## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEMENT OF
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed pursuant to

## CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  METROPOLITAN LIFE INSURANCE  CO/NY					RE	2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [ RGA ]									5. Relationship of Repo (Check all applicable) Director Officer (give tit below)			X 10%	Owner er (specify
(Last) (First) (Middle) ONE MADISON AVENUE LAW DEPARTMENT					3. Date of Earliest Transaction (Month/Day/Year) 11/13/2003										,			,	
(Street)  NEW YO  (City)			10010- (Zip)	3690	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tabl	le I - N	lon-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or B	enefic	ially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Disposed Of				Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	- 11	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common	nmon Stock, Par Value \$.01 Per Share 11/13/2003								P		2,205,000	A	\$36.	65	2,532,600			D	
Common	Stock, Par	Value \$.01 Per S	hare	11/13/2	003				P		795,000	A	\$36.	5 65 T 27 O26 250 T T				See Footnote. <sup>(1)</sup>	
Common	Stock, Par Value \$.01 Per Share 4,784,689									I	See Footnote. <sup>(2)</sup>								
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)	Instr.	nstr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expira (Mont	te Exerciation D	/Year) Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Of		Der Sec (Ins	Price of rivative curity str. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)			

## **Explanation of Responses:**

- 1. These shares are directly owned by Equity Intermediary Company, which is a wholly-owned subsidiary of General American Life Insurance Company, which is a wholly-owned subsidiary of GenAmerica Financial Corporation, which is a wholly-owned subsidiary of Metropolitan Life Insurance Company.
- 2. These shares are directly owned by Metropolitan Life Insurance Company, which is a wholly-owned subsidiary of MetLife, Inc., and previously reported on a Form 5 filed for December 2000.

Anthony J. Williamson, Senior Vice-President and Treasurer

11/17/2003

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.