumption has a significant effect on the amounts reported. If the assumed rates for 2024 and 2023 increased by one percentage point for each future year, the obligation as of December 31, 2024 and 2023, would increase by approximately \$40 million and \$46 million, respectively.

Other significant assumptions used in the actuarial valuations as of December 31, 2024 and 2023 were as follows:

- Discount rates of 5.80% and 5.35%, respectively.
- Life expectancy of Participants is based on the “Pri-2012 Private Retirement Plans Mortality Tables adjusted by 102% for Females and 104% for Males, projected with Scale MP-2019”.
- Average retirement ages of both years are 63.2 and 63, respectively.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different act assumptions and other factors might be applicable in determining the actuarial present value of post-retirement benefit obligations.

**3. Plan Benefit Obligations**

As of December 31, 2024 and 2023, the Plan net assets exceed the Plan benefit obligations.

**4. 401(h) Account**

A portion of the Plan obligations are funded through contributions to the Sponsor’s defined benefit pension plan in accordance with Section 401(h) of the IRC. The assets in the 401(h) account are available only to pay retiree health benefits. Net assets available for such obligations consist of investments in the MetLife Index Fund, Bloomberg US Long Credit Index, and the Barclays US long Gov/Bond Index fund.

The investment-related disclosures applicable to the 401(h) account are included in the financial statements of the MetLife Retirement Plan.

**5. Fair Value Measurements**

When developing estimated fair values, the Plan considers three broad valuation techniques: (1) the market approach; (2) the income approach; and (3) the cost approach. The Plan determines the most appropriate valuation technique to use, given what is being measured and the availability of sufficient inputs, giving priority to observable inputs. The Plan categorizes its assets and liabilities measured at estimated fair value into a three-level hierarchy, based on the significant input with the lowest level in its valuation. The inputs are as follows:

- Level 1 Unadjusted quoted prices in active markets for identical assets or liabilities. The Plan defines active markets based on average trading volume for equity securities. The size of the bid/ask spread is used as an indicator of market activity for fixed maturity securities.

## MetLife Options and Choices Plan

### Notes to the Financial Statements — (continued)

Level 2 Quoted prices in markets that are not active or inputs that are observable either directly or indirectly. These inputs can include quoted prices for similar assets or liabilities other than quoted prices in Level 1; quoted prices in markets that are not active; or other significant inputs that are observable or can be derived principally from or corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 Unobservable inputs that are supported by little or no market activity and are significant to the estimated fair value of the assets or liabilities. Unobservable inputs reflect the reporting entity's own assumptions about the assumptions that market Participants would use in pricing the asset or liability.

#### ***Mutual Funds***

Valuation of these funds is based on unadjusted quoted prices in active markets that are readily and regularly available.

#### ***Group Flexible Premium Variable Life Insurance Policy***

The estimated fair value is the contract value of each TOLI policy, which also equals the cash surrender value of the policies. The underlying assets of each respective separate account, which are principally comprised of cash investments and marketable equity and fixed income securities, reflect accumulated contributions, dividends, and realized and unrealized investment gains or losses apportioned to such contributions, less withdrawals, distributions, and allocable expenses relating to the purchase, sale, and maintenance of the assets, and an allocable part of investment-related expenses. The estimated fair value is determined by reference to the underlying separate accounts. The Plan expresses the estimated fair value of the underlying assets in each separate account in the form of a unit value for each respective separate account. MLIC, as insurer, calculates unit values and provides them to the Plan daily. The unit values represent the price at which contributions and transfers are impacted. The Plan uses unit value as a practical expedient to estimate fair value. There are no redemption restrictions for these investments.

#### ***Interest in Accounts for the Welfare Benefit Trusts***

All accounts are part of the general account (2MO, 9V2) unless otherwise indicated or are in Vanguard.

#### ***Non-Bargained Retiree Medical Trust (Included in Group Flexible Premium Variable Life Insurance Policy)***

- Liquidity Fund #084. This fund seeks to provide short-term liquidity by investing in very short-term debt instruments with maturities generally less than six-months. This is a separate account.
- ML Long Govt/Credit Fixed Inc Ind #589. This fund seeks to add value by investing in long-dated government and credit bonds. This is a separate account.
- International Equity Index #272. This fund seeks to approximate the performance of the MSCI EAFE Index, adjusted to include the reinvestment of dividends, by investing in a sample of the companies that are included in the index. This is a separate account.
- MetLife US Credit #543. This fund seeks to approximate the performance of the Bloomberg Barclays US Credit Index by investing in a sample of securities that are included in the Index. This is a separate account.
- SD Gov Credit #573. This fund seeks to approximate the performance of the Bloomberg Barclays US Short Government/Corporate Index by investing in a sample of securities that are included in the Index. This is a separate account.

## MetLife Options and Choices Plan

### Notes to the Financial Statements — (continued)

- Equity Index #88. This fund seeks to approximate the performance of the S&P 500 Index by investing in a fully replicated portfolio of securities that are included in the Index. This is a separate account.
- Municipal Bond AMT-Free Fund (2MO). This fund seeks to approximate the performance of the S&P National AMT-Free Muni Index.

#### ***Active Medical Trust (Included in Mutual Funds)***

- Core Bond Index Funds (Vanguard). This fund seeks to approximate the performance of the Bloomberg Barclays Aggregate Float Adjusted Index by investing in a sample of securities that are included in the Index.
- Checking. These funds seek to provide short-term liquidity needs.

#### ***Bargained Retiree Medical Trust (Included in Mutual Funds)***

- Core Bond Index Funds (9V2). This fund seeks to approximate the performance of the Bloomberg Barclays Corporate Bond Index by investing in a sample of securities that are included in the Index.

#### ***LIFA***

As discussed in Note 2, the LIFA estimated fair value approximates the contract value that represents the aggregate amount of accumulated contributions, experience credits, and interest credited less withdrawals for premium payments. The assets underlying the LIFA are held in the insurer's general account of MLIC.

#### ***Fixed Maturity Securities***

The fixed maturity securities classified as Level 2 are principally valued using the market and income approaches as discussed in Note 2.

**MetLife Options and Choices Plan**  
**Notes to the Financial Statements — (continued)**

Plan assets have been classified in their entirety within a level of the fair value hierarchy based on the lowest level of input that is significant to the estimated fair value measurement, as set forth below.

<b>Estimated Fair Value Measurements As of December 31, 2024</b>				
	<b>Total Estimated Fair Value</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
<b>Assets:</b>				
Group flexible premium variable life insurance policy	\$ 978,655,370	\$ —	\$ 978,655,370	\$ —
Life insurance funding account	239,760,183	—	239,760,183	—
Fixed maturity securities	3,010,555	—	3,010,555	—
Mutual funds	42,870,966	42,870,966	—	—
<b>Total investments</b>	<b>\$ 1,264,297,074</b>	<b>\$ 42,870,966</b>	<b>\$ 1,221,426,108</b>	<b>\$ —</b>

<b>Estimated Fair Value Measurements As of December 31, 2023</b>				
	<b>Total Estimated Fair Value</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
<b>Assets:</b>				
Group flexible premium variable life insurance policy	\$ 947,100,566	\$ —	\$ 947,100,566	\$ —
Life insurance funding account	258,620,908	—	258,620,908	—
Fixed maturity securities	6,437,925	—	6,437,925	—
Mutual funds	43,267,534	43,267,534	—	—
<b>Total investments</b>	<b>\$ 1,255,426,933</b>	<b>\$ 43,267,534</b>	<b>\$ 1,212,159,399</b>	<b>\$ —</b>

**6. Investment Contract with MLIC as Insurer**

The Plan has a financial arrangement with MLIC as insurer to fund the retiree life insurance liability. Assets held under this life insurance contract had a fair value of \$239,760,183 and \$258,620,908 as of December 31, 2024 and 2023, respectively. The crediting interest rates for the investment contract with MLIC as insurer were 4.06% and 3.93% for the years ended December 31, 2024 and 2023, respectively. There is no liability recorded related to the fair value for credit risk of MLIC, as insurer, as the contract issuer or otherwise. Upon termination of an investment contract by MLIC, as insurer, proceeds would be paid to the Plan at fair value. While the Sponsor may elect to do so at any time, it does not currently intend to terminate this investment contract.

**7. Related Party Transactions**

Related party transactions between the Plan and a Participating Affiliate qualify as exempt party-in-interest transactions as that term is defined under ERISA.

## MetLife Options and Choices Plan

### Notes to the Financial Statements — (continued)

The Plan purchases life insurance for Participants from MLIC as insurer. Life insurance premiums paid by the Plan to MLIC as insurer were \$28,755,662 for the year ended December 31, 2024. Premiums are paid on the first of the month for the current month's coverage; therefore, no payable for premiums is required as of December 31, 2024 and 2023.

The Plan purchases long-term disability insurance for Participants from MLIC as insurer. Long-term disability insurance premiums paid by the plan to MLIC as insurer was \$7,958,527 for the year ended December 31, 2024. This includes the regular premiums paid to MLIC in 2024 for disabilities that began on or after January 1, 2024, except for disabilities where the monthly amount payable is more than \$50,000.

The Plan pays service fees to MLIC as insurer for administration of self-insured dental and long-term disability benefits for most disabilities. Administration fees paid by the Plan to MLIC as insurer were \$1,978,538 for the year ended December 31, 2024. Fees are paid on the first of the month for the current month's services; therefore, no payable for fees is required as of December 31, 2024 and 2023.

Assets of the Plan are managed by MLIC and include cash and cash equivalents, insurance contracts, shares of separate accounts, and fixed maturity securities. The Plan paid policy charges and investment management fees of \$18,667,977 for the year ended December 31, 2024. There was no amount payable for trustee fees, policy charges, or investment management fees due to MLIC as of December 31, 2024 and 2023.

Total investment income related to all assets managed by MLIC totaled \$13,264,399 for the year ended December 31, 2024. Net investment gain, including realized and unrealized gains and losses, on assets managed by MLIC totaled \$44,111,005 for the year ended December 31, 2024.

The Plan pays certain administrative fees, which are subsequently reimbursed by the Sponsor and/or Participating Affiliates. The total receivable for administrative fees from the Sponsor and/or Participating Affiliates was \$0 and \$0 as of December 31, 2024 and 2023, respectively.

Certain employees of the Sponsor perform other non-investment related services for the Plan. Neither the employees nor the Sponsor receive compensation from the Plan in exchange for these services.

#### **8. Termination of the Plan**

The Sponsor has the right to amend, modify or terminate the Plan at any time subject to the provisions set forth in ERISA. In the event of termination, the Sponsor will continue to pay all claims incurred prior to the date of termination in a uniform and nondiscriminatory manner toward the provision of benefits from or on account of the Participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan Participants.

#### **9. Federal Income Tax Status**

Except for the Disability Trust, which was nonexempt, and except for unrelated business income in the Non-Bargained Retiree Medical Trust, which is subject to taxation, the other three Welfare Benefit Trusts established under the Plan to hold a portion of the Plan assets are intended to qualify as a tax-exempt organization pursuant to Section 501(c) (9) of the IRC. Accordingly, the Welfare Benefit Trusts are generally exempt from federal and state income taxes. Each of the three exempt Welfare Benefit Trusts has obtained a favorable determination from the United States Internal Revenue Service ("IRS") that such Welfare Benefit Trusts are exempt from federal income taxation under Section 501(c)(9) of the IRC. The exemption letters for the Non-Bargained Retiree Medical Trust, the Active Medical Trust and the Bargained Retiree Medical Trust are dated March 15, 1994,

## MetLife Options and Choices Plan

### Notes to the Financial Statements — (continued)

April 12, 2001, and April 12, 2001, respectively. The Sponsor believes that the Welfare Benefit Trusts, as amended, continue to qualify and to operate in accordance with the applicable requirements of the IRC. Therefore, except for the Disability Trust, and except for the unrelated business income in the Non-Bargained Retiree Medical Trust, no provision for income taxes has been included in the Plan financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would be sustained upon examination by the IRS. The Plan may be subject to routine audits by the IRS and/or the U.S. Department of Labor; however, there are currently no audits of the Plan in progress for any tax periods.

Except for the Disability Trust, which was nonexempt, and except for unrelated business income in the Non-Bargained Retiree Medical Trust, which is subject to taxation, the other three Welfare Benefit Trusts established under the Plan to hold a portion of the Plan assets are intended to qualify as a tax-exempt organization pursuant to Section 501(c) (9) of the IRC. Accordingly, the Welfare Benefit Trusts are generally exempt from federal and state income taxes. Each of the three exempt Welfare Benefit Trusts has obtained a favorable determination from the United States Internal Revenue Service (“IRS”) that such Welfare Benefit Trusts are exempt from federal income taxation under Section 501(c)(9) of the IRC. The exemption letters for the Non-Bargained Retiree Medical Trust, the Active Medical Trust and the Bargained Retiree Medical Trust are dated March 15, 1994, April 12, 2001, and April 12, 2001, respectively. The Sponsor believes that the Welfare Benefit Trusts, as amended, continue to qualify and to operate in accordance with the applicable requirements of the IRC. Therefore, except for the Disability Trust, and except for the unrelated business income in the Non-Bargained Retiree Medical Trust, no provision for income taxes has been included in the Plan financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would be sustained upon examination by the IRS. The Plan may be subject to routine audits by the IRS and/or the U.S. Department of Labor; however, there are currently no audits of the Plan in progress for any tax periods.

### 10. Subsequent Events

On March 19, 2025, both the Plan (and its relevant constituent plans) were amended to include prior service with Mesirow Financial Holdings, Inc. for each former Mesirow Financial Holdings, Inc. employee who became an employee of the Company, or any other employer as a result of the Mesirow transaction (except that the service was not credited for purposes of eligibility for retiree medical under MLC). Service for purposes of benefit accrual was only to be counted while former Mesirow Financial Holdings, Inc. employees were employed within the MetLife controlled group.

Effective April 1, 2025, the Company restructured its health and welfare benefit plans to maintain the Plan exclusively to provide health and dental benefits for active employees (and former employees who elected COBRA) and health benefits for pre-65 retirees. The following benefits were transferred from the Plan and consolidated with other welfare programs under the MetLife Welfare Benefits Plan: Company-paid life insurance, disability plan (short-term and long-term), employee assistance plan, and flexible spending plan. In addition, the following benefits were transferred from the Plan to the newly established MetLife Choices Health & Life Plan: the portion of the MLC medical plan for Medicare-enrolled retirees, the HCC, and Company-paid life insurance for retirees.

**MetLife Options and Choices Plan**  
**Notes to the Financial Statements — (continued)**

The Company has evaluated events related to the Plan subsequent to December 31, 2024, and through October 6, 2025, which is the date these financial statements were available to be issued. Other than those noted above, no other subsequent events were identified that require adjustment to or disclosure in the financial statements.

**MetLife Options and Choices Plan**  
**Notes to the Financial Statements — (continued)**

**11. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits between the financial statements and Form 5500:

	For the Years Ended December 31,	
	2024	2023
Net Assets available for benefits per the financial statements	\$ 1,321,487,306	\$ 1,323,740,231
Claims amounts currently payable	(28,291,579)	(21,850,547)
Net Assets restricted for 401(h) account	(36,766,219)	(40,839,335)
<b>Net Assets per form 5500, Schedule H, Part I, Line 11</b>	<b>\$ 1,256,429,508</b>	<b>\$ 1,261,050,349</b>

The following is a reconciliation of total additions between the financial statements and Form 5500 for the year ended December 31, 2024:

	2024
Total additions per financial statements	\$ 388,434,894
Decrease in PSR Non-LIFA Loss	(902,442)
<b>Total income per form 5500, Schedule H, Part II, Line 2d</b>	<b>\$ 387,532,452</b>

The following is a reconciliation of total benefits and premium payments between the financial statements and the Form 5500 for the year ended December 31, 2024:

	2024
Benefits and premiums paid per financial statements	\$ 346,934,761
Add: Amounts currently payable as of December 31, 2024	28,291,579
Less: Amounts currently payable as of December 31, 2023	(21,850,547)
<b>Total benefits paid per form 5500, Schedule H, Part II, Line 2e(4)</b>	<b>\$ 353,375,793</b>

**MetLife Options and Choices Plan**  
**Notes to the Financial Statements — (continued)**

**Form 5500, Schedule H, Part IV, Line 4i,**  
**Schedule of Assets (Held at End of Year)**  
**As of December 31, 2024**  
**EIN Number: 55-0790010**  
**Plan Number: 512**

(a)	(b) Identity of issue, borrower, lessor or similar	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		Cash and cash equivalents		
	JP Morgan	Cash	\$ 19,733,805	\$ 19,733,805
		Total cash and cash equivalents	<u>19,733,805</u>	<u>19,733,805</u>
		Mutual Funds		
	Vanguard	Bond Market Index Inst Trust - 59519027	15,726,012	13,780,567
	Ishares	Barclays Aggregate Bond Fund	33,473,228	29,090,399
		Total mutual funds	<u>49,199,240</u>	<u>42,870,966</u>
	Metropolitan Life Insurance * Company	Group flexible premium variable life insurance policy - Separate Accounts		
		SD GOV CREDIT - SA 573	794,101,853	808,544,988
		METLIFE US CREDIT - SA 543	121,529,122	107,012,877
		Liquidity Fund - SA #084	664,947	666,885
		Equity Index #088	12,334,109	25,238,144
		Int'l Equity Index #272	26,463,707	28,722,205
		ML Long Govt/Credit Fixed Inc Ind #589	10,610,745	8,470,271
		Total Group flexible premium variable life insurance policy - Separate Accounts	<u>965,704,483</u>	<u>978,655,370</u>
	Metropolitan Life Insurance * Company	Group insurance policy for life benefits General Account Fund - 190815-G	239,760,183	239,760,183
		Fixed Maturity Securities		
	Associated Electric Cooperative Inc.	4.99%, 6/20/2030	335,962	337,927
	Ishares	S&P Nat Amt- Free Mun-2MO	2,706,387	2,093,699
	LCOR Alexandria LLC	6.8%, 9/15/2028	661,631	578,929
		Total fixed maturity securities	<u>3,703,980</u>	<u>3,010,555</u>
		Total assets held for investment purposes	<u>\$ 1,278,101,691</u>	<u>\$ 1,284,030,879</u>

\*Metropolitan Life Insurance Company is a party-in-interest that is permitted to engage in these transactions.

**MetLife Options and Choices Plan**  
**Notes to the Financial Statements — (continued)**

**Form 5500, Schedule H, Part IV, Line 4i,  
Schedule of Assets (Held at End of Year)  
As of December 31, 2024  
EIN Number: 55-0790010  
Plan Number: 512**

(a)	(b) Identity of issue, borrower, lessor or similar	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		Cash and cash equivalents		
	JP Morgan	Cash	\$ 19,733,805	\$ 19,733,805
		Total cash and cash equivalents	<u>19,733,805</u>	<u>19,733,805</u>
		Mutual Funds		
	Vanguard	Bond Market Index Inst Trust - 59519027	15,726,012	13,780,567
	Ishares	Barclays Aggregate Bond Fund	33,473,228	29,090,399
		Total mutual funds	<u>49,199,240</u>	<u>42,870,966</u>
	Metropolitan Life Insurance * Company	Group flexible premium variable life insurance policy - Separate Accounts		
		SD GOV CREDIT - SA 573	794,101,853	808,544,988
		METLIFE US CREDIT - SA 543	121,529,122	107,012,877
		Liquidity Fund - SA #084	664,947	666,885
		Equity Index #088	12,334,109	25,238,144
		Int'l Equity Index #272	26,463,707	28,722,205
		ML Long Govt/Credit Fixed Inc Ind #589	10,610,745	8,470,271
		Total Group flexible premium variable life insurance policy - Separate Accounts	<u>965,704,483</u>	<u>978,655,370</u>
	Metropolitan Life Insurance * Company	Group insurance policy for life benefits General Account Fund - 190815-G	<u>239,760,183</u>	<u>239,760,183</u>
		Fixed Maturity Securities		
	Associated Electric Cooperative Inc.	4.99%, 6/20/2030	335,962	337,927
	Ishares	S&P Nat Amt- Free Mun-2MO	2,706,387	2,093,699
	LCOR Alexandria LLC	6.8%, 9/15/2028	661,631	578,929
		Total fixed maturity securities	<u>3,703,980</u>	<u>3,010,555</u>
		Total assets held for investment purposes	<u>\$ 1,278,101,691</u>	<u>\$ 1,284,030,879</u>

\*Metropolitan Life Insurance Company is a party-in-interest that is permitted to engage in these transactions.