

NOTE: Typing and submission instructions are at the end of this form. Please be sure to COMPLETE ALL ITEMS. Incomplete forms and nonscannable text attachments will be cause for rejection of this notice.

1. *Action taken:*

Approval of the Plan of Reorganization of Metropolitan Life Insurance Company

2. *Effective date of rule:*

- Date this notice is published in the *State Register*.
- This is a "rate making" as defined in SAPA §102(2)(a)(ii), and, is effective as follows:
 - Date of filing.
 - Other date (*specify*):
 - Other date (*specify*):

3. *Statutory authority under which the rule was adopted:*

Insurance Law Section 7312

4. *Subject of the rule:*

Plan of Reorganization of Metropolitan Life Insurance Company

5. *Purpose of the rule:*

To determine that the Plan is fair and equitable and is otherwise in compliance with statutory standards.

6. *Terms and identification of rule:*

A. Comparison of the proposed rule to the adopted rule (CHECK ONE):

- No changes were made to the proposed rule.
 - *Do NOT attach the text of the previously published rule. If the last previously published RIS, RFA, RAFA or JIS remain adequate and do not require correction, SKIP ITEMS 9-12 and do NOT attach any such statements. If any of the most recently published statements were deemed inadequate or required correction, complete Item 9, 10, 11, or 12 as applicable, do NOT attach previously published statements. Be sure to complete B and C of this section as well as remaining Items 7-8 and 13-14.*

Nonsubstantive changes were made in the following Parts, sections, subdivisions or paragraphs:

➤ *Attach the original of the text as adopted (if proposed as full text, submit full text; if proposed as a summary, submit a summary) typed in scannable format. Do not skip Items 9-12; revised statements or explanatory statements are required.*

This is a "rate making" as defined in SAPA §202(2)(a)(ii) and, pursuant to SAPA §202(7)(b), the agency elected to submit an original copy of a description of the substance. Substantial revisions were made in the following Parts, sections, subdivisions or paragraphs:

B. *I.D. No. of the original notice of proposed rule making:* INS-49-99-00005P

C. *List the date and I.D. No. of any previously published notice(s) of revised rule making:*

, I.D. No. _____

, I.D. No. _____

7. *The text of the final rule and any required statements and analyses may be obtained from:*

Agency contact Anne Marie Morrell, Associate Insurance Examiner

Office address New York State Insurance Department

25 Beaver Street

New York, New York 10004

Telephone (212) 480-4773

E-mail _____

8. *Additional matter required by statute:*

Check box if NOT applicable.

9. **Revised Regulatory Impact Statement (RIS)**

(SELECT AND COMPLETE ALL THAT APPLY; ALL ATTACHMENTS MUST BE 2,000 WORDS OR LESS)

A. The attached Revised RIS contains:

The full text of the Revised RIS.

A summary of the Revised RIS.

B. A Revised RIS is **NOT** attached because:

Changes made to the last published rule do not necessitate revision to the previously published RIS **AND** a statement to that effect is attached.

- This is a technical amendment exempt from SAPA §202-a **AND** a statement of the reason(s) for claiming this exemption is attached.
- This rule is a “rate making” as defined in SAPA §102(2)(a)(ii).

10. **Revised Regulatory Flexibility Analysis (RFA) for small businesses and local governments**

(SELECT AND COMPLETE ALL THAT APPLY; ALL ATTACHMENTS MUST BE 2,000 WORDS OR LESS)

A. The attached Revised RFA contains:

- The full text of the Revised RFA.
- A summary of the Revised RFA.

B. A Revised RFA is **not** attached because:

- Changes made to the last published rule do not necessitate revision to the previously published RFA **AND** a statement to that effect is attached.
- The changes will not impose any adverse economic impact or reporting, recordkeeping or other compliance requirements on small businesses or local governments. **A statement is attached** setting forth this agency’s findings and the reason(s) upon which the findings were made, including what measures were used to determine those findings.
- This rule is a “rate making” as defined in SAPA §102(2)(a)(ii).

11. **Revised Rural Area Flexibility Analysis (RAFA)**

(SELECT AND COMPLETE ALL THAT APPLY; ALL ATTACHMENTS MUST BE 2,000 WORDS OR LESS)

A. The attached Revised RAFA contains:

- The full text of the Revised RAFA.
- A summary of the Revised RAFA.

B. A Revised RAFA is **NOT** attached because:

- Changes made to the last published rule do not necessitate revision to the previously published RAFA **AND** a statement to that effect is attached.
- The changes will not impose any adverse economic impact or reporting, recordkeeping or other compliance requirements on public or private entities in rural areas. **A statement is attached** setting forth this agency’s findings and the reason(s) upon which the findings were made, including what measures were used to determine those findings.
- This rule is a “rate making” as defined in SAPA §102(2)(a)(ii).

12. **Revised Job Impact Statement (JIS)**

(SELECT AND COMPLETE ALL THAT APPLY; ALL ATTACHMENTS MUST BE 2,000 WORDS OR LESS)

A. The attached Revised JIS contains:

- The full text of the Revised JIS.
- A summary of the Revised JIS.

B. A Revised JIS is not attached because:

- Changes made to the last published rule do not necessitate revision to the previously published JIS **AND** a statement to that effect is attached.
- The changes will not impose a substantial impact on jobs and employment opportunities. **A statement is attached** setting forth this agency’s findings that the rule will have a positive impact or no impact on jobs and employment opportunities; except when it is evident from the subject matter of the rule that it could only have a positive impact or no impact on jobs and employment opportunities, the statement shall include a summary of the information and methodology underlying that determination.

- This rule is a "rate making" as defined in SAPA §102(2)(a)(ii).
- This rule was proposed by the State Comptroller or Attorney General.

13. **Assessment of Public Comment** (includes legislative comments) (check applicable box):
(COMPLETE ONE; ALL ATTACHMENTS MUST BE 2,000 WORDS OR LESS)

- Attached is an assessment of public comment. ➤ No particular form is required, and it need **only** include comments not addressed in any previously published assessment for this rule. However, the assessment must be based on any written comments received by the agency or any comments presented at any public hearing held by the agency about this rule (include legislative comment). It must contain a summary and an analysis of the issues raised and significant alternatives suggested, a statement of the reason(s) why any significant alternatives were not incorporated, and a description of any changes made as a result of such comments.
- An assessment is not attached because no comments were received.
- An assessment is not required because this action is for a "rate making" as defined in SAPA §102(2)(a)(ii).

14. **Referenced material** (check one box):

- No information is being incorporated by reference in this rule.
- This rule contains referenced material in the following Parts, sections, subdivisions or paragraphs:

AGENCY CERTIFICATION (To be completed by the person who PREPARED the notice)

I have reviewed this form and the information submitted with it. The information contained in this notice is correct to the best of my knowledge.

I have reviewed Article 2 of SAPA and Parts 260 through 263 of 19 NYCRR, and I hereby certify that this notice complies with all applicable provisions.

Name Anne Marie Morrell

Signature

Address New York State Insurance Department 25 Beaver Street, NY,NY

Date April , 2000

Telephone (212) 480-4773

Please read before submitting this notice:

1. Except for this form itself, all text must be typed in scannable format as described in the Department of State's "NYS Register Procedures Manual."
2. **Collate the original notice and scanner copy** as: (1) form; (2) text or summary of rule; and, if any, (3) regulatory impact statement, (4) regulatory flexibility analysis for small businesses and local governments, (5) rural area flexibility analysis, (6) job impact statement, (7) assessment of public comment. Submit the originals, as collated, **and ONE copy of that collated set**. When filing any type of agency adoption, also submit an original certification stapled to rule text — **and TWO copies of that set**.
3. **Mail or hand deliver notice to:** Department of State, Division of Administrative Rules, 41 State Street, Suite 330, Albany, NY 12231-0001