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 OPTIONS & CHOICES PLAN

1b Three-digit plan number (PN) ▶ 512

1c Effective date of plan 01/01/1996

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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	33819
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)**	12858
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	12799
b	Retired or separated participants receiving benefits	**6b**	1104
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	13903
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
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**	
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:

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

4A 4B 4D 4E 4F 4H 4L 4Q

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [X] 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) [ ] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **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 5
- (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 OPTIONS & CHOICES PLAN

B Three-digit plan number (PN) ▶ 512

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
HMSA HEALTH PLAN

(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
99-0203939	95804	91737 1	4	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
0	0

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] 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	36708
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 [X] 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 OPTIONS & CHOICES PLAN

B Three-digit plan number (PN) ▶ 512

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	0005029	14804	01/01/2025	03/31/2025

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
0	0

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	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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)**	1011285		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**	0		
(3) Increase (decrease) in unearned premium reserve	**9a(3)**	0		
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	1011285
b Benefit charges (1) Claims paid	**9b(1)**	539586		
(2) Increase (decrease) in claim reserves	**9b(2)**	-426826		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	112760
(4) Claims charged			**9b(4)**	112760
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	0		
(B) Administrative service or other fees	**9c(1)(B)**	0		
(C) Other specific acquisition costs	**9c(1)(C)**	0		
(D) Other expenses	**9c(1)(D)**	15279		
(E) Taxes	**9c(1)(E)**	22669		
(F) Charges for risks or other contingencies	**9c(1)(F)**	7809		
(G) Other retention charges	**9c(1)(G)**	853468		
(H) Total retention			**9c(1)(H)**	899225
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	0
(2) Claim reserves			**9d(2)**	6849576
(3) Other reserves			**9d(3)**	6178498
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 [X] 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

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OMB No. 1210-0110

2025

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

A Name of plan
METLIFE OPTIONS & CHOICES PLAN

B Three-digit plan number (PN) ▶ 512

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	190815	16007	01/01/2025	03/31/2025

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
0	0

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

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4	Current value of plan's interest under this contract in the general account at year end	**4**	
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**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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)**	0		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**	0		
(3) Increase (decrease) in unearned premium reserve	**9a(3)**	0		
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**	6124236		
(2) Increase (decrease) in claim reserves	**9b(2)**	563207		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	6687443
(4) Claims charged			**9b(4)**	6687443
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	0		
(B) Administrative service or other fees	**9c(1)(B)**	0		
(C) Other specific acquisition costs	**9c(1)(C)**	0		
(D) Other expenses	**9c(1)(D)**	213883		
(E) Taxes	**9c(1)(E)**	34193		
(F) Charges for risks or other contingencies	**9c(1)(F)**	42865		
(G) Other retention charges	**9c(1)(G)**	-6978384		
(H) Total retention			**9c(1)(H)**	-6687443
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	177090437
(2) Claim reserves			**9d(2)**	7213595
(3) Other reserves			**9d(3)**	0
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	0
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 [X] 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 OPTIONS & CHOICES PLAN

B Three-digit plan number (PN) ▶ 512

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	0234311	23855	01/01/2025	03/31/2025

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
0	0

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [X] 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**	2041072
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 [X] 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 OPTIONS & CHOICES PLAN

B Three-digit plan number (PN) ▶ 512

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
UNITED BEHAVIORAL HEALTH DBA OPTUM

(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
94-2649097	79413	1522	14796	01/01/2025	04/02/2025

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
0	0

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	31672
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 [X] No

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

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
METLIFE OPTIONS & CHOICES PLAN

B Three-digit plan number (PN) ▶ 512

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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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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)

EXPRESS SCRIPTS

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	6356050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED HEALTH CARE

06-1413734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 49	NONE	4232402	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AETNA

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	2468985	Yes ☐ No ☒	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)

ADP

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	818915	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 52	PLAN SPONSOR	462502	Yes [X] No [ ]	Yes [ ] No [X]	809020	Yes [ ] No [X]

(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
METROPOLITAN LIFE INSURANCE COMPANY	52	809020
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
METROPOLITAN LIFE INSURANCE COMPANY 13-5581829	INVESTMENT MANAGEMENT FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(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 OPTIONS & CHOICES PLAN

B Three-digit plan number (PN) ▶ 512

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: LONG GOVT/CREDIT FIXED INC IND 589

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	0

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY INDEX 272

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	0

a Name of MTIA, CCT, PSA, or 103-12 IE: LIQUIDITY FUND 084

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	34711519

a Name of MTIA, CCT, PSA, or 103-12 IE: SD GOV CREDIT - SA 573

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	660983766

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE US CREDIT - SA 543

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	0

a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX 088

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	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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 OPTIONS & CHOICES PLAN

B Three-digit plan number (PN) ▶ 512

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	28019764	37364479
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	995831	194170
(3) Other	1b(3)	36225462	10678716
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12934	280058
(2) U.S. Government securities	1c(2)	601632467	528178395
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	171983084	43236621
(B) All other	1c(3)(B)	127935224	101203394
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	54224663	0
(5) Partnership/joint venture interests	1c(5)		
(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)	45601270	22531992
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	239760183	0
(15) Other	1c(15)	8464169	0

		(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	1314855051	743667825
Liabilities			
1g Benefit claims payable	1g	28291579	26137621
1h Operating payables	1h	30133964	5879189
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	58425543	32016810
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1256429508	711651015

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)	276663317	
(B) Participants	2a(1)(B)	68764341	
(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)		345427658
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	971114	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	645951	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1743584	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3360649
(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)	557809	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		557809
(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)	342680	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		342680

		(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)		35054729
(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)		465834
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		385209359
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	315217410	
(2) To insurance carriers for the provision of benefits	2e(2)	44050	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		315261460
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)	14338854	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	809020	
(6) Bank or trust company trustee/custodial fees	2i(6)	810	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	24973409	
(11) Other expenses	2i(11)	1634150	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		41756243
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		357017703
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		28191656
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		572970149

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 & 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**		X	
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)
METLIFE CHOICES HEALTH & LIFE PLAN	55-0790010	513

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

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

MetLife Options and Choices Plan

EIN Number: 55-0790010
Plan Number: 512
Financial Statements as of December 31, 2025 and 2024, and for the Year Ended December 31, 2025,
Supplemental Schedule as of December 31, 2025,
and Independent Auditor's Report

MetLife Options and Choices Plan

Table of Contents

	Page
Independent Auditor's Report	1-3
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024	4
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025	5
Statements of Plan Benefit Obligations as of December 31, 2025 and 2024	6
Statement of Changes in Plan's Benefit Obligations for the Year Ended December 31, 2025	7
Notes to the Financial Statements	8-18
Supplemental Schedule:	
Form 5500, Schedule H, Part IV, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2025	19
Form 5500, Schedule H, Part IV, Line 4j, Schedule of Reportable Transactions for the year ended December 31, 2025	20

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

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of MetLife Options and Choices Plan

Opinion

We have audited the financial statements of MetLife Options and Choices Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in its plan benefit obligations for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions,

including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Deloitte & Touche LLP

October 15, 2026

MetLife Options and Choices Plan

Statements of Net Assets Available for Benefits

	As of December 31, 2025	As of December 31, 2024
Assets:		
Investments at fair value:		
Group flexible premium variable life insurance policy	$ 695,695,285	$ 978,655,370
Life insurance funding account	—	239,760,183
Fixed maturity securities	—	3,010,555
Mutual funds	22,106,084	42,870,966
Total investments	717,801,369	1,264,297,074
Net assets held in MetLife Retirement Plan restricted for 401(h) account	20,380,947	36,766,219
Cash and cash equivalents	19,987,268	19,733,805
Premium stabilization reserve	—	687,983
Receivables:		
Drug rebates	5,685,019	29,138,133
Participant contributions	194,170	995,831
Fixed maturity securities interest	—	2,225
Total receivables	5,879,189	30,136,189
Total Assets	764,048,773	1,351,621,270
Liabilities:		
Participant contributions due to Sponsor	194,170	995,831
Rebates due to Sponsor	5,685,019	29,138,133
Total Liabilities	5,879,189	30,133,964
Net Assets Available for Benefits	$ 758,169,584	$ 1,321,487,306

See accompanying notes to the financial statements.

MetLife Options and Choices Plan

Statement of Changes in Net Assets Available for Benefits

	For the Year Ended December 31, 2025
Additions:	
Contributions:	
Sponsor	$ 276,663,317
Participant	68,764,341
Total contributions	345,427,658
Net appreciation in fair value of investments	35,863,243
Interest and dividend income from investments	4,606,442
Total additions	385,897,343
Deductions:	
Benefits paid on behalf of Participants and their dependents and beneficiaries:	
Healthcare	309,184,121
Disability	205,530
Dependent care	565,081
Total benefits paid	309,954,732
Premiums paid to insurance companies:	
Life insurance premiums	5,375,564
Long term disability premiums	2,041,072
Healthcare premiums	44,050
Total premiums paid	7,460,686
Total benefits paid and premiums paid	317,415,418
Net decrease in 401(h) account	16,385,272
Decrease in premium stabilization reserve	687,983
Administrative and investment advisory expenses	41,756,243
Total deductions before plan transfer	376,244,916
Net increase before plan transfer	9,652,427
Transfer of Net Assets to Another Plan (Note 1)	572,970,149
Net Change During the Year	(563,317,722)
Net Assets Available for Benefits:	
Beginning of year	1,321,487,306
End of year	$ 758,169,584

See accompanying notes to the financial statements.

MetLife Options and Choices Plan

Statements of Plan Benefit Obligations

	As of December 31, 2025	2024
Amounts Currently Payable:		
Claims incurred but not reported	$ 26,137,621	$ 28,291,579
Postemployment Benefit Obligations, Net of Amounts Currently Payable:		
Benefits for inactive Participants	8,033,000	7,200,000
Postretirement Benefit Obligations, Net of Amounts Currently Payable:		
Retired Participants	39,506,000	637,923,000
Other Participants fully eligible for benefits	6,180,000	39,758,000
Participants not yet fully eligible for benefits	—	15,459,000
Total postretirement benefit obligations	45,686,000	693,140,000
Plan Benefit Obligations	$ 79,856,621	$ 728,631,579

See accompanying notes to the financial statements.

MetLife Options and Choices Plan

Statement of Changes in Plan Benefit Obligations

	For the Year Ended December 31, 2025
Amounts Currently Payable:	
Balance at beginning of year	$ 28,291,579
Claims and premiums reported and approved for payment, including benefits reclassified from postemployment and postretirement benefit obligations	317,415,418
Net change during the year in claims incurred but not reported	(2,153,958)
Claims and insurance premiums paid	(317,415,418)
Balance at end of year	26,137,621
Postemployment Benefit Obligations:	
Balance at beginning of year	7,200,000
Increase (decrease) in postemployment benefits during the year attributable to:	
Benefits reclassed to amounts currently payable	(6,354,000)
Benefits earned	8,885,000
Interest	152,000
Actuarial gains and change in assumptions:	
Changes in financial assumptions	309,000
Changes due to experience	(2,159,000)
Balance at end of year	8,033,000
Postretirement Benefit Obligations:	
Balance at beginning of year	693,140,000
Increase (decrease) in postretirement benefits during the year attributable to:	
Benefits earned	378,000
Interest	11,731,000
Benefits reclassed to amounts currently payable	(26,151,000)
Actuarial gains and change in assumptions	
Changes in financial assumptions	13,410,000
Changes in demographic assumptions	(1,772,000)
Changes due to experience	25,670,000
Net transfers to another plan (Note 1)	(670,720,000)
Balance at end of year	45,686,000
Plan Benefit Obligations at End of Year	$ 79,856,621

See accompanying notes to the financial statements.

1. Description of the Plan

General Information

The following description of the MetLife Options and Choices Plan (the "Plan") provides only general information. Participants should refer to the summary plan description or plan document for a more complete description of the Plan's provisions.

Established effective January 1, 1992, the Plan is an employee welfare benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). MetLife Group, Inc. (the "Company" or "Sponsor") serves as both the sponsor and plan administrator and has delegated certain plan administrator responsibilities to one of its officers. The Plan provides benefits to eligible employees and retirees (and their covered dependents) of the Sponsor and Participating Affiliates (as defined below), as well as Consolidated Omnibus Budget Reconciliation Act ("COBRA") continuation coverage for qualified participants who lose coverage due to a qualifying event. The Plan has the following Participating Affiliates in 2025 and 2024: Metropolitan Life Insurance Company ("MLIC"), MetLife Credit Corp., MetLife Funding, Inc., and SafeGuard Health Plans, Inc. (California) (collectively, "Participating Affiliates").

Effective April 1, 2025, the Company restructured its benefit plans (the "Restructuring Transaction"). Following the restructuring, the Plan provides medical and dental benefits to active employees (including those on long-term disability and their eligible dependents) and medical benefits to retirees who are not yet enrolled in Medicare. Certain other benefits previously offered under the Plan to active employees and other retirees were transferred to separate plans maintained or newly established by the Sponsor, as described below. The Restructuring Transaction did not alter the benefits offered but did change the Company-sponsored plans through which certain benefits are offered. Pursuant to the Restructuring Transaction, $573 million of assets, together with $671 million of related benefit obligations were transferred out of the Plan.

Plan Structure for the Year Ended December 31, 2024 and through March 31, 2025 ("Prior Structure")

Constituent Plans under Prior Structure

The Plan provided the following benefits under subplans, referred to as "Constituent Plans":

Constituent Plans	Benefits Provided
MetLife Options Plan ("MLO")	Medical (including applicable prescription drug coverage), vision, and dental benefits for active employees and their eligible dependents
MetLife Choices Plan ("MLC")	Medical benefits (including applicable prescription drug coverage) for eligible former employees who retired or became disabled on or after January 2, 1991 and their eligible dependents; and includes a grandfathered Medicare subplan for certain former GenAmerica and General American Life Insurance Company retirees
MetLife Short-Term Disability Plan ("STD")	Short-term disability benefits for active employees
MetLife Long-Term Disability Plan ("LTD")	Long-term disability benefits for active employees
Emotional Wellbeing Solutions ("EAP")	Employee assistance program for active employees and their eligible household members
Health and Dependent Care Flexible Spending Account ("FSA")	Pre-tax contributions by active employees to health care and dependent care FSAs for eligible expenses, subject to applicable limits and plan terms
Company-Paid Life Insurance	Company-paid life insurance coverage for active employees, subject to plan terms; eligible retirees may continue coverage, subject to applicable reductions and limitations
Company-Paid Retiree Life Insurance	Company-paid life insurance coverage for eligible retirees, subject to plan terms
MetLife Healthcare Choices Plan ("HCC")	Medical benefits (including applicable prescription drug coverage) for eligible former employees who retired prior to January 2, 1991, and their eligible dependents

Plan Assets under Prior Structure

Prior to the Restructuring Transaction, Plan assets were held in three voluntary employees' beneficiary association ("VEBA") trusts:

- Medical Benefits Trust for Employees of Metropolitan Life and Participating Affiliates ("Active Medical VEBA"). This trust primarily collected participant contributions and paid medical and dental claims for active employees and their eligible dependents covered under the MLO.
- MetLife Voluntary Employees' Beneficiary Association Trust ("Non-Bargained Retiree Medical VEBA"). This trust primarily paid the Plan's obligations for retirees and their eligible dependents covered under the MLC.
- Welfare Benefits Trust for Collectively Bargained Retired Employees of MetLife ("Bargained Retiree Medical VEBA"). This trust primarily paid the Plan's obligations for certain collectively bargained retirees.

Funding of Benefits under Prior Structure

Prior to the Restructuring Transaction, the MLO and the MLC benefits were funded through a combination of participant contributions, general assets of the Company and/or Participating Affiliates, assets held in the VEBA trusts, and the 401(h) account (as defined below).

- Participant contributions for active employee coverage were generally collected through payroll deductions. Retiree contributions were generally collected through direct billing or other permissible administrative arrangements.
- The Company and/or Participating Affiliates used general assets to pay current benefit obligations and administrative expenses and, when applicable, maintain reserves for incurred but unpaid claims.
- The Active Medical VEBA funded plan obligations under the MLO for active employees. The Non-Bargained Retiree Medical VEBA funded plan obligations under the MLC for retirees. The Bargained Retiree Medical VEBA funded plan obligations under the MLC for collectively bargained retirees.
- The MetLife Retirement Plan, a defined benefit pension plan, included a medical benefit component established under Section 401(h) of the Internal Revenue Code. The 401(h) account funded plan obligations under the MLC for retirees, without regard to their Medicare-enrolled status.

Short-term disability benefits were self-insured and funded by the Sponsor and Participating Affiliates, while long-term disability benefits were insured.

The employee assistance plan was insured.

Health care and dependent care flexible spending accounts were funded solely through participant contributions.

Company-paid life insurance benefits for active employees were insured and premiums were paid by the Company and Participating Affiliates.

Company-paid retiree life insurance was insured and premiums were paid from the Life Insurance Funding Account ("LIFA") reserve.

The HCC benefits were funded through retiree and employer contributions, together with applicable VEBA trust assets.

In addition, the Sponsor paid the full cost of basic retiree life insurance benefits provided under the HCC.

Plan Structure from April 1, 2025 through December 31, 2025 ("Current Structure")

Constituent Plans under Current Structure

Pursuant to the Restructuring Transaction, the Company reorganized its health and welfare benefit programs to include only the following Constituent Plans:

- MLO: Medical (including applicable prescription drug coverage), vision and dental benefits for active employees (including those on long-term disability and their eligible dependents); and
- MLC: Medical benefits (including applicable prescription drug coverage) for qualified retirees who are not enrolled in Medicare and their eligible dependents.

Under the Restructuring Transaction, the Plan spun off short-term disability, long-term disability, Company-paid life insurance, the employee assistance program benefits, and the flexible spending accounts into the MetLife Welfare Benefits

Plan ("MWB"), a welfare benefit plan previously maintained by the Sponsor. Medicare-enrolled retiree benefits under the MLC, the HCC retiree benefits, and retiree life insurance benefits were transferred to the newly established MetLife Choices Health and Life Plan ("MCHL"), a health and welfare benefit plan newly established by the Sponsor effective April 1, 2025.

Plan Assets under Current Structure

Following the Restructuring Transaction, the Plan assets were held in two VEBA trusts:

- Active Medical VEBA. This trust was renamed The Voluntary Employees' Beneficiary Association Trust for Active and Former Employees of MetLife ("Active VEBA") and continues to collect participant contributions and pay medical and dental claims for active employees covered under the MLO.
- Non-Bargained Retiree Medical VEBA. This trust was renamed the Voluntary Employees' Beneficiary Association Trust for Active Employees and Pre-65 Retirees of MetLife (the "Active and Pre-65 Retiree VEBA"). The trust was restructured to fund medical claims under the MLC for a more limited population, specifically pre-Medicare retirees and their eligible dependents, and repurposed to permit a portion of its surplus assets to be used to pay medical and dental claims for active employees and their eligible dependents under the MLO.

Pursuant to the Restructuring Transaction, the Plan also spun off assets to the MCHL. Accordingly, the Bargained Retiree Medical VEBA was renamed The Voluntary Employees' Beneficiary Association Trust for Post-65 Retirees of MetLife ("Post-65 Retiree VEBA"). It was restructured to pay plan obligations for Medicare-enrolled retirees and their eligible dependents whose participation was moved from the Plan to the newly established MCHL. In addition, a portion of the transferred assets were repurposed to cover certain retiree life insurance obligations transferred from the Plan to the MCHL.

Funding of Benefits under Current Structure

Following the Restructuring Transaction, the MLO and the MLC benefits are funded through a combination of participant contributions, general assets of the Company and/or Participating Affiliates, assets held in the VEBA trusts, and the 401(h) account.

- Participant contributions for active employee coverage are generally collected through payroll deductions. Participant contributions for disabled employee coverage are generally collected through long-term disability benefit proceeds. Retiree contributions are generally collected through direct billing or other permissible administrative arrangements. Active and retiree participant contributions are determined annually based on the applicable coverage level and a percentage of the premium for the elected medical or dental coverage tier.
- The Company and/or Participating Affiliates use general assets to pay current benefit obligations and administrative expenses and, when applicable, maintain reserves for incurred but unpaid claims.
- The Active VEBA funds MLO medical and dental claims for active employees. The Active and Pre-65 Retiree VEBA funds MLO medical and dental claims for active employees and MLC medical claims for pre-Medicare retirees.
- The 401(h) account funds retiree medical claims under the MLC for eligible pre-Medicare retirees.

Plan Amendments

The Plan was restated effective April 1, 2025 to reflect changes made pursuant to the Restructuring Transaction.

2. Basis of Presentation and Summary of Significant Accounting Policies

Basis of Presentation

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

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

Risks and Uncertainties

Under the Current Structure, the Plan utilizes various investment vehicles, including Metropolitan Life Insurance Company's ("MLIC"), as the insurer's general account, mutual funds, and separate accounts. Under the Prior Structure, the Plan utilized the same investment vehicles as well as fixed maturity securities. 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 benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term could be material to the financial statements.

Investment Valuation and Income Recognition

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

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

Group Flexible Premium Variable Life Insurance Policy – Trust Owned Life Insurance ("TOLI")

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

Life Insurance Funding Account ("LIFA")

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

Fixed Maturity Securities

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

Mutual Funds

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

Cash and Cash Equivalents

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

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

Premium Stabilization Reserve ("PSR")

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

Administrative and Investment Advisory Expenses

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

Life Insurance Proceeds

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

Claims Incurred But Not Reported

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

Postemployment Benefits

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

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

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

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

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

Significant assumptions used in the valuations as of December 31, 2025 and 2024, were as follows:

- Discount rate of 3.50% and 4.20%, respectively.
- Disabled mortality and recovery rates are based on the "2012 Group Long-Term Disability Valuation Table" for 2025 and 2024.

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

Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed, by the terms of the Plan, to Participant's service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Participants. Postretirement benefits include future benefits expected to be paid to or for: (1) currently retired employees and their beneficiaries and dependents regardless of Medicare enrollment prior to the Restructuring Transaction and only those not yet enrolled in Medicare following the Restructuring Transaction; and (2) active Participants and their beneficiaries and dependents after retirement from service with the Sponsor and Participating Affiliates. Prior to an active Participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that Participant's service rendered to the valuation date. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Sponsor and/or Participating Affiliates and/or from existing Plan assets.

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

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

For measurement purposes, as of December 31, 2025, the health care cost trend rate for all eligible claims during 2025 for pre-65 retirees is 9.70%. This initial trend will decrease to 7.70% in 2026 then gradually decrease to 3.70% by 2073.

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

The health care cost trend assumption has a significant effect on the amounts reported. If the assumed rates for 2025 and 2024 increased by one percentage point for each future year, the obligation as of December 31, 2025 and 2024, would increase by approximately $1 million and $40 million, respectively.

Other significant assumptions used in the actuarial valuations as of December 31, 2025 and 2024 were as follows:

- Discount rates of 5.60% and 5.80%, respectively.
- Life expectancy of Participants is based on the "Pri-2012 Private Retirement Plans Mortality Tables adjusted by 102% for Females and 104% for Males, projected with Scale MP-2019".
- Average retirement ages of both years are 63.2.

The plan was remeasured when it was restructured on April 1, 2025. The calculations as of that date used a discount rate of 5.65%. The other assumptions used as of April 1, 2025 were the same as those used as of December 31, 2025 and 2024.

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 postretirement benefit obligations.

3. Plan Benefit Obligations

As of December 31, 2025 and 2024, the Plan net assets exceed the Plan benefit obligations.

4. 401(h) Account

A portion of the Plan obligations are funded through contributions to the MetLife Retirement Plan, a defined benefit pension plan in accordance with Section 401(h) of the IRC. Pursuant to the Restructuring Transaction, the MetLife Retirement Plan was amended to provide that assets held in the Plan's 401(h) account may be used solely to pay health benefits for retirees who have not yet enrolled in Medicare. The investment-related disclosures applicable to the 401(h) account are included in the financial statements of the MetLife Retirement Plan.

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.

Group Flexible Premium Variable Life Insurance Policy

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

Interest in Accounts for the Welfare Benefit Trusts

All accounts are part of the general account (2MO 9V1, 9V2, 9V4, 9V5) unless otherwise indicated.

Active and Pre-65 Retiree VEBA (Included in Group Flexible Premium Variable Life Insurance Policy)

Prior Structure

- MetLife Liquidity Fund #084. This fund seeks to provide short-term liquidity by investing in very short-term debt instruments with maturities generally less than six-months. This is a separate account.
- MetLife Long Govt/Credit Fixed Inc Ind #589. This fund seeks to add value by investing in long-dated government and credit bonds. This is a separate account.

- MetLife International Equity Index #272. This fund seeks to approximate the performance of the MSCI EAFE Index, adjusted to include the reinvestment of dividends, by investing in a sample of the companies that are included in the index. This is a separate account.
- MetLife US Credit #543. This fund seeks to approximate the performance of the Bloomberg US Credit Index by investing in a sample of securities that are included in the Index. This is a separate account.
- MetLife SD Gov Credit #573. This fund seeks to approximate the performance of the Bloomberg US Short Government/Corporate Index by investing in a sample of securities that are included in the Index. This is a separate account.
- MetLife Equity Index #88. This fund seeks to approximate the performance of the S&P 500 Index by investing in a fully replicated portfolio of securities that are included in the Index. This is a separate account.

Current Structure

- MetLife Liquidity Fund #084. This fund seeks to provide short-term liquidity by investing in very short-term debt instruments with maturities generally less than six-months. This is a separate account.
- MetLife SD Gov Credit #573. This fund seeks to approximate the performance of the Bloomberg US Short Government/Corporate Index by investing in a sample of securities that are included in the Index. This is a separate account.

LIFA

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

Fixed Maturity Securities

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

Mutual Funds

Mutual funds held through the Plan's VEBA trusts invest primarily in U.S. Treasury securities, investment-grade corporate debt, and other fixed-income securities. Valuation of these funds is based on unadjusted quoted prices in active markets that are readily and regularly available.

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
Assets:				
Group flexible premium variable life insurance policy	$ 695,695,285	$ —	$ 695,695,285	$ —
Life insurance funding account	—	—	—	—
Fixed maturity securities	—	—	—	—
Mutual funds	22,106,084	22,106,084	—	—
Total investments	$ 717,801,369	$ 22,106,084	$ 695,695,285	$ —

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

6. Investment Contract with MLIC as Insurer

Prior to the Restructuring Transaction, the Plan had a financial arrangement with MLIC as insurer to fund the retiree life insurance liability. Assets held under this life insurance contract had a fair value of $— and $239,760,183 as of December 31, 2025 and 2024, respectively. The crediting interest rate for the investment contract with MLIC as insurer was 4.06% for the year ended December 31, 2024. There is no liability recorded related to the fair value for credit risk of MLIC, as insurer, as the contract issuer or otherwise. Upon termination of an investment contract by MLIC, as insurer, proceeds would be paid to the Plan at fair value.

7. Related Party Transactions

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

Prior to the Restructuring Transaction, the Plan purchased life insurance for Participants from MLIC as insurer. Life insurance premiums paid by the Plan to MLIC as insurer were $5,375,564 for the year ended December 31, 2025. Premiums are paid on the first of the month for the current month’s coverage; therefore, no payable for premiums is required as of December 31, 2025 and 2024.

Prior to the Restructuring Transaction, the Plan purchased long-term disability insurance for Participants from MLIC as insurer. Long-term disability insurance premiums paid by the plan to MLIC as insurer were $2,041,072 for the year ended December 31, 2025.

The Plan pays service fees to MLIC as insurer for administration of self-insured dental and long-term disability benefits for most disabilities. Administration fees paid by the Plan to MLIC as insurer were $462,502 for the year ended December 31, 2025. Fees are paid on the first of the month for the current month’s services; therefore, no payable for fees is required as of December 31, 2025 and 2024.

Assets of the Plan are managed by MLIC and include cash and cash equivalents, insurance contracts, shares of separate accounts, and fixed maturity securities. The Plan paid policy charges and investment management fees of $27,391,518 for the year ended December 31, 2025. There was no amount payable for trustee fees, policy charges, or investment management fees due to MLIC as of December 31, 2025 and 2024.

Total investment income related to all assets managed by MLIC totaled $4,606,442 for the year ended December 31, 2025. Net investment gain, including realized and unrealized gains and losses, on assets managed by MLIC totaled $19,477,971 for the year ended December 31, 2025.

The Plan pays certain administrative fees, which are subsequently reimbursed by the Sponsor and/or Participating Affiliates.

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

8. Termination of the Plan

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

9. Federal Income Tax Status

Prior to the Restructuring Transaction, Plan assets were held in three VEBA trusts: the Active Medical VEBA (now the Active VEBA), the Non-Bargained Retiree Medical VEBA (now the Active and Pre-65 Retiree VEBA), and the Bargained Retiree Medical VEBA (now the Post-65 Retiree VEBA). Except for unrelated business income in the Non-Bargained Retiree Medical VEBA, those VEBA trusts were intended to qualify as tax-exempt organizations under Section 501(c)(9) of the IRC and were generally exempt from federal and state income taxes.

Following the Restructuring Transaction, Plan assets are held in the Active and Pre-65 Retiree VEBA and the Active VEBA. The Post-65 Retiree VEBA was restructured to pay plan obligations for Medicare-enrolled retirees and their eligible dependents whose participation was moved from the Plan to the newly established MCHL and certain retiree life insurance benefits that were transferred from the Plan to the newly established MCHL.

Except for unrelated business income in the Active and Pre-65 Retiree VEBA, which is subject to taxation, the two VEBAs holding a portion of the Plan assets are intended to qualify as tax-exempt organizations under Section 501(c)(9) of the IRC. Accordingly, the VEBAs are generally exempt from federal and state income taxes.

Each of the exempt VEBA trusts has received a favorable determination from the U.S. Internal Revenue Service (“IRS”) confirming its exemption from federal income tax under Section 501(c)(9) of the IRC. The exemption letters for the Active and Pre-65 Retiree VEBA, the Active VEBA and the Post-65 Retiree VEBA are dated March 15, 1994, April 12, 2001 and April 12, 2001, respectively. The Sponsor believes that the VEBA trusts, as amended and restructured pursuant to the Restructuring Transaction, continue to qualify and operate in accordance with the applicable requirements of the IRC. Therefore, except for the unrelated business income described above, no provision for income taxes has been included in the Plan financial statements.

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

10. Subsequent Events

The Company has evaluated events related to the Plan subsequent to December 31, 2025, and through October 15, 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 benefits between the financial statements and Form 5500:

	For the Years Ended December 31,	
	2025	2024
Net Assets available for benefits per the financial statements	$ 758,169,584	$ 1,321,487,306
Claims amounts currently payable	(26,137,621)	(28,291,579)
Net Assets restricted for 401(h) account	(20,380,947)	(36,766,219)
Net Assets per Form 5500, Schedule H, Part I, Line 1l	**$ 711,651,016**	**$ 1,256,429,508**

The following is a reconciliation of total additions between the financial statements and Form 5500 for the year ended December 31, 2025:

	2025
Total additions per financial statements	$ 385,897,343
Decrease in PSR Non-LIFA Loss	(687,983)
Total income per Form 5500, Schedule H, Part II, Line 2d	**$ 385,209,360**

The following is a reconciliation of total benefits and premium payments between the financial statements and the Form 5500 for the year ended December 31, 2025:

	2025
Benefits and premiums paid per financial statements	$ 317,415,418
Add: Amounts currently payable as of December 31, 2025	26,137,621
Less: Amounts currently payable as of December 31, 2024	(28,291,579)
Total benefits paid per Form 5500, Schedule H, Part II, Line 2e(4)	**$ 315,261,460**

MetLife Options and Choices 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: 512

(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
		Cash and cash equivalents		
	JP Morgan	Cash	$ 19,987,268	$ 19,987,268
		Total cash and cash equivalents	19,987,268	19,987,268
		Mutual Funds		
	iShares	Core US Aggregate	7,460,177	7,558,219
	Vanguard	Short Term US Treasury Bond ETF	7,235,532	7,259,028
	Vanguard	Short Term Corporate Bond ETF	7,201,029	7,288,837
		Total mutual funds	21,896,738	22,106,084
*	MLIC	Group flexible premium variable life insurance policy - Separate Accounts		
		SD GOV CREDIT - SA 573	651,860,834	660,983,766
		Liquidity Fund - SA #084	34,601,005	34,711,519
		Total Group flexible premium variable life insurance policy - Separate Accounts	686,461,839	695,695,285
		Total assets held for investment purposes	$ 728,345,845	$ 737,788,637

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

MetLife Options and Choices 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: 512

(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)
*MLIC	ML Long Govt/Credit Fixed Inc Ind #589	$ 110,452,851	$ —	1	$ 110,452,851	$ 110,452,851	$ —
*MLIC	SD GOV CREDIT - SA 573	$ —	$ 199,547,194	1	$ 199,547,194	$ 199,547,194	$ —
*MLIC	SD GOV CREDIT - SA 573	$ 85,508,513	$ —	1	$ 85,508,513	$ 85,508,513	$ —
*MLIC	METLIFE US CREDIT - SA 543	$ —	$ 80,885,307	1	$ 85,019,547	$ 80,885,307	$ (4,134,240)

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 Options & Choices Plan

1b Three-digit plan number (PN) ▶ 512

1c Effective date of plan 01/01/1996

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

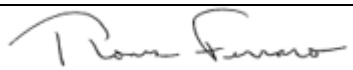
2b Employer Identification Number (EIN) 55-0790010

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

MetLife Options and Choices 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: 512

(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
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		Total Group flexible premium variable life insurance policy - Separate Accounts	686,461,839	695,695,285
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*MLIC is a party-in-interest that is permitted to engage in these transactions.

MetLife Options and Choices 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: 512

(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)
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