

SERFF Tracking Number: MASS-126143696 State: Arkansas
Filing Company: C.M. Life Insurance Company State Tracking Number: 42517
Company Tracking Number: CM-ASSIGNMENT
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: CM-Assignment
Project Name/Number: CM-Assignment/CM-Assignment

Filing at a Glance

Company: C.M. Life Insurance Company

Product Name: CM-Assignment

TOI: A03I Individual Annuities - Deferred Variable

Sub-TOI: A03I.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: MASS-126143696 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 42517

Co Tr Num: CM-ASSIGNMENT

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Diane Decoteau, Frances Henderson, Mary Ellen Smith,

Sandy Stanek, Amie Spaseff

Date Submitted: 05/28/2009

Disposition Date: 06/02/2009
Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: CM-Assignment

Project Number: CM-Assignment

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/02/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/02/2009

Created By: Amie Spaseff

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Amie Spaseff

Filing Description:

RE: C.M. Life Insurance Company NAIC Company # 93432; Group #854; TIN # 06-1041383

Form #CM-Assignment – Contract Assignment Endorsement

The captioned Contract Assignment Endorsement form CM-Assignment is being submitted for your approval. This form is for use with our Individual Variable Deferred Annuity Contract MUVA94 which was approved by your Department on August 24, 1994, and will be issued on a going forward basis for new contract owners only.

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The captioned endorsement modifies existing contract assignment provisions to be in compliance with SEC Rule 12h-7 of the Securities Exchange Act of 1934 which requires that the issuer of the security reserve the right to refuse assignments or transfers of the security.

The only bracketed items in the endorsement are the officer titles to allow for future change in the titles of the officers authorized to sign the contract endorsement documents; the officers' signatures are also bracketed to allow for future variability.

Since the enclosed forms will be used exclusively for products that are registered with the Securities and Exchange Commission, we believe they are exempt from state mandated policy language simplification requirements.

At some point in the future, our Company may decide to change the policy print system that currently generates the above referenced policy form. In this event, it is our understanding that certain print functions pertaining to a new policy print system may slightly alter the appearance but not the text of the policy form.

If you have any questions regarding this filing, please call me, Amie Spaseff, at 1-800-234-5606, extension 41863 or my associate, Mary Ellen Smith at extension 41842. My email address is aspaseff@massmutual.com. We would appreciate your approval of this filing at your earliest convenience.

Company and Contact

Filing Contact Information

Amie Spaseff, Compliance Assistant
1295 State Street
M258
Springfield, MA 01111-0001
Aspaseff@MassMutual.com
800-234-5606 [Phone] 24866 [Ext]

Filing Company Information

C.M. Life Insurance Company
100 Bright Meadow Blvd.
M381
Enfield, CT 06082
(800) 767-1000 ext. [Phone]

CoCode: 93432
Group Code: 435
Group Name:
FEIN Number: 06-1041383
State of Domicile: Connecticut
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00

SERFF Tracking Number: MASS-126143696 State: Arkansas
Filing Company: C.M. Life Insurance Company State Tracking Number: 42517
Company Tracking Number: CM-ASSIGNMENT
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: CM-Assignment
Project Name/Number: CM-Assignment/CM-Assignment
Retaliatory? No
Fee Explanation: \$20.00 per form not filed with a policy.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
C.M. Life Insurance Company	\$20.00	05/28/2009	28145064

SERFF Tracking Number: MASS-126143696 State: Arkansas
Filing Company: C.M. Life Insurance Company State Tracking Number: 42517
Company Tracking Number: CM-ASSIGNMENT
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: CM-Assignment
Project Name/Number: CM-Assignment/CM-Assignment

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/02/2009	06/02/2009

SERFF Tracking Number: *MASS-126143696* *State:* *Arkansas*
Filing Company: *C.M. Life Insurance Company* *State Tracking Number:* *42517*
Company Tracking Number: *CM-ASSIGNMENT*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *CM-Assignment*
Project Name/Number: *CM-Assignment/CM-Assignment*

Disposition

Disposition Date: 06/02/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MASS-126143696 State: Arkansas
 Filing Company: C.M. Life Insurance Company State Tracking Number: 42517
 Company Tracking Number: CM-ASSIGNMENT
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: CM-Assignment
 Project Name/Number: CM-Assignment/CM-Assignment

Form Schedule

Lead Form Number: CM-Assignment

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CM-	Policy/Cont	Contract Assignment Initial			0.000	CM Contract Assignment Endorsement 05-2009.pdf
		Assignment	Contract/Fratern				
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

C.M. LIFE INSURANCE COMPANY
[100 Bright Meadow Boulevard
Enfield, CT 06082]

CONTRACT ASSIGNMENT ENDORSEMENT

This endorsement modifies the Contract to which it is attached. In case of a conflict with any provision in the Contract, the provisions of this endorsement will control. Where appropriate, the word "certificate" shall be substituted for the word "contract", and the word "participant" shall be substituted for the word "owner" or "contract owner". This endorsement hereby amends and supersedes the following sections in the Annuitant, Ownership, Assignment Provisions of the Contract:

CONTRACT OWNER

The Contract Owner has all rights under this Contract. The Contract Owner is designated as such on the Issue Date, unless changed.

The Contract Owner may change owners at any time prior to the Annuity Date by Written Request. However, the Contract Owner may not change owners without the Company's approval. The Company will refuse or accept any requested change on a non-discriminatory basis.

Any change of Contract Owner allowed by the Company will automatically revoke any prior designation of Contract Owner. The change will become effective as of the date the Written Request is signed. A new designation of Contract Owner will not apply to any payment made or action taken by the Company prior to the time it was received.

ASSIGNMENT OF THE CONTRACT

This Contract may not be assigned without the Company's approval. The Company will refuse or accept any request to assign this Contract on a non-discriminatory basis.

For any assignment the Company allows to be binding on us, a Written Request by the Contract Owner specifying the terms of an assignment of this Contract must be provided to the Annuity Service Center. The Company will not be responsible for the validity or tax consequences of any assignment. Any assignment made after the death benefit has become payable will be valid only with the Company's consent.

If this Contract is assigned, the Contract Owner's rights may only be exercised with the consent of the assignee of record.

Signed for C.M. Life Insurance Company by:

 [SECRETARY]  [PRESIDENT]

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification
Comments:
Please see attached Certificate of Compliance.
Attachment:
AR Comp Cert-CM_signed.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application
Bypass Reason: Not applicable to this filing.
Comments:

Item Status: **Status**
Date:

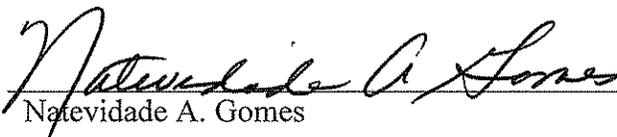
Bypassed - Item: Life & Annuity - Acturial Memo
Bypass Reason: Not applicable to this filing.
Comments:

STATE OF ARKANSAS

CERTIFICATION

C.M. LIFE INSURANCE COMPANY

I certify that the form and submission comply with all laws, regulations, bulletins and published guidelines applicable to this type of form.



Natevidade A. Gomes

Assistant Vice President and Compliance Officer

Title of Responsible Officer

May 28, 2009

Date