#### Form 3 January 10, 2005 UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB APPROVAL** FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: 2005 **SECURITIES** Estimated average burden hours per Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... 0.5 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 (Print or Type Responses) 1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement METLIFE INC [MET] KILTS JAMES M (Month/Day/Year) 01/01/2005 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 200 PARK AVENUE (Check all applicable) (Street) 6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Director 10% Owner \_X\_ Form filed by One Reporting Officer Other

Person

Ownership

(Instr. 5)

Â

Reporting Person

4. Nature of Indirect Beneficial

Form filed by More than One

(give title below) (specify below)

3

Table I - Non-Derivative Securities Beneficially Owned

Ownership

Direct (D) or Indirect **(I)** (Instr. 5) D

SEC 1473 (7-02)

Form:

### NEW YORK, NYÂ 10166

(City) (State) (Zip) 1. Title of Security

(Instr. 4)

METLIFE INC

Common Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

2. Amount of Securities

Beneficially Owned

(Instr. 4)

825

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 4) |                        | 4.<br>Conversion<br>or Exercise<br>Price of | 5.<br>Ownership<br>Form of<br>Derivative | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|---|--|--------------------|--|------------------------|---|--|---|
|   | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount or<br>Number of | Derivative<br>Security                      | Security:<br>Direct (D)<br>or Indirect   |   |

|                                  |                  |                 | Shares |          | (I)<br>(Instr. 5) |   |
|----------------------------------|------------------|-----------------|--------|----------|-------------------|---|
| Common Stock Equivalent<br>Units | 01/01/2005 Â (1) | Common<br>Stock | 524    | \$ 40.51 | D                 | Â |

# **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                  | Relationships |           |         |       |  |
|--|---------------|-----------|---------|-------|--|
|  | Director      | 10% Owner | Officer | Other |  |
| KILTS JAMES M<br>200 PARK AVENUE<br>NEW YORK, NY 10166 | ÂX            | Â         | Â       | Â     |  |
| Signatures   |               |           |         |       |  |
| Gwann I. Carr authorized                               |               |           |         |       |  |

| Gwenn L. Carr, authorized       | 01/10/2005 |  |  |
|---------------------------------|------------|--|--|
| signer                          | 01/10/2003 |  |  |
| **Signature of Reporting Person | Date       |  |  |

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The reported Common Stock Equivalent Units were acquired pursuant to the MetLife Non-Management Director Deferred Compensation Plan and will be settled upon the reporting person's retirement or other termination of service.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.