Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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

1a Name of plan
METLIFE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1928

2a 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)
METLIFE GROUP, INC.

400 WARREN CORPORATE CENTER DRIVE
C/O HR BENEFITS
WARREN, NJ 07059

2b Employer Identification Number (EIN)
55-0790010

2c Plan Sponsor's telephone number
908-253-6232

2d Business code (see instructions)
524140

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	THOMAS FERRARO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	13491
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	13491
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	13505
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	13505
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	13505
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	134
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1E 3F 3H 3J

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] 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)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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.

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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
METLIFE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
METLIFE GROUP, INC.

D Employer Identification Number (EIN)
55-0790010

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	GA-1501	13505	01/01/2025	12/31/2025

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.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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	

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.

4	Current value of plan's interest under this contract in the general account at year end	4	33446521
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	36351571
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1015660		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	1015660
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	37367231
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3920710		
	(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)	3920710
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	33446521

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:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
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.			**10b**	

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
METLIFE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
METLIFE GROUP, INC.

D Employer Identification Number (EIN)
55-0790010

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	GAC 5356	80158	01/01/2025	12/31/2025

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.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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	

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.

4	Current value of plan's interest under this contract in the general account at year end	4	69912455
5	Current value of plan's interest under this contract in separate accounts at year end	5	5470668811

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. Specify nature of costs ▶	6d	

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	112284702
c	Additions: (1) Contributions deposited during the year	7c(1)	140249497		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2735841		
	(4) Transferred from separate account	7c(4)	463775770		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	606761108
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	719045810
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	564213276		
	(2) Administration charge made by carrier	7e(2)	7027894		
	(3) Transferred to separate account	7e(3)	72179056		
	(4) Other (specify below) ▶ RISK EXPENSE FEES	7e(4)	5713129		
	(5) Total deductions			7e(5)	649133355
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	69912455

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:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
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.			**10b**	

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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
METLIFE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
METLIFE GROUP, INC.

D Employer Identification Number (EIN)
55-0790010

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	7514532009
b Actuarial value	**2b**	7745366748

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	42379	4837897710	4837897710
b For terminated vested participants	24840	1444311850	1444311850
c For active participants	13491	1237851572	1264352764
d Total	80710	7520061132	7546562324

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	88650601
b Expected plan-related expenses	**6b**	13628000
c Target normal cost	**6c**	102278601

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 07/23/2026

VANESSA M. VAAG, FSA, EA
Type or print name of actuary

26-06349
Most recent enrollment number

MILLIMAN
Firm name

973-278-8860
Telephone number (including area code)

150 CLOVE ROAD
8TH FLOOR
LITTLE FALLS, NJ 07424
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1307485147	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	69107586	0
9	Amount remaining (line 7 minus line 8)	1238377561	0
10	Interest on line 9 using prior year's actual return of 0.47 %	5820375	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		204775316
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.13 %		6959755
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		324806
c	Total available at beginning of current plan year to add to prefunding balance		212059877
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1244197936	0

Part III Funding Percentages

14	Funding target attainment percentage	14	86.14 %
15	Adjusted funding target attainment percentage	15	102.63 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.25 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	102278601
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	102278601

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	102278601	0	102278601

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan	**B** Three-digit plan number (PN) ▶	
METLIFE RETIREMENT PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
METLIFE GROUP, INC.	55-0790010	

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

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(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

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 18 28 51	PLAN SPONSOR	23517775	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGHT SOLUTIONS LLC

82-1061233

(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?
15 64	RECORDKEEPER	1391000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AUTOMATIC DATA PROCESSING

94-1711583

(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	1223173	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MILLIMAN

91-0675641

(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?
11 50	NONE	127019	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
(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.	

(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.

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

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

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

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

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

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** 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)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
METLIFE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
METLIFE GROUP, INC.

D Employer Identification Number (EIN)
55-0790010

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MNGD PRIVATE PLACEMENTS 894

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

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)
13-5581829-000	P	188952149

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE LONG DURATION BOND 333

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

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)
13-5581829-000	P	966669491

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE RETIREMENT PLAN REIT 469

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

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)
13-5581829-000	P	32849296

a Name of MTIA, CCT, PSA, or 103-12 IE: HEITMAN AMERICA REAL ESTATE 759

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

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)
13-5581829-000	P	886435

a Name of MTIA, CCT, PSA, or 103-12 IE: HAMILTON LANE PRIVATE EQUITY 794

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

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)
13-5581829-000	P	8339781

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION GOV'T CREDIT 566

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

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)
13-5581829-000	P	779557264

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY FUND 372

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

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)
13-5581829-000	P	213614234

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER HEDGE FUND 424

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1681

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. AGGREGATE BOND INDEX 835

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 174282352

a Name of MTIA, CCT, PSA, or 103-12 IE: MET I&R PRIVATE EQUITY 285

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 376571035

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION BOND 565

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIVATE REAL ESTATE INV TRUST 564

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142209928

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE I & R HEDGE FUND 672

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 324670

a Name of MTIA, CCT, PSA, or 103-12 IE: BLOOMBERG US LONG CREDIT IND 686

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 986825314

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. AGGREGATE BOND INDEX 836

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 173549918

a Name of MTIA, CCT, PSA, or 103-12 IE: BARCLAYS HIGH YIELD INDEX 700

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 421311

a Name of MTIA, CCT, PSA, or 103-12 IE: BARCLAYS US LONG GOV/BOND INDEX 800

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 791112120

a Name of MTIA, CCT, PSA, or 103-12 IE: BAILLIE GIFFORD OVERSEAS LIMITED739

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 226751

a Name of MTIA, CCT, PSA, or 103-12 IE: DERIVATIVES AND CASH ACCOUNT SUBD

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61779154

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE CORE PROPERTY FUND 746

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85246074

a Name of MTIA, CCT, PSA, or 103-12 IE: US LONG GOV/CREDIT BOND 817

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 659053396

a Name of MTIA, CCT, PSA, or 103-12 IE: METROPOLITAN INDEX FD MI VIA SA #II

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: BARCLAYS US LONG GOV'T CREDIT 819

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17148606

a Name of MTIA, CCT, PSA, or 103-12 IE: MARKIT IBOXX USD LIQUID INDEX 891

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2848571

a Name of MTIA, CCT, PSA, or 103-12 IE: MNGD PRIVATE PLACEMENTS 892

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190296603

a Name of MTIA, CCT, PSA, or 103-12 IE: MARKIT IBOXX USD LIQUID INDEX 893

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1093382

a Name of MTIA, CCT, PSA, or 103-12 IE: BLOOMBERG US INTERMEDIATE TREA 930

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 610890920

a Name of MTIA, CCT, PSA, or 103-12 IE: BLOOMBERG US INTERMEDIATE CRED 931

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 351388199

a Name of MTIA, CCT, PSA, or 103-12 IE: BLOOMBERG US INTERMEDIATE CRED 932

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 350037683

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)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
METLIFE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
METLIFE GROUP, INC.

D Employer Identification Number (EIN)
55-0790010

Part I Asset and Liability Statement

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	6606653	21674138
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	140000000	0
(2) Participant contributions	1b(2)	-98	0
(3) Other	1b(3)	473822089	240435948
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	62475
(2) U.S. Government securities	1c(2)	2225197415	2331349067
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1139230672	1688181728
(B) All other	1c(3)(B)	2216620271	1715218706
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	118409	157454
(B) Common	1c(4)(B)	477585443	507764591
(5) Partnership/joint venture interests	1c(5)	94645881	94519798
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	178878172	126995670
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	148636274	103358976
(15) Other	1c(15)	808392959	1141736509

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	7909734140	7971455060
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	377508454	407269519
1k Total liabilities (add all amounts in lines 1g through1j)	1k	377508454	407269519
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	7532225686	7564185541

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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3751500	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3751500
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		623899186
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		627650686
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	548658985	
(2) To insurance carriers for the provision of benefits	2e(2)	19475000	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		568133985
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2815331	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	23566715	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	127019	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1047781	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		27556846
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		595690831
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		31959855
l 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) [X] 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)** [X] 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 AND 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
a 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.)	**4a**		X	
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.)	**4b**		X	
c 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.)	**4c**		X	
d 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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g 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?	**4g**		X	
h 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?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j 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.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n 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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 578298.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
METLIFE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
METLIFE GROUP, INC.

D Employer Identification Number (EIN)
55-0790010

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 741

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 7.00 % Private Equity: 5.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 77.00 %
High-Yield Debt: 7.00 % Real Assets: 3.00 % Cash or Cash Equivalents: 0.00 % Other: 1.00 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

MetLife Retirement Plan

EIN Number: 55-0790010
Plan Number: 001
Financial Statements as of and for the Years Ended December 31, 2025 and 2024,
Supplemental Schedules as of and for the Year Ended December 31, 2025,
and Independent Auditor's Report

MetLife Retirement 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.

Deloitte & Touche LLP
30 Rockefeller Plaza
New York, NY 10112
USA

Tel: 212 492 4000
Fax: 212 489 1687
www.deloitte.com

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of MetLife Retirement Plan

Opinion

We have audited the financial statements of MetLife Retirement 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 pension benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for pension benefits for the years then ended, 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 pension benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for pension benefits for the years then ended, 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 Schedules 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, 2025 and the supplemental schedule of reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are 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 schedules 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 14, 2026

MetLife Retirement Plan

Statements of Net Assets Available for Pension Benefits

	As of December 31,	
	2025	**2024**
Assets		
Investments at fair value:		
Interest in IPG separate accounts	$ 7,440,584,313	$ 7,207,085,435
Interest in IPG general account	103,358,976	148,636,274
Total investments	7,543,943,289	7,355,721,709
Contributions Receivable	—	140,000,000
Net assets held in 401(h) account	20,380,947	36,766,219
Total Assets	7,564,324,236	7,532,487,928
Liabilities:		
Obligation of the 401(h) account	20,380,947	36,766,219
Accrued administrative expenses	138,695	262,242
Total Liabilities	20,519,642	37,028,461
Net assets available for pension benefits	$ 7,543,804,594	$ 7,495,459,467

See accompanying notes to the financial statements.

MetLife Retirement Plan

Statements of Changes in Net Assets Available for Pension Benefits

	For the Years Ended December 31,	
	2025	**2024**
Additions:		
Investment income:		
Net appreciation in fair value of investments	$ 620,760,516	$ 30,845,108
Interest income	3,751,501	4,846,772
Total investment income	624,512,017	35,691,880
Employer contributions	—	260,000,000
Total additions	624,512,017	295,691,880
Deductions:		
Benefits paid to Participants or their beneficiaries	548,658,985	535,399,067
Investment management and administrative expenses	27,507,905	28,975,322
Total deductions	576,166,890	564,374,389
Net Increase (Decrease) in Net Assets	48,345,127	(268,682,509)
Net assets available for pension benefits:		
Beginning of year	7,495,459,467	7,764,141,976
End of year	$ 7,543,804,594	$ 7,495,459,467

See accompanying notes to the financial statements.

1. Description of the Plan

The following description of the MetLife Retirement Plan (the "Plan") is provided for general informational purposes only. Employees of the Employer (as defined below) who participate in the Plan (each such employee is a "Participant") should refer to the Plan document and summary plan description ("SPD") for a more complete description of the Plan, including how certain terms used in these notes are defined.

General Information

The Plan, a defined benefit plan sponsored by MetLife Group, Inc. (the "Company"), is intended to comply with the applicable requirements of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), and the United States ("U.S.") Internal Revenue Code ("IRC"). The Plan provides benefits to eligible employees of the Company, Metropolitan Life Insurance Company ("MLIC"), MetLife Funding, Inc., MetLife Credit Corp. and SafeGuard Health Plans, Inc. (collectively, the "Employer"). Effective December 31, 2025, MetLife Credit Corp. was dissolved. The administrator of the Plan (the "Plan Administrator") is the Company, which has delegated that duty to one of its officers. MLIC also serves as the insurer, and in certain circumstances, as the investment manager of the Plan.

Pension Benefits

Employees of the Employer become eligible to participate in the Plan when they reach at least age 21 with one year of service. Participation in the Plan begins on the first day of the month after these requirements are met. Participants are vested in their accrued benefit after completion of three vesting years of service, or upon attaining age 65 with at least one year of service while still employed by an affiliate of MetLife, Inc., if earlier. Vesting is accelerated if the Participant is terminated under either the "MetLife Plan for Transition Assistance for Grades 14 and Above" or the "MetLife Plan for Transition Assistance for Grades 13 and Below".

The Plan was amended effective January 1, 2002, to include a cash balance benefit formula where an amount is credited to an individual Participant's "hypothetical" account known as their "Personal Retirement Account" ("PRA"). Eligible employees who were hired or rehired by the Employer on or after January 1, 2002, will have their benefits calculated under the PRA formula. Eligible employees who were employed by the Employer before January 1, 2002, (and were active employees on December 31, 2001) elected to either participate in the PRA effective January 1, 2003, or to continue to have their benefits calculated under the Plan's original formula (the "traditional formula"), based on years of service and final average compensation, that was in place before the PRA was introduced. Also, the Plan was amended such that effective January 1, 2023, the traditional formula was frozen, and all future accruals will be under the PRA formula.

PRAs are credited monthly for benefits equal to 5% of eligible monthly pay, and at a rate of 10% of eligible monthly pay once annual eligible pay is over the current Social Security wage base. The Plan includes a minimum monthly credit for the cash balance benefit formula, regardless of the employee's pay. For months beginning on or after January 1, 2023, the minimum monthly credit is $400. PRAs are also credited with interest each month based on the 30-year U.S. Treasury securities rate as published by the Internal Revenue Service ("IRS") in November of the prior year. The annual interest rate credited to Participants' PRAs was 4.54% and 4.66% for the years ended December 31, 2025 and 2024, respectively.

Death Benefits

Retired Participants with the traditional formula may elect to provide death benefits to their designated beneficiaries through the following optional methods of payment: (i) life annuity with term certain, (ii) contingent survivor annuity, and (iii) first-to-die annuity.

Pre-retirement death benefits are provided under the traditional formula to the extent required by law. Once a Participant's retirement commences, the form of benefit chosen by the Participant dictates whether survivor benefits are available.

At any time prior to annuitization of the benefit, the Participant can name a beneficiary who will receive the lump sum value of the Participant's PRA benefit. If the Participant annuitizes his/her benefit, the form of benefit chosen by the Participant, dictates whether survivor benefits are available.

401(h) Account

The Plan also includes a medical benefit component, in addition to the normal retirement benefits, to fund a portion of the postretirement 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 Plan for the net assets related to the health and welfare benefit component ("401(h) account"). In accordance with IRC Section 401(h), the Plan's 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. The assets are invested in five separate accounts: the MetLife Index S&P 500 ("MI"), the Bloomberg U.S. Aggregate Bond Index (#835), the Bloomberg U.S. Treasury Bills Index (ST/LP), the MSCI EAFE Equity Index (#732) and the Barclays US Long Gov/Bond Index fund (#800). The related obligations for health benefits are not included in this Plan's obligations. The related obligations are reflected as obligations in the financial statements of the MetLife Options and Choices Plan ("HOC"), the Company's health and welfare benefit plan. The HOC 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 HOC plan sponsor.

Plan Amendments and Other Changes

In March 2025, the Plan was amended to recognize for purposes of eligibility the past service of former employees of Mesirow Institutional Investment Management, Inc. and Mesirow Financial Investment Management, Inc. who transfer to MetLife pursuant to the asset purchase agreement signed December 19, 2024.

Effective April 1, 2025, the Plan was amended to restrict 401(h) account funding to retirees and their eligible dependents who are not yet enrolled in Medicare and to revise the order in which benefit claims are paid from the account. The amendment did not affect the benefits available under the medical plan.

The Plan was amended effective December 30, 2025 to recognize that individuals who became employees of the Company or any other Employer as a result of the acquisition of PineBridge Galaxy LLC and PineBridge Investments Holdings US LLC on December 30, 2025 and any successor legal entity shall participate immediately in the Plan.

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 U.S. ("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 insurance company general 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's investments as reported in the accompanying financial statements. Market risks include global events which 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 accumulated Plan benefits is reported based on certain assumptions, pertaining to interest rates, inflation rates and employee demographics, which are all subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Investment Valuation and Income Recognition

All of the Plan's assets are held with MLIC through two immediate participation guarantee contracts ("IPGs"): Group Annuity Contract 5356 ("GAC 5356") and Group Annuity Contract 1501 ("GAC 1501"). GAC 5356 is allocated among the general account and various separate accounts of MLIC. Such separate accounts invest in cash, fixed maturity and equity

securities, real estate investments, private equity investments, and hedge fund investments. GAC 1501 only invests in the general account of MLIC.

The Plan reports investments at estimated fair value. 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 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. These unobservable inputs can be based on management's judgment, assumptions or estimation and may not be observable in market activity. Unobservable inputs are based on management's assumptions about the inputs market participants would use in pricing the assets.

Purchases and sales of securities in the separate accounts are recorded on a trade-date basis. Investment income is recorded as it is earned. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes gains and losses on investments bought and sold as well as held during the year.

For those general account assets held under GAC 5356, interest is credited quarterly as determined using a three-month Treasury rate such that contract value approximates fair value. For those general account assets held under GAC 1501, interest is credited annually in a manner consistent with general practices for allocating income to such funds by MLIC.

Payment of Benefits

Benefit payments to Participants or their beneficiaries are recorded upon distribution.

Investment Management Fees and Other Administrative Expenses

Investment management fees are deducted directly from the GAC 1501 and are recognized as expenses of the Plan. Expenses incurred in the administration of the Plan are paid by the Plan as permitted by law and the terms of the Plan document from general account GAC 5356. The Plan's expenses are paid either by the Plan or the company that sponsors the Plan, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements.

3. Funding Policy

Contributions are made to the Plan in compliance with minimum funding standards prescribed under ERISA. An annual actuarial valuation determines the amount of contributions necessary to satisfy the minimum funding requirements. Contributions are made by the Company. The Company may, from time to time, make additional discretionary contributions to the Plan. The Company made discretionary contributions to the Plan in the amount of $0 and $260,000,000 for the years ended December 31, 2025 and 2024, respectively.

Retirement benefits are funded from IPGs issued by MLIC.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the terms of the Plan, to service rendered by Participants as of the valuation date. Accumulated Plan benefits include benefits expected to be paid to retired, terminated and current Participants, or their beneficiaries. The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is calculated by applying assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for, e.g., death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The benefits for retired or terminated Participants with vested benefits are guaranteed by MLIC through annuity contracts held by the Plan (see Note 6). The active Participants' benefits are obligations of the Plan but are not guaranteed by an annuity contract.

The actuarial present value of accumulated Plan benefits presented in the accompanying financial statements are presented using the beginning of year benefit information date. The actuarial present value of accumulated Plan benefits below is measured as of January 1, 2025. Had the valuations been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated Plan benefits as of January 1, 2025, is as follows:

	2025
Vested benefits:	
Guaranteed vested benefits:	
Participants currently receiving payments	$ 4,631,644,526
Other terminated Participants	1,349,262,338
Actuarial present value of total guaranteed vested benefits	5,980,906,864
Non-guaranteed vested benefits for actively employed Participants	1,159,228,159
Actuarial present value of total vested benefits	7,140,135,023
Non-guaranteed non-vested benefits	23,629,887
Total actuarial present value of accumulated Plan benefits	$ 7,163,764,910

The change in the actuarial present value of accumulated Plan benefits during the year ended January 1, 2025 is as follows:

	2025
Actuarial present value of accumulated Plan benefits-beginning of year	$ 7,158,948,783
Increase (decrease) in guaranteed and non-guaranteed benefits during the year attributable to:	
Increase for interest	417,003,017
Benefit accruals	80,868,977
Gains and losses	38,328,929
Benefits paid	(535,399,067)
Change in actuarial assumptions	4,014,271
Net increase in guaranteed and non-guaranteed benefits during the year	4,816,127
Actuarial present value of accumulated Plan benefits-end of year	$ 7,163,764,910

The most significant actuarial assumptions used to determine the accumulated Plan benefits as of January 1, 2025 and January 1, 2024, were as follows:

- The discount rate was assumed to be 6.00% for both January 1, 2025 and January 1, 2024.
- For Participants with traditional formula benefits only, retirement age rates for 2025 and 2024 range from 2% at age 55 to 25% at age 65 and 100% at age 70.
- For Participants with a PRA, retirement age rates for both 2025 and 2024 range from 15% at age 65 to 12% at age 68 and 100% at age 70.

- Mortality rates for both 2025 and 2024 were in accordance with the Pri-2012 Private Retirement Plans mortality tables projected with 102% for females and 104% for males of the MP-2019 scale.
- The statutory limits on benefits ("IRC Section 415") and compensation ("IRC Section 401(a) (17)") are assumed to remain frozen at the 2025 level and 2024 level for each year, respectively.
- The assumed 2025 cash balance interest crediting rate changes based on a graded scale starting at 4.54% for 2025, 4.50% for 2026, 4.40% for 2027, 4.35% for 2028, 4.30% for 2029, and decreasing to 4.25% for 2030 and later.
- The assumed 2024 cash balance interest crediting rate changes based on a graded scale starting at 4.66% for 2024, 4.55% for 2025, 4.50% for 2026, 4.40% for 2027, 4.30% for 2028, and decreasing to 4.20% for 2029 and later.

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 accumulated Plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

5. Fair Value

When developing estimated fair values, the Plan considers three broad valuation techniques: (i) the market approach, (ii) the income approach, and (iii) 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 input levels 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.
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.

Interest in Separate Accounts of IPG GAC 5356

The Plan has investments in MLIC pooled separate accounts. The investment strategies of the pooled separate accounts are as follows:

Intermediate Treasury Fund (Separate Account #930) seeks to approximate the performance of the Bloomberg Intermediate Treasury Bond Index by investing in a sample of securities that are included in the Index.

Intermediate Credit Funds (Separate Accounts #931, 932) seek to add value by investing in intermediate-dated credit bonds.

Core Bond Funds (Separate Accounts #835, 836) seek long-term growth of capital and income by investing in a diversified portfolio of domestic, investment grade bonds.

Long Duration Bond Funds (Separate Accounts #333, 566, 686, 800, 817) seek to add value by investing in long-dated bonds.

Domestic Equity Fund (Separate Account MI) seeks to approximate the performance of the S&P 500 Index, adjusted to include the reinvestment of dividends, by investing in all the companies that are included in the Index.

International Equity Fund (Separate Account #372, 739) 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.

Hedge Funds (Separate Accounts #424, 672) seek to achieve strong absolute performance with low correlations to traditional asset sectors.

Private Equity Funds (Separate Accounts #285, 794, 819) seek to achieve superior long-term performance by investing in the private equity market.

REIT Index Fund (Separate Account #469) seeks to approximate the performance of the S&P REIT Index.

Private Equity Core Real Estate Funds (Separate Accounts #564, 746, 759) seek to outperform the National Council of Real Estate Investment Fiduciaries ("NCREIF") Open-End Diversified Core Index ("ODCE"), net of fees, by actively managing a diversified portfolio of core real estate assets.

Private Placement Funds (Separate Accounts #892, 894) seek to generate stable investment income through investment primarily in a well- diversified, structurally protected investment grade portfolio of corporate and infrastructure private placements.

Bond Exchange Traded Funds (Separate Accounts #891, 893) seek to track the performance of the Markit iBoxx® USD Liquid Investment Grade Index, which is a rules-based index consisting of U.S. dollar denominated, investment-grade corporate bonds for sale in the U.S., as determined by Markit Indices Limited.

Derivatives Overlay Portfolio (Separate Account SUBD) selectively uses derivatives for Plan-level hedging and duration management to efficiently manage the risk/return characteristics of the Plan.

High Yield Bond Fund (PSA #700) seeks to add value by investing in a diversified portfolio of higher-quality credit issues within the high yield asset class.

The estimated fair value is expressed in the form of a unit value for each respective separate account. Unit values are calculated and provided daily by MLIC and represent the price at which contributions and transfers are effected. The Plan uses unit value as a practical expedient to estimate fair value. The estimated fair value is determined by reference to the underlying separate accounts, which are principally comprised of cash, fixed maturity and equity securities, real estate investments, private equity investments, and hedge fund investments. The value of each separate account reflects accumulated contributions, dividends and realized and unrealized investment gains or losses apportioned to such contributions, less withdrawals, distributions, allocable expenses relating to the purchase, sale and maintenance of the assets, and an allocable part of such separate accounts' investment-related expenses. There are no unfunded commitments or redemption restrictions for these investments.

Interest in General Account of IPG GAC 1501 and IPG GAC 5356

The estimated fair value of GAC 1501 is calculated by discounting the contract value, which is payable in equal monthly installments plus additional interest, up to ten years using the yield of the Moody's Baa Industrial Bond Index on the appropriate valuation date. The estimated fair value of GAC 5356 is represented by accumulated contributions plus interest thereon, less withdrawals, disbursements and administrative expenses, where applicable.

Net Assets Held in MetLife Retirement Plan restricted for 401(h) account

As discussed in Note 1, the Net Assets Held in the MetLife Retirement Plan restricted for 401(h) account are invested in Separate Accounts. The fair values of the funds are measured using the net asset value ("NAV") per share (or its equivalent) as a practical expedient.

The related changes in net assets available were as follows:

	For the Years Ended December 31,	
	2025	2024
Net Assets Available for Benefits - Beginning of year	$ 36,766,219	$ 40,839,335
Net appreciation (depreciation) in fair value of assets	2,033,082	(327,827)
Interest and dividends	1,105,586	1,605,059
Investment advisory fees and transfers	(48,940)	(107,435)
Payments to insurance carriers for the provision of benefits 401(h) accounts	(19,475,000)	(5,242,913)
Net decrease in Net Assets Available for Benefits	(16,385,272)	(4,073,116)
Net Assets Available for Benefits - End of year	$ 20,380,947	$ 36,766,219

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.

		Estimated Fair Value Measurements as of December 31, 2025		
	Total Estimated Fair Value	Level 1	Level 2	Level 3
Interest in general account	$ 103,358,976	$ —	$ 103,358,976	$ —
Total	103,358,976	**$ —**	**$ 103,358,976**	**$ —**
Investments measured at NAV as a practical expedient (a)	7,460,965,260			
Total investments at fair value	$ 7,564,324,236			

		Estimated Fair Value Measurements as of December 31, 2024		
	Total Estimated Fair Value	Level 1	Level 2	Level 3
Interest in general account	$ 148,636,274	$ —	$ 148,636,274	$ —
Total	148,636,274	**$ —**	**$ 148,636,274**	**$ —**
Investments measured at NAV as a practical expedient (a)	7,243,851,654			
Total investments at fair value	$ 7,392,487,928			

(a) Investments that are measured at NAV per share (or its equivalent) as a practical expedient to estimate fair value are excluded from the fair value hierarchy.

6. Investment Contracts with MLIC as Insurer

Assets held in the general accounts of MLIC are reported to the Plan by MLIC at contract value and included in the financial statements at estimated fair value. Estimated fair value is provided for reporting purposes only as contract value represents the amount at which withdrawals are made or would otherwise be due to the Plan upon full liquidation or termination of the contract. Estimated fair value of the assets held in the general account of MLIC is not adjusted for any credit risk of MLIC.

General account assets held under GAC 5356 ("Payment Fund") had a contract value of $69,912,455 and $112,284,703 as of December 31, 2025 and 2024, respectively, which approximates fair value as discussed in Note 2 above. The crediting interest rates for the Payment Fund ranged from 4.10% to 4.48% with an average rate of 4.35% for the year ended December 31, 2025. The crediting interest rates for the Payment Fund ranged from 5.14% to 5.53% with an average rate of 5.43% for the year ended December 31, 2024.

General account assets held under GAC 1501 had a contract value of $37,805,173 and $40,987,927 at December 31, 2025 and 2024, respectively, and an estimated fair value of $33,446,521 and $36,351,571 as of December 31, 2025 and 2024, respectively. The crediting interest rates for GAC 1501 were 1.90% and 2.00% for the years ended December 31, 2025 and 2024, respectively.

Under GAC 5356, MLIC, as insurer, issues an irrevocable guarantee to pay the benefits of retired Participants and Participants who have terminated from service with vested benefits. As a result, the Plan is required to maintain a minimum funded balance under that contract, as determined quarterly by MLIC, as issuer. If Plan assets fall below that minimum required amount, the Minimum Balance Requirement ("MBR"), and the Plan sponsor does not make contributions to the Plan in order to eliminate the shortfall, then the contract calls for a Deficit Risk Charge ("DRC") to be paid to the issuer. The issuer provides written notification of any DRC that is owed. The Plan sponsor has the right to pay any DRC to the issuer directly on behalf of the Plan. As a matter of practice, the Plan sponsor has exercised this right and paid the DRC directly. During 2025 and 2024, no DRC was paid to the issuer from Plan assets.

This MBR is available to be used by the insurer to provide annuities for the guaranteed benefits in the event of a full or partial termination of the respective contract. The MBR under GAC 5356 was $6,672,062,744 and $7,164,598,642 as of January 1, 2025 and 2024, respectively, and represents the assets available for the payment of guaranteed vested benefits, the actuarial present value of which is described in Note 4 above. The contract prescribes the use of yields on U.S. Treasury Bonds to discount expected future guaranteed benefits for the purpose of determining the MBR.

The MBR and the terms of the contract that define the calculation of the MBR have no bearing on the Plan's minimum funding requirements under the IRC. The annual valuation of the Plan performed by its independent actuary determines required minimum contribution amounts.

Any Plan assets in excess of the MBR are available to pay benefits not guaranteed under GAC 5356 and other Plan expenses. During the time the contract is in effect, the Plan continues to participate in the experience under the contract with regard to all Participants even if their benefits have been guaranteed.

Although it has not expressed any intention to do so, the Plan may elect to terminate these IPGs at any time.

7. Federal Income Tax Status

The IRS has concluded, in a determination letter dated November 9, 2020, that the Plan document satisfies the qualification requirements of IRC Section 401(a), and that the Plan's earnings are therefore exempt from Federal Income Tax. The Plan has been amended since receiving such determination letter. The Plan Administrator believes that the Plan is currently being operated in material compliance with the applicable requirements of the IRC and the Plan document and continues to be tax-exempt under the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements for the years ended December 31, 2025 and 2024.

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.

8. Related Party Transactions

Related party transactions between the Plan and the Company and/or its affiliates qualify as exempt party-in-interest transactions as that term is defined under ERISA. Certain Plan investments underlying the IPGs are various investments in the general account and separate accounts of MLIC. The balance of the investments in the general account was $103,358,976 and $148,636,274 as of December 31, 2025 and 2024, respectively. Total investment income was $3,751,501 and $4,846,772 for the years ended December 31, 2025 and 2024, respectively. During the years ended December 31, 2025 and 2024, MLIC received investment management fees of $8,377,849 and $8,611,880, respectively. The Company is the administrator of the Plan. MLIC is the insurer, and an investment manager for the Plan.

Certain Plan investments include separate accounts with MLIC. The estimated fair values of these investments were $7,440,584,313 and $7,207,085,435 as of December 31, 2025 and 2024, respectively. Total net appreciation in estimated fair value of investments including investment income, realized and unrealized gains for these investments was $620,760,516 and $30,845,108 for the years ended December 31, 2025 and 2024, respectively. During the years ended December 31, 2025 and 2024, MLIC received investment management fees of $15,139,926 and $14,790,560, respectively, from these separate accounts.

Certain Participants, who are also employees of the Employer, perform services for the Plan. As permitted under the Plan, certain Employers charge the Plan for a portion of the direct expenses incurred by such Employer for the employees who provide services for the Plan.

Certain assets include separate accounts managed by MLIC containing the net assets related to the 401(h) account (see Note 1). The estimated fair value of the net assets related to the 401(h) account investments were $20,380,947 and $36,766,219 as of December 31, 2025 and 2024, respectively. During the years ended December 31, 2025 and 2024, as permissible under Section 401(h) of the IRC, a reimbursement from the 401(h) assets was made to the Company in the amount of $19,475,000 and $5,242,913 respectively, to reimburse the Company for certain retiree medical benefits paid directly by the Company.

9. Termination of the Plan

The Employer reserves the right to amend, modify or terminate the Plan, in whole or in part, at any time. The Employer has the right to provide for a reduction, suspension or discontinuance of that Company's contributions at any time without consent, subject to any requirements of the Department of Labor, the Department of the Treasury or the Pension Benefit Guaranty Corporation ("PBGC"). In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the Participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, the Plan document and terms of any IPG contracts that are in-force at the time of termination and holding Plan assets.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. The PBGC premiums paid by the Plan are limited due to the guarantee of benefits under GAC 5356. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions of employees who have not yet terminated employment. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits owed to active employees under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of a Participant's individual monthly benefit.

If the Plan is terminated or partially terminated, the interest of each Participant affected will thereupon become fully vested and non-forfeitable to the extent funded as of such date. Upon termination of the Plan within the meaning of Title IV of ERISA, the assets of the Plan will be allocated in accordance with the priorities prescribed by the PBGC to the extent that the Participant's full accrued benefits have not already been provided by the purchase of annuities from an insurer or guaranteed under GAC 5356 (see Note 6). Any assets in excess of those required to provide the full accrued benefits under the Plan will be paid to the Company.

Whether all Participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

10. Subsequent Events

The Company has evaluated events related to the Plan subsequent to December 31, 2025, and through October 14, 2026, which is the date these financial statements were available to be issued. No subsequent events were identified that require adjustment to or disclosure in the financial statements.

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for pension benefits per the financial statements to Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Net assets available for pension benefits per the financial statements	$ 7,543,804,594	$ 7,495,459,467
Net assets held in 401(h) account	20,380,947	36,766,219
Net assets per Form 5500, Schedule H, Part I, Line 1l	**$ 7,564,185,541**	**$ 7,532,225,686**

The following is a reconciliation of net appreciation (depreciation) in estimated fair value of investments for the years ended December 31, 2025 and 2024, per the financial statements to Form 5500:

	2025	2024
Net appreciation in fair value of investments per the financial statements	$ 620,760,516	$ 30,845,108
Net appreciation (depreciation) in fair value of the 401(h) account	2,033,082	(327,827)
Interest and dividends for the 401(h) account	1,105,586	1,605,059
Total income per Form 5500, Schedule H, Part II, Line 2b(7)	**$ 623,899,184**	**$ 32,122,340**

The following is a reconciliation of benefit payments for the years ended December 31, 2025 and 2024, per the financial statements to Form 5500:

	2025	2024
Benefit payments per financial statements	$ 548,658,985	$ 535,399,067
Payments to insurance carriers for the provision of benefits 401(h) accounts	19,475,000	5,242,913
Total benefit payments per Form 5500, Schedule H, Part II, Line 2e(4)	**$ 568,133,985**	**$ 540,641,980**

The following is a reconciliation of investment advisory and administrative expenses for the years ended December 31, 2025 and 2024, per the financial statements to Form 5500:

	2025	2024
Investment management and administrative expenses per the financial statements	$ 27,507,905	$ 28,975,322
Administrative expenses for the 401(h) account	48,940	107,435
Total expenses per Form 5500, Schedule H, Part II, Line 2i(12)	**$ 27,556,845**	**$ 29,082,757**

MetLife Retirement Plan
Form 5500, Schedule H, Part IV, Line 4i,
Schedule of Assets
(Held at End of Year) As of December 31, 2025
EIN Number: 55-0790010
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		General Account Group Annuity Contracts:		
*	MLIC	GAC 1501	$ 37,805,173	$ 33,446,521
*	MLIC	GAC 5356	69,912,455	69,912,455
		Total General Account Group Annuity Contracts	**$ 107,717,628**	**$ 103,358,976**
*	MLIC	Separate Account Contracts:		
		MetLife Long Duration Bond (#333)	1,055,310,832	966,669,491
		Long Duration Gov Credit (#566)	932,529,967	779,557,264
		Barclays US Long Gov't Credit (#819)	9,858,233	17,148,606
		Barclays US Long Credit Bd Ind (#686)	1,050,293,848	986,825,315
		Baillie Gifford Overseas Limited (#739)	74,346	226,751
		Barclays High Yield Index (#700)	463,484	421,311
		Derivative and Cash Account (SUBD)	62,058,718	61,779,154
		MetLife Retirement Plan REIT (#469)	30,963,739	32,849,296
		Met I&R Private Equity (#285)	370,310,815	376,571,035
		Private Real Estate Inv Trust (#564)	171,841,600	142,209,928
		International Equity Fund (#372)	139,892,726	213,614,234
		U.S. Aggregate Bond Index (#836)	205,337,483	173,549,918
		Neuberger Hedge Fund (#424)	1,669	1,681
		MetLife I & R Hedge Fund (#672)	324,479	324,670
		Barclays US Long Gov/Bond Index (#800)	888,373,384	791,112,120
		Bloomberg U.S. Intermediate Treasury Index (#930)	596,130,028	610,890,920
		Bloomberg U.S. Intermediate Credit Index (#931)	398,795,810	351,388,199
		Bloomberg U.S. Intermediate Credit Index (#932)	376,867,537	350,037,683
		US Long Gov/Credit Bond (#817)	759,932,726	659,053,395
		MetLife Core Property Fund (#746)	85,113,460	85,246,074
		Heitman American Real Estate Trust (#759)	771,134	886,435
		Hamilton Lane Private Equity (#794)	1,302,372	8,339,781
		U.S. Aggregate Bond Index (#835)	187,587,890	174,282,352
		Markit Iboxx USD Liquid Index (#891)	2,860,335	2,848,571
		Mngd Private Placements (#892)	194,241,793	190,296,603
		Markit Iboxx USD Liquid Index (#893)	1,089,901	1,093,382
		Mngd Private Placements (#894)	201,056,260	188,952,149
		MetLife Index S&P 500 (MI)	170,471,895	274,407,995
		Total Separate Account Contracts	**$ 7,893,856,464**	**$ 7,440,584,313**
*	MLIC	401(h) - MetLife Index S&P 500 (MI)	2,882,012	4,639,165
		401(h) - Bloomberg U.S. Aggregate Bond Index (#835)	2,989,274	2,777,246
		401(h) - Bloomberg U.S. Treasury Bills Index (ST/LP)	7,203,507	7,227,818
		401(h) - MSCI EAFE (#372)	1,560,792	2,383,308
		401(h) - Barclays US Long Gov/Bond Index (#800)	3,765,685	3,353,410
		Total Assets	**$ 8,019,975,362**	**$ 7,564,324,236**

* MLIC is a party-in-interest that is permitted to engage in these transactions

MetLife Retirement Plan
Form 5500, Schedule H, Part IV, Line 4j,
Schedule of Reportable Transactions
For the Year Ended December 31, 2025
EIN Number: 55-0790010
Plan Number: 001

	(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity of Loan)	(c) Purchase Price	(d) Selling Price	Number of Transactions	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series (iii) – Series of transactions in excess of five percent of beginning plan assets:								
*	MLIC	GAC 5356	$ 606,761,107	$ —	174	$ 606,761,107	$ 606,761,107	$ —
*	MLIC	GAC 5356	—	649,133,355	236	649,133,355	649,133,355	—

Columns (e) and (f) are not applicable

There were no category (i), (ii) or (iv) transactions reportable for 2025

*MLIC is a party-in-interest that is permitted to engage in these transactions

MetLife Retirement Plan
EIN / PN : 55-0790010 / 001
2025 Form 5500 Attachment
Schedule SB, Part V – Summary of Plan Provisions

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

Basic Information

Plan Name: MetLife Retirement Plan

Effective Date of Plan: January 1, 1928. The valuation reflects all plan amendments adopted as of the valuation date.

Employer: MetLife Group, Inc.

EIN/PN: 55-0790010 / 001

Plan Year: January 1 – December 31.

Employee: Any employee compensated on the U.S. payroll who completes or is scheduled to complete 1,000 hours of service in an employment year.

Eligibility for Membership: First day of the month following the later of:

(a) attainment of age 21, and
(b) completion of 1 employment year of service in which the employee has completed 1,000 hours of service

Vested Benefit Eligibility: An active Participant becomes vested in his Accrued Benefit after the attainment of 3 years of Vesting Service, or the attainment of age 65, if earlier.

Compensation: Annual Basic Compensation plus Annual Variable Incentive Compensation.

Lump Sums: The plan provides for involuntary lump sum cashouts of benefits with a present value of $7,000 or less.

Personal Retirement Account (PRA)

PRA benefits are provided under a cash balance arrangement. Effective January 1, 2023, all active plan participants receive PRA benefits.

Participants in the plan prior to January 1, 2003 who elected the PRA benefit had their traditional benefit frozen as of December 31, 2002 and started earning PRA benefits as of January 1, 2003. New hires after December 31, 2002 receive PRA benefits.

Under the PRA, participants receive Compensation Credits equal to 5% of Compensation not in excess of the Social Security Taxable Wage Base, plus 10% of Compensation in excess of the Social Security Taxable Wage Base. Effective July 1, 2018, the minimum monthly Compensation Credit was set to $300 per month, regardless of Compensation. This was increased to $400 per month effective January 1, 2023.

Interest Credits are based on the 30-Year-Treasury Rate for the preceding November, and are credited as

of the last day of each calendar month. Subsequent to termination, PRA balances will continue to earn Interest Credits based on the 30-Year-Treasury Rate for the preceding November.

If an annuity is elected, the PRA balance shall be converted to an actuarially equivalent Five Year Certain and Life Annuity using the applicable interest and mortality table (as defined in IRC §417(e)). The optional forms of benefit available at retirement are the Life Annuity, Contingent Survivor Annuity (in 10% increments), First-To-Die Annuity (in 10% increments), and the Term Certain and Life Annuity (10, 12, 15, or 20 years). The optional form conversion factors are equal to actuarial equivalent values based on an interest rate of 6% per annum and mortality rates of the 1971 Group Annuity Mortality Table for Males, set back one year for participants and five years for beneficiaries.

Participants may also elect to receive their vested PRA benefit as a lump sum payment on the first day of any month immediately following termination of employment.

Death and disability benefits related to the PRA benefit are equal to the vested PRA.

Prior Benefits – Traditional Formula

The plan was amended to freeze the accrued benefit as of December 31, 2022 for active participants who were earning benefits under the traditional benefit formula. Effective January 1, 2023, these participants began accruing PRA benefits.

Normal Retirement Date: First day of the month next following a Participant's 65th birthday.

Basic Benefit: Effective January 1, 1994, the plan was amended to provide an annual benefit at Normal Retirement equal to the sum of:

(a) for each year of Credited Service not in excess of 35 years: 1.1% of Final Average Earnings not in excess of Covered Compensation, plus 1.7% of Final Average Earnings in excess of Covered Compensation, and
(b) for each year of Credited Service in excess of 35 years: 0.5% of Final Average Earnings.

The benefit, however, was not to be less than the accrued benefit as of December 31, 1993.

"Covered Compensation" for a Participant retiring in a given year is as defined in §401(l)(5)(E) of the Internal Revenue Code for an individual attaining Social Security Retirement Age in that year. "Covered Compensation" for a Participant terminating employment with a vested benefit prior to attaining eligibility for retirement is as defined in §401(l)(5)(E) of the Internal Revenue Code based on the individual's year of birth and year of termination.

Final Average Earnings was based on the highest consecutive 60 months of Compensation during the last 120 months of service. Credited Service, Final Average Earnings, and Covered Compensation were frozen as of December 31, 2022.

For participants with frozen benefits as of December 31, 2022, Covered Compensation for active participants age 55 or older as of December 31, 2022 was based on the average of the Social Security Wage Bases for the 35 years ending with 2022. Covered Compensation for active participants not yet age 55 as of December

31, 2022 was based on the average of the Social Security Wage Bases for the 35 years ending with the year in which the participant was to attain age 55.

Early Retirement Date: Any date on or after the Participant's 55th birthday, provided the employee has either:

(a) at least 15 Years of Service, or
(b) service equal to at least 2 times the period remaining until Normal Retirement Date, but not less than 5 years, or
(c) at least 5 Years of Service and the Participant has attained age 62.

Special rules apply for Participants terminated under the Employer's "Separation Allowance Plan".

Early Retirement Benefit: With 20 years of service, full benefits are payable at retirement on or after age 62, with a 4% reduction for each year prior to age 62. With less than 20 years of service, full benefits are payable at Normal Retirement Date at age 65, with specified plan reductions for retirement prior to Normal Retirement Date as follows:

Age	Rate	Age	Rate
65	100.0%	59	68.2%
64	93.1	58	64.4
63	87.3	57	60.9
62	81.7	56	57.7
61	76.9	55	54.8
60	72.3		

Deferred Retirement Date: Any date following termination and after Normal Retirement Date.

Disability Benefit: All disabilities are treated as vested terminations.

Forms of Benefit: For all Participants with a Traditional Plan Benefit and active on or after July 1, 2008, the form of payment is a 12 Year Certain and Life Annuity, with optional forms actuarially equivalent to the 12 Year Certain and Life Annuity form.

For married Participants, the automatic form of benefit shall be an actuarially equivalent qualified Joint and 50% Survivor Annuity unless both the Participant and spouse consent in writing to another form.

Pre-Retirement Death Benefits: If a married Participant dies after satisfying the requirements for early retirement, his surviving spouse will receive a benefit, commencing immediately, equal to that which would have been paid had the Participant retired on the first day of the month of death with a 50% Contingent Survivor Annuity benefit in effect.

If the Participant dies prior to satisfying the requirements for early retirement, his surviving spouse will receive a benefit based on the Participant's retirement benefit accrued at date of death or if earlier, termination of employment, beginning when the Participant would have reached earliest retirement age, equal to that which

would be paid if the Participant had lived to earliest retirement age and then retired with a 50% Contingent Survivor Annuity benefit in effect.

For Participants who are active employees of MetLife on or after January 1, 2008, die prior to retirement, and were not married at the time of death, their named beneficiary will be entitled to a pre-retirement death benefit. The benefit will be a life annuity equal to 50% of the benefit the participant would have received (based on benefits accrued to date of death) at the participant's earliest retirement date under a 50% Contingent Survivor Annuity form with the beneficiary as the contingent annuitant. If the participant does not have a named beneficiary then the amount of annuity will be determined as if the beneficiary was three years younger and the present value of this annuity will be paid as a lump sum to the participant's estate.

Optional Forms of Benefit & Conversion Factors: The optional forms of benefit available at retirement are the Life Annuity, Contingent Survivor Annuity (in 10% increments), First-To-Die Annuity (in 10% increments), and the Term Certain and Life Annuity (5, 10, 15, or 20 years). The optional form conversion factors are based on an interest rate of 6% per annum and mortality rates of the 1971 Group Annuity Mortality Table for Males, set back one year for participants and five years for beneficiaries.

Prior Benefits – Special Provisions for Former NEF Employees

The plan was amended to freeze the accrued benefit as of December 31, 2022 for active participants who were earning benefits under this formula. Effective January 1, 2023, these participants began accruing PRA benefits.

Definition of Grandfathered NEF Employee: NEF participants on or before 12/31/2000 qualify for Grandfather status due to attainment of one of the following criteria:

(a) age 45 and meet Rule of 60 (age plus service) by 12/31/2000, or
(b) within 5 years of an NEF Early Retirement Date as of 12/31/2000, or
(c) NEF employee who became a participant in the MetLife Plan between 8/16/1995 and 12/31/2000, and who met the Rule of 60 (with at least five years of Credited Service) on the date they become participants in the MetLife Plan (this includes the MetLife Brokerage (MLB) group).

Normal Retirement Benefit for Non-Grandfathered NEF Employees: Greater of: Benefit A plus Benefit B, or Benefit C defined below.

Normal Retirement Benefit for Grandfathered NEF Employees: Greatest of: Benefit A plus Benefit B, Benefit C, or Benefit D defined below.

Definitions:

A = Accrued benefit at 12/31/2000 under NEF plan adjusted to a 12 Year Certain and Life form

B = MetLife Plan benefit for service after 12/31/2000

C = MetLife Plan benefit based on all service

D = Benefit based on NEF plan for all service adjusted to a 12 Year Certain and Life form. Benefits under D cease to accrue after 12/31/2010

Early Retirement Benefit: Benefits B and C above are subject to MetLife reductions and Benefits A and D are subject to NEF plan reductions.

NEF reductions are as follows:

(a) age 55+ with 20+ years of service – 100% at age 60 reducing by 4% per year prior to age 60
(b) age 60+ with 10 to 19 years of service – 100% at age 65 reducing by 4% per year prior to age 65
(c) age 60+ with 5 to 9 years of service:

Age	Factor
65	100.0%
64	91.4
63	83.8
62	76.9
61	70.8
60	65.3

Disability Benefit: NEF disabled participants as of December 31, 2000 continue to accrue Credited Service and Vesting Service while on disability.

If the NEF disabled participant resumes active employment, the benefit is the greater of the benefit accrued on disability and his Normal Retirement Benefit described above. Disabled participants are not eligible for early retirement from disabled status.

Prior Benefits – Special Provisions for Former GenAm Employees

The plan was amended to freeze the accrued benefit as of December 31, 2022 for active participants who were earning benefits under this formula. Effective January 1, 2023, these participants began accruing PRA benefits.

Former GenAm participants were split into one of three groups:

Group A: Age 60, or 65 “points” (age plus service) as of 1/1/1996.

Group B: 45 “points” as of 1/1/1996, and not in Group A.

Group C: Not in Group A or Group B.

All GenAm participants as of the merger date (12/31/2002) were able to choose between continuing their benefit accruals under their existing GenAm formula, and accruing benefits under MetLife’s PRA.

MetLife Retirement Plan
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2025 Form 5500 Attachment
Schedule SB, Part V – Summary of Plan Provisions

GenAm Benefits:

Group A: The greater of the Final Average Pay Formula or the Career Average Benefit.

Group B: The greater of 1) the Final Average Pay Formula plus the Pension Equity Benefit starting 1/1/1996 or 2) the Career Average Benefit.

Group C: Pension Equity Benefits.

Definitions:

Final Average Pay formula: 1.05% of Final Average Pay up to Covered Compensation plus 1.70% of Final Average Pay in excess of Covered Compensation, multiplied by Years of Service not to exceed 35. For Group B participants, Final Average Pay and Covered Compensation are determined at termination or retirement while Credited Service is determined as of 12/31/1995.

Career Average Benefit: 2% of Salary for each year of Credited Service. This is available only to Participants who were hired after age 40 and prior to 1/1/1989.

Pension Equity Benefit: For each year of Credited Service on or after 1/1/1996, Participants earn a Base Percentage Credit and an Excess Percentage Credit based on the following table:

Attained Age as of January 1	Base Percentage Credit	Excess Percentage Credit
Up to 34	2%	1%
35 to 44	4	2
45 to 54	6	3
55 or more	8	4

At termination or retirement, a participant's total Base Percentage Credits (BPCs) and Excess Percentage Credits (EPCs) are determined.

Pension Equity lump sum equals:

(a) Final Average Compensation times total BPCs, plus
(b) Final Average Compensation in excess of the Breakpoint, times total EPCs.

The Breakpoint is 60% of the Social Security Taxable Wage Base, rounded up to the next $100.

Group C participants were provided with Initial BPCs and EPCs, actuarially equivalent to their 1/1/1996 accrued benefit. These are added to BPCs and EPCs earned after 1/1/1996.

Early Retirement Benefits: Participants can retire as early as age 55 with at least 10 years of Credited Service.

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2025 Form 5500 Attachment
Schedule SB, Part V – Summary of Plan Provisions

The Final Average Pay Benefit and the Career Average Benefit are subject to reduction if received prior to Normal Retirement Date. The reduction is 4.8% per year for the first 5 years early, plus 4.0% per year for each of the next 5 years.

MetLife Retirement Plan
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2025 Form 5500 Attachment
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

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(1)	(2)	(3)	(4)
Age	Retirement Rate	(3) * [1 - (2)]	(1) * (2) * (3)
Participants with Traditional Benefits:			
55	0.020	1.000000	1.100000
56	0.020	0.980000	1.097600
57	0.030	0.960400	1.642284
58	0.040	0.931588	2.161284
59	0.050	0.894324	2.638257
60	0.060	0.849608	3.058590
61	0.100	0.798632	4.871654
62	0.200	0.718769	8.912730
63	0.120	0.575015	4.347112
64	0.120	0.506013	3.886180
65	0.250	0.445292	7.235987
66	0.200	0.333969	4.408386
67	0.200	0.267175	3.580144
68	0.200	0.213740	2.906863
69	0.200	0.170992	2.359689
70	1.000	0.136794	9.575549
All Other Participants:			
65	0.150	1.000000	9.750000
66	0.150	0.850000	8.415000
67	0.150	0.722500	7.261125
68	0.120	0.614125	5.011260
69	0.120	0.540430	4.474760
70	1.000	0.475578	33.290488

Participants with Traditional Benefits Weighted Average Retirement Age: 63.8
All Other Participants Weighted Average Retirement Age: 68.2

% of Total Active Liability Due to Participants with Traditional Benefits: 54%
% of Total Active Liability Due to All Other Participants: 46%

The overall Weighted Average Retirement Age is 66,
when rounded to the nearest whole number.

MetLife Retirement Plan
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Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$ 43,033,256	$ 62,886,753	$ 480,300,226	$ 586,220,235
2026	47,730,351	68,103,469	466,416,311	582,250,131
2027	55,815,042	79,138,016	452,283,265	587,236,323
2028	63,281,319	87,118,287	437,776,703	588,176,309
2029	71,353,029	92,686,972	422,961,067	587,001,068
2030	76,023,719	98,310,368	407,800,776	582,134,863
2031	83,803,493	98,616,846	392,285,470	574,705,809
2032	87,336,503	106,789,246	376,485,105	570,610,854
2033	94,041,236	106,121,693	360,280,977	560,443,906
2034	97,368,303	108,628,482	343,832,905	549,829,690
2035	100,479,025	109,194,479	327,113,139	536,786,643
2036	103,568,139	113,165,407	310,248,964	526,982,510
2037	105,152,601	109,143,650	293,257,572	507,553,823
2038	106,258,407	109,500,212	276,159,759	491,918,378
2039	104,389,491	106,161,234	259,029,351	469,580,076
2040	105,658,052	105,319,811	241,945,583	452,923,446
2041	101,777,887	104,084,230	224,988,718	430,850,835
2042	100,952,297	101,341,875	208,205,099	410,499,271
2043	96,445,845	94,179,846	191,713,012	382,338,703
2044	94,449,949	92,917,699	175,570,568	362,938,216
2045	92,655,655	90,017,233	159,880,769	342,553,657
2046	86,275,682	85,633,627	144,715,528	316,624,837
2047	84,212,060	81,204,182	130,144,666	295,560,908
2048	77,399,526	79,117,811	116,241,740	272,759,077
2049	72,329,115	72,234,447	103,075,261	247,638,823
2050	67,730,124	70,452,857	90,706,553	228,889,534
2051	61,343,298	63,950,758	79,187,264	204,481,320
2052	55,783,327	58,843,154	68,557,381	183,183,862
2053	51,171,279	54,538,048	58,843,545	164,552,872
2054	45,412,036	50,815,354	50,057,946	146,285,336
2055	40,806,182	47,026,804	42,197,372	130,030,358
2056	37,041,248	43,052,912	35,243,172	115,337,332
2057	32,688,479	38,585,226	29,162,215	100,435,920
2058	29,512,641	34,611,762	23,908,588	88,032,991
2059	24,912,533	30,748,851	19,425,870	75,087,254
2060	21,360,250	27,239,143	15,649,203	64,248,596
2061	18,723,720	23,700,179	12,508,113	54,932,012
2062	15,848,540	20,445,622	9,929,175	46,223,337

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2025 Form 5500 Attachment
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2063	13,292,703	17,567,780	7,838,745	38,699,228
2064	10,964,871	14,885,730	6,165,543	32,016,144
2065	9,099,895	12,616,589	4,842,352	26,558,836
2066	7,423,093	10,522,060	3,807,535	21,752,688
2067	5,960,921	8,716,962	3,006,089	17,683,972
2068	4,816,361	7,151,972	2,390,252	14,358,585
2069	3,891,019	5,807,436	1,919,713	11,618,168
2070	3,135,303	4,665,855	1,561,214	9,362,372
2071	2,491,232	3,708,008	1,287,845	7,487,085
2072	1,960,143	2,913,837	1,078,392	5,952,372
2073	1,531,202	2,263,330	916,479	4,711,011
2074	1,183,016	1,737,020	789,702	3,709,738

MetLife Retirement Plan
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

General Procedures

The Plan's obligation to provide benefits is determined each valuation date based on the following elements:

(a) the provisions of the plan,
(b) the data for plan participants,
(c) the plan's assets,
(d) the actuarial assumptions, and
(e) the actuarial cost method.

The actuarial assumptions, other than the interest rate assumption, are made primarily to estimate the amount and the incidence of benefit payments. The interest rate assumption is made to discount the expected payments to derive the Funding Target and Normal Cost. The assumptions and actuarial cost method employed in this valuation are described below.

Valuation Procedures

Valuation Date: January 1, 2025.

Benefits Valued: Projected retirement income and other plan benefits as outlined in the plan document.

Participants Included: All eligible active, long-term disabled, terminated vested, and retired participants as reported by MetLife as the Employer or Plan Sponsor.

Actuarial Cost Methods

Funding Method: The valuation of retirement benefits is determined under the "Unit Credit Actuarial Cost Method", as prescribed by the Pension Protection Act of 2006 (PPA). In this method, the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Actuarial Value of Assets.

The Target Normal Cost is the actuarial present value of benefits expected to accrue during the valuation year plus anticipated administrative expenses, if any.

Asset Valuation Method (Actuarial Value of Assets): Determination of the value of Actuarial Plan Assets is elected by the plan sponsor to be the asset averaging method described in IRS Notice 2009-22 and IRS Final Regulation 1.430(g)-1. The averaging period is over 2 years using 3 data points (current plan year's adjusted fair market value, adjusted fair market value from 12 months ago, and adjusted fair market value from 24 months ago) and the averaged value is not less than 90% nor greater than 110% of the adjusted fair market value of assets as of the valuation date.

Asset Valuation Method (Market Value): Market Value for Separate Account assets; settlement value for General Account assets.

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

The plan liabilities and related costs are based on the economic and demographic actuarial assumptions that follow. Information on economic and demographic assumptions is provided below in accordance with Actuarial Standard of Practice (ASOP) No. 27.

For purposes of applying the assumptions in this section:

- "Traditional" participants consist of participants eligible for traditional formula benefits, plus any participants whose benefits are payable in annuity form, such as former NEF employees, or former GenAm employees with Final Average Pay benefits.
- The Personal Retirement Account (PRA) assumptions regarding distribution timing and form of payment are also applicable to other benefits available to be paid in lump sum form, such as former GenAm pension equity benefits.

Economic Assumptions

Interest Rates

Assumption: PPA Funding –Segment Rates applicable for the valuation year without lookback, subject to Segment Rate Stabilization.

Maximum Deductible Contribution **–** Segment Rates applicable for the valuation year without lookback, without Segment Rate Stabilization.

The rates applicable for 2025 are as follows:

Segment	Without Segment Rate Stabilization	With Segment Rate Stabilization
Under 5 Years	5.00%	5.00%
5 to 20 Years	5.27%	5.27%
20 years or more	5.40%	5.50%
Effective Rate	5.29%	5.31%

Rationale: Plan sponsors have the option to elect the use of a full yield curve, or to use segmented interest rates (with a lookback period, if desired) subject to Segment Rate Stabilization constraints, if applicable. The plan is currently using segmented interest rates without lookback, based on prior elections.

FASB ASC Topic 960 Discount Rate and Long Term Rate of Return

Assumption: 6.00% per year. This assumption anticipates future experience based on the Plan's Investment Policy's target asset allocations. It is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses, including annual inflation of 2.30% and an adjustment based on recent experience for additional returns expected from active management.

Rationale: In developing an investment return assumption, capital market assumptions consisting of expected returns, standard deviations, and correlations for a broad range of traditional and alternative asset classes typically seen in institutional investment portfolios are considered. Expected returns are developed for each asset class based on forward looking data including forecasts of inflation, GDP growth, and current yields to maturity of fixed income securities. Historical data and academic research is used to estimate volatility (standard deviations) and correlations of asset classes. The Plan's target asset allocation is then used to develop the expected nominal geometric median return assuming a passively managed portfolio. Finally, MetLife considers the appropriateness of including additional returns resulting from active management based on the portfolio's historical returns as compared to benchmarks.

Personal Retirement Account (PRA) Interest Crediting Rate

Assumption: The crediting rates are graded from the actual rate (the November 30-Year Treasury rate in the year prior to the valuation year) to the ultimate long-term rate, which is based on the Blue Chip Financial Forecast. Rates for years after the valuation year are rounded to the nearest five (5) basis points. The assumed rates are as follows:

Year	Basis for Rates	Rates for 2025
Valuation Year (2025)	Actual Rate	4.54%
Valuation Year + 1	80% Actual Rate + 20% Ultimate Rate	4.50%
Valuation Year + 2	60% Actual Rate + 40% Ultimate Rate	4.40%
Valuation Year + 3	40% Actual Rate + 60% Ultimate Rate	4.35%
Valuation Year + 4	20% Actual Rate + 80% Ultimate Rate	4.30%
Valuation Year + 5 and beyond	Ultimate Rate	4.25%

Rationale: This methodology provides a reasonable way to blend the current rates with future long-term expectations, and reflects the actuary's best estimate of future rates. Rates are updated annually in the expense valuation in accordance with the plan's procedures.

MetLife Retirement Plan
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Salary Increases

Illustrative rates are as follows:

Age	Rate
20	8.00%
25	7.80
30	5.95
35	5.50
40	4.20
45	3.70
50	3.20
55	2.75
60 and over	2.50

For participants with target Annual Variable Incentive Compensation Program (AVIP) percentages, the rates above apply to base compensation, and the expected AVIP is based on the target percentage of base compensation. For all other participants, the rates above apply to total compensation.

Rationale: The salary scale assumption was developed in Milliman's 2020 experience study dated October 22, 2020. This was based on historical compensation experience, the economic environment and discussions with MetLife, which included a review of their business prospects, expectations of productivity, and their compensation policies. The assumption was reviewed for continued applicability in Milliman's 2023 experience study dated November 21, 2023, and was considered to still be appropriate.

Administrative Expense Provision

Assumption: 105% of the prior year's actual administrative expenses rounded up to the next $1,000, added to the Normal Cost.

Rationale: Milliman's 2023 experience study dated November 21, 2023 demonstrated that over the past ten years, the Plan's administrative expenses were 102.7% of the prior year's actual amount, on average. Therefore, the assumption of 105% of the prior year's administrative expense continues to be reasonable.

Social Security Taxable Wage Base

Assumption: Assumed to increase annually by 2.80%.

Rationale: The Taxable Wage Base assumption represents our estimate of future experience and is based in part on observations of estimates inherent in market data.

CPI and the Increase in Internal Revenue Code (IRC) Limits

Assumption: CPI of 2.30% per year. However, for purposes of all funding calculations, the statutory limits on benefits (IRC §415) and compensation (IRC §401(a)(17)) are assumed to remain frozen at the level in effect on the valuation date, as required by law.

Rationale: This assumption reflects our estimate of future experience and current capital market assumptions.

Demographic Assumptions

Changes in Demographic Assumptions and Rationales for Changes: Unless otherwise stated, demographic assumptions were set based on Milliman's 2023 experience study dated November 21, 2023 and input from the plan sponsor, and the rationales for the selection of the individual assumptions are provided in the 2023 experience study.

PPA Funding Healthy Mortality

Pri-2012 Private Retirement Plans Mortality Tables generationally projected with IRS adjusted Scale MP-2021, for males and females.

Rationale: The mortality assumption is one of the available tables permitted by the IRS for PPA funding. The plan sponsor has elected the mortality assumption described above.

PPA Funding Disabled Mortality

IRS Revenue Ruling 96-7 mortality tables.

Rationale: The mortality assumption is one of the available tables permitted by the IRS for PPA funding.

Withdrawal

Active participants are expected to terminate employment at the following rates:

Age	Rate
25	14.50%
30	10.50%
35	8.00%
40	5.00%
45	4.50%
50	3.50%
55	3.50%
60	3.50%
65	8.00%

Retirement (for Active Participants)

Participants with Traditional benefits are considered eligible to retire when they reach their Early Retirement Date as described in Section F. All other participants are considered eligible to retire at age 65 or older, with at least three years of service.

Once eligible for retirement, active participants are assumed to retire and commence benefit payments at the following rates:

Participants with Traditional Benefits:

Age	Rate	Age	Rate
55	2.0%	63	12.0%
56	2.0%	64	12.0%
57	3.0%	65	25.0%
58	4.0%	66	20.0%
59	5.0%	67	20.0%
60	6.0%	68	20.0%
61	10.0%	69	20.0%
62	20.0%	70 and over	100.0%

Weighted average retirement age: 63.8

All Other Participants:

Age	Rate
65	15.0%
66	15.0%
67	15.0%
68	12.0%
69	12.0%
70 and over	100.0%

Weighted average retirement age: 68.2

MetLife Retirement Plan
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Benefit Commencement (for Terminated Vested Participants)

Terminated vested (non-bridged) participants are assumed to commence benefit payments at the following rates:

Age	Rate	Age	Rate
55	10.0%	61	17.5%
56	4.0%	62	17.5%
57	5.0%	63	10.0%
58	5.0%	64	25.0%
59	8.0%	65 and over	100.0%
60	10.0%		

Weighted average retirement age: 61.4

Bridged terminated vested participants with Traditional Plan benefits are assumed to commence benefit payments at age 57.

Personal Retirement Account (PRA) Benefit - Distribution Timing

Active Participants – Termination

It is assumed that 35% of active participants will elect to receive their PRA upon termination. Subsequent to termination, it is assumed that 5% of the existing terminated vested participants will elect to receive their PRA each year. At age 65, the entire PRA is assumed to be paid.

Active Participants – Retirement

Active participants who retire are assumed to receive their entire PRA upon retirement.

Terminated Vested Participants

It is assumed that 5% of the existing terminated vested participants will elect to receive their PRA each year up until age 65. At age 65, the entire PRA is assumed to be paid.

MPTA Withdrawal/Retirement

It is assumed that, in addition to the withdrawal and retirement rates described above, 2.5% of active participants will terminate or retire each year under the MetLife Plan for Transition Assistance.

Disability

Active participants are assumed to transfer to long-term disability status at the following rates:

Age	Male Rate	Female Rate
25	.05%	.14%
30	.06%	.16%
35	.09%	.22%
40	.14%	.27%
45	.17%	.34%
50	.20%	.37%
55	.24%	.43%
60	.33%	.54%
65	.60%	.87%

Once disabled, participants are assumed to not return to active status.

Personal Retirement Account (PRA) Benefit - Form of Payment

PRA accounts are assumed to be paid as lump sums.

Traditional Plan Formula Benefit - Form of Payment

Participants who terminated prior to January 1, 1994 are assumed to receive their payments as a Life Annuity.

Participants who terminated on or after January 1, 1994 but on or before June 30, 2008 are assumed to receive their payments as follows:

- Participants assumed to be married at commencement (80%) will receive their payments as a 30% Joint and Survivor Annuity with the spouse as beneficiary.
- Participants assumed to be not married at commencement (20%) will receive their payments as a Five-Year Certain and Life Annuity.

Active participants and participants who terminated after June 30, 2008 are assumed to elect to receive their benefit in various forms of payment:

Form of Annuity	Percentage of Participants Electing
Single Life Annuity	55%
Twelve-Year Certain and Life Annuity	10%
50% Joint & Survivor Annuity	20%
100% Joint & Survivor Annuity	15%

Death Benefits and Marriage Assumption

All participants are eligible for preretirement death benefits under the plan. 80% of future retirees are assumed to be married at retirement (with the spouse as beneficiary) and 20% of future retirees are assumed to be single at retirement (with a named beneficiary).

Gender of Spouse

Married participants are assumed to have a spouse of the opposite gender.

Spouse/Beneficiary Age Difference

Females are assumed to be three years younger than males.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MetLife Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MetLife Group, Inc.

D Employer Identification Number (EIN)
55-0790010

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2025

2 Assets:		
a Market value	2a	7,514,532,009
b Actuarial value	2b	7,745,366,748

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	42,379	4,837,897,710	4,837,897,710
b For terminated vested participants	24,840	1,444,311,850	1,444,311,850
c For active participants	13,491	1,237,851,572	1,264,352,764
d Total	80,710	7,520,061,132	7,546,562,324

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	6a	88,650,601
b Expected plan-related expenses	6b	13,628,000
c Target normal cost	6c	102,278,601

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Vanessa M Vaag
Signature of actuary

7/23/26
Date

Vanessa M. Vaag, FSA, EA
Type or print name of actuary

26-06349
Most recent enrollment number

Milliman
Firm name

(973)278-8860
Telephone number (including area code)

150 Clove Road
8th Floor
Little Falls NJ 07424
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1,307,485,147	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	69,107,586	0
9	Amount remaining (line 7 minus line 8)	1,238,377,561	0
10	Interest on line 9 using prior year's actual return of 0.47%	5,820,375	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		204,775,316
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.13%		6,959,755
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		324,806
	c Total available at beginning of current plan year to add to prefunding balance		212,059,877
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,244,197,936	0

Part III Funding Percentages

14	Funding target attainment percentage	**14**	86.14%
15	Adjusted funding target attainment percentage	**15**	102.63%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	**16**	111.25%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	**17**	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► **18(b)**	0	**18(c)** 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	**19a**	0
	b Contributions made to avoid restrictions adjusted to valuation date	**19b**	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	**19c**	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	102,278,601
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	102,278,601

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	102,278,601	0	102,278,601

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

MetLife Retirement Plan

EIN / PN: 55-0790010 / 001

2025 Form 5500 Attachment

Schedule SB, Line 26a – Schedule of Active Participant Data

Summary of Active Participants by Age and Service

Attained Age		Completed Years of Credited Service									
		Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
0-24	Number of Employees	-	207	2	-	-	-	-	-	-	-
	Total Compensation	-	15,408,290	*	-	-	-	-	-	-	-
	Average Compensation	-	74,436	*	-	-	-	-	-	-	-
	Total Cash Balance	-	1,092,673	*	-	-	-	-	-	-	-
	Average Cash Balance	-	5,279	*	-	-	-	-	-	-	-
25-29	Number of Employees	1	611	225	1	-	-	-	-	-	-
	Total Compensation	*	45,903,471	24,647,490	*	-	-	-	-	-	-
	Average Compensation	*	75,128	109,544	*	-	-	-	-	-	-
	Total Cash Balance	*	4,809,426	5,931,842	*	-	-	-	-	-	-
	Average Cash Balance	*	7,871	26,364	*	-	-	-	-	-	-
30-34	Number of Employees	-	750	459	177	-	-	-	-	-	-
	Total Compensation	-	63,300,881	50,553,749	25,156,761	-	-	-	-	-	-
	Average Compensation	-	84,401	110,139	142,129	-	-	-	-	-	-
	Total Cash Balance	-	6,380,062	14,953,017	10,926,167	-	-	-	-	-	-
	Average Cash Balance	-	8,507	32,577	61,730	-	-	-	-	-	-
35-39	Number of Employees	-	672	527	370	114	1	-	-	-	-
	Total Compensation	-	63,339,926	62,237,787	47,784,189	19,687,798	*	-	-	-	-
	Average Compensation	-	94,256	118,098	129,146	172,700	*	-	-	-	-
	Total Cash Balance	-	6,288,897	19,446,000	23,497,238	13,178,053	*	-	-	-	-
	Average Cash Balance	-	9,358	36,899	63,506	115,597	*	-	-	-	-
40-44	Number of Employees	-	596	503	452	305	181	6	-	-	-
	Total Compensation	-	60,388,644	68,640,192	66,226,013	43,194,279	29,162,115	*	-	-	-
	Average Compensation	-	101,323	136,462	146,518	141,621	161,117	*	-	-	-
	Total Cash Balance	-	6,059,182	22,429,856	34,078,827	31,081,974	24,073,994	*	-	-	-
	Average Cash Balance	-	10,166	44,592	75,396	101,908	133,005	*	-	-	-
45-49	Number of Employees	1	423	398	368	269	360	161	7	-	-
	Total Compensation	*	49,289,009	53,677,119	54,909,925	41,516,438	58,369,985	26,032,369	*	-	-
	Average Compensation	*	116,522	134,867	149,212	154,336	162,139	161,692	*	-	-
	Total Cash Balance	*	5,231,121	18,095,914	30,026,932	32,028,556	51,881,625	21,185,660	*	-	-
	Average Cash Balance	*	12,367	45,467	81,595	119,065	144,116	131,588	*	-	-
50-54	Number of Employees	-	347	367	307	278	324	290	143	10	-
	Total Compensation	-	40,860,961	52,640,241	48,290,541	41,802,762	53,874,667	43,873,893	21,359,343	*	-
	Average Compensation	-	117,755	143,434	157,298	150,370	166,280	151,289	149,366	*	-
	Total Cash Balance	-	4,338,201	17,911,788	27,820,281	35,503,439	53,219,082	33,467,692	13,609,534	*	-
	Average Cash Balance	-	12,502	48,806	90,620	127,710	164,256	115,406	95,172	*	-
55-59	Number of Employees	-	234	243	268	192	216	234	154	105	4
	Total Compensation	-	25,801,322	33,566,466	39,861,604	27,963,541	33,141,709	36,625,857	23,740,569	18,211,372	*
	Average Compensation	-	110,262	138,134	148,737	145,643	153,434	156,521	154,160	173,442	*
	Total Cash Balance	-	2,983,388	11,429,534	23,440,618	23,163,462	33,396,445	25,398,187	10,945,689	4,821,285	*
	Average Cash Balance	-	12,750	47,035	87,465	120,643	154,613	108,539	71,076	45,917	*
60-64	Number of Employees	-	131	158	184	116	156	127	84	125	52
	Total Compensation	-	12,316,127	22,266,283	26,215,684	16,104,390	22,694,238	18,766,618	13,311,221	21,277,893	7,044,679
	Average Compensation	-	94,016	140,926	142,477	138,831	145,476	147,769	158,467	170,223	135,475
	Total Cash Balance	-	1,404,659	8,145,472	15,811,277	13,649,927	22,285,241	11,791,099	6,554,369	5,348,118	1,852,108
	Average Cash Balance	-	10,723	51,554	85,931	117,672	142,854	92,843	78,028	42,785	35,617
65-69	Number of Employees	-	33	56	65	37	43	33	15	19	37
	Total Compensation	-	3,291,847	7,581,920	10,048,311	4,994,121	5,863,315	4,068,895	*	*	6,137,519
	Average Compensation	-	99,753	135,391	154,589	134,976	136,356	123,300	*	*	165,879
	Total Cash Balance	-	433,716	2,546,471	6,103,493	4,516,640	6,028,412	2,676,589	*	*	1,767,015
	Average Cash Balance	-	13,143	45,473	93,900	122,071	140,196	81,109	*	*	47,757
70&Up	Number of Employees	-	7	4	11	16	19	11	4	2	11
	Total Compensation	-	*	*	*	*	*	*	*	*	*
	Average Compensation	-	*	*	*	*	*	*	*	*	*
	Total Cash Balance	-	*	*	*	*	*	*	*	*	*
	Average Cash Balance	-	*	*	*	*	*	*	*	*	*

* If there are fewer than 20 participants in a bin, the compensation and cash balance are not reported.

MetLife Retirement Plan
Form 5500, Schedule H, Part IV, Line 4i,
Schedule of Assets
(Held at End of Year) As of December 31, 2025
EIN Number: 55-0790010
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		General Account Group Annuity Contracts:		
*	MLIC	GAC 1501	$ 37,805,173	$ 33,446,521
*	MLIC	GAC 5356	69,912,455	69,912,455
		Total General Account Group Annuity Contracts	**$ 107,717,628**	**$ 103,358,976**
*	MLIC	Separate Account Contracts:		
		MetLife Long Duration Bond (#333)	1,055,310,832	966,669,491
		Long Duration Gov Credit (#566)	932,529,967	779,557,264
		Barclays US Long Gov't Credit (#819)	9,858,233	17,148,606
		Barclays US Long Credit Bd Ind (#686)	1,050,293,848	986,825,315
		Baillie Gifford Overseas Limited (#739)	74,346	226,751
		Barclays High Yield Index (#700)	463,484	421,311
		Derivative and Cash Account (SUBD)	62,058,718	61,779,154
		MetLife Retirement Plan REIT (#469)	30,963,739	32,849,296
		Met I&R Private Equity (#285)	370,310,815	376,571,035
		Private Real Estate Inv Trust (#564)	171,841,600	142,209,928
		International Equity Fund (#372)	139,892,726	213,614,234
		U.S. Aggregate Bond Index (#836)	205,337,483	173,549,918
		Neuberger Hedge Fund (#424)	1,669	1,681
		MetLife I & R Hedge Fund (#672)	324,479	324,670
		Barclays US Long Gov/Bond Index (#800)	888,373,384	791,112,120
		Bloomberg U.S. Intermediate Treasury Index (#930)	596,130,028	610,890,920
		Bloomberg U.S. Intermediate Credit Index (#931)	398,795,810	351,388,199
		Bloomberg U.S. Intermediate Credit Index (#932)	376,867,537	350,037,683
		US Long Gov/Credit Bond (#817)	759,932,726	659,053,395
		MetLife Core Property Fund (#746)	85,113,460	85,246,074
		Heitman American Real Estate Trust (#759)	771,134	886,435
		Hamilton Lane Private Equity (#794)	1,302,372	8,339,781
		U.S. Aggregate Bond Index (#835)	187,587,890	174,282,352
		Markit Iboxx USD Liquid Index (#891)	2,860,335	2,848,571
		Mngd Private Placements (#892)	194,241,793	190,296,603
		Markit Iboxx USD Liquid Index (#893)	1,089,901	1,093,382
		Mngd Private Placements (#894)	201,056,260	188,952,149
		MetLife Index S&P 500 (MI)	170,471,895	274,407,995
		Total Separate Account Contracts	**$ 7,893,856,464**	**$ 7,440,584,313**
*	MLIC	401(h) - MetLife Index S&P 500 (MI)	2,882,012	4,639,165
		401(h) - Bloomberg U.S. Aggregate Bond Index (#835)	2,989,274	2,777,246
		401(h) - Bloomberg U.S. Treasury Bills Index (ST/LP)	7,203,507	7,227,818
		401(h) - MSCI EAFE (#372)	1,560,792	2,383,308
		401(h) - Barclays US Long Gov/Bond Index (#800)	3,765,685	3,353,410
		Total Assets	**$ 8,019,975,362**	**$ 7,564,324,236**

* MLIC is a party-in-interest that is permitted to engage in these transactions

MetLife Retirement Plan
Form 5500, Schedule H, Part IV, Line 4j,
Schedule of Reportable Transactions
For the Year Ended December 31, 2025
EIN Number: 55-0790010
Plan Number: 001

	(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity of Loan)	(c) Purchase Price	(d) Selling Price	Number of Transactions	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series (iii) – Series of transactions in excess of five percent of beginning plan assets:								
*	MLIC	GAC 5356	$ 606,761,107	$ —	174	$ 606,761,107	$ 606,761,107	$ —
*	MLIC	GAC 5356	—	649,133,355	236	649,133,355	649,133,355	—

Columns (e) and (f) are not applicable

There were no category (i), (ii) or (iv) transactions reportable for 2025

*MLIC is a party-in-interest that is permitted to engage in these transactions

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

1a Name of plan
MetLife Retirement Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1928

2a 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)
MetLife Group, Inc.

400 Warren Corporate Center Drive
c/o HR Benefits
Warren NJ 07059

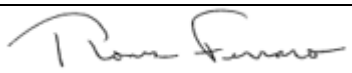
2b Employer Identification Number (EIN) 55-0790010

2c Plan Sponsor's telephone number (908)253-6232

2d Business code (see instructions) 524140

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.

SIGN HERE		10/14/2026	Thomas Ferraro
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE