

SERFF Tracking Number: MASS-125641984 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 38979
Company Tracking Number: Z0050
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
Product Name: Modification of Making Withdrawals Provision Endorsement
Project Name/Number: Modification of Making Withdrawals Provisions Endorsement/Z0050

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: Modification of Making Withdrawals Provision Endorsement SERFF Tr Num: MASS-125641984 State: ArkansasLH

TOI: L06I Individual Life - Variable

SERFF Status: Closed

State Tr Num: 38979

Sub-TOI: L06I.002 Single Life - Flexible Premium

Co Tr Num: Z0050

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Lynne Mahan, Robin Perez, Jennifer Dube

Disposition Date: 05/15/2008

Date Submitted: 05/12/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Modification of Making Withdrawals Provisions Endorsement

Status of Filing in Domicile: Pending

Project Number: Z0050

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/15/2008

State Status Changed: 05/15/2008

Deemer Date:

Corresponding Filing Tracking Number: Z0050

Filing Description:

Massachusetts Mutual Life Insurance Company

NAIC#: 435-65935

FEIN#: 04-1590850

Z0050 Modification of Making Withdrawals Provision Endorsement

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The above-referenced form is being submitted for your department's review and approval. The form is described below. The form is in final print format and variable material has been bracketed. Final print copies of the form, along with any required certifications and filing fee, are enclosed.

The form is new and will not replace any previously approved form.

When approved and implemented, Z0050 will be attached at-issue to our single and survivorship flexible premium adjustable variable life insurance policies. Form Z0050 revises the Making Withdrawals provision of the policy. The endorsement removes the words "After the first Policy Year" from the first sentence of that provision.

Company and Contact

Filing Contact Information

Robin Perez, Compliance Specialist rperetz@MassMutual.com
1295 State Street (860) 562-4409 [Phone]
Springfield, MA 01111-0001 (860) 562-6151[FAX]

Filing Company Information

Massachusetts Mutual Life Insurance Company CoCode: 65935 State of Domicile: Massachusetts
1295 State Street Group Code: 435 Company Type:
MIP: M381
Springfield, MA 01111 Group Name: State ID Number:
(800) 767-1000 ext. [Phone] FEIN Number: 04-1590850

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: 20.00 per form
Per Company: No

SERFF Tracking Number: MASS-125641984 State: Arkansas
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Company Tracking Number: Z0050
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
Product Name: Modification of Making Withdrawals Provision Endorsement
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$20.00	05/12/2008	20272013

SERFF Tracking Number: MASS-125641984 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/15/2008	05/15/2008

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Disposition

Disposition Date: 05/15/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MASS-125641984 State: Arkansas
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 Product Name: Modification of Making Withdrawals Provision Endorsement
 Project Name/Number: Modification of Making Withdrawals Provisions Endorsement/Z0050

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Form	Modification of Making Withdrawals Provision Endorsement		Yes

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Form Schedule

Lead Form Number: Z0050

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Z0050	Policy/Cont Modification of ract/Fratern Making Withdrawals al Provision Certificate: Endorsement Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0	Form Z0050.PDF

Endorsement

Modification of Making Withdrawals Provision

The **Making Withdrawals** provision was changed before this policy was signed by us. This change removes the words "After the first Policy Year" from the first sentence of that provision.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

A handwritten signature in black ink, consisting of several horizontal strokes and a vertical line extending downwards, enclosed within a pair of square brackets.

SECRETARY

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Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status:	05/09/2008
Comments:		
Attachment: Cert of Compliance.pdf		
Bypassed -Name: Application	Review Status:	05/09/2008
Bypass Reason: not applicable		
Comments:		
Bypassed -Name: Life & Annuity - Acturial Memo	Review Status:	05/09/2008
Bypass Reason: not applicable		
Comments:		
Satisfied -Name: Cover Letter	Review Status:	05/12/2008
Comments:		
Attachment: endorsement letter.pdf		

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Massachusetts Mutual Life Insurance Company

Form Number(s): Z0050

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Roland Fawthrop

Name

2nd Vice President & Actuary

Title

5/12/2008

Date



May 12, 2008

Arkansas Department of Insurance
1200 W. Third Street
Little Rock, Arkansas 72201-1904

RE: Massachusetts Mutual Life Insurance Company
NAIC#: 435-65935
FEIN#: 04-1590850

Z0050 Modification of Making Withdrawals Provision Endorsement

Dear Sir/Madam:

The above-referenced form is being submitted for your department's review and approval. The form is described below. The form is in final print format and variable material has been bracketed. Final print copies of the form, along with any required certifications and filing fee, are enclosed.

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Please direct all correspondence and questions regarding this filing to my attention.

Thank you for your assistance.

Sincerely,

Robin Perez

Robin Perez
Compliance Assistant
rperez@massmutual.com
1-800-767-1000 extension 24409