

SERFF Tracking Number: MASS-126144018 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 42506
Company Tracking Number: MM-IMM-OWNER
TOI: A06I Individual Annuities - Immediate Variable Sub-TOI: A06I.000 Annuities ? Immediate Variable
Product Name: MM-IMM-Owner
Project Name/Number: MM-IMM-Owner/MM-IMM-Owner

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: MM-IMM-Owner

SERFF Tr Num: MASS-126144018 State: Arkansas

TOI: A06I Individual Annuities - Immediate Variable

SERFF Status: Closed-Approved- Closed State Tr Num: 42506

Sub-TOI: A06I.000 Annuities ? Immediate Variable

Co Tr Num: MM-IMM-OWNER State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Diane Decoteau, Frances Henderson, Mary Ellen Smith, Sandy Stanek, Amie Spaseff

Disposition Date: 06/02/2009

Date Submitted: 05/28/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: MM-IMM-Owner

Status of Filing in Domicile: Pending

Project Number: MM-IMM-Owner

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: 06/02/2009

Explanation for Other Group Market Type:

State Status Changed: 06/02/2009

Deemer Date:

Created By: Amie Spaseff

Submitted By: Amie Spaseff

Corresponding Filing Tracking Number:

Filing Description:

RE: Massachusetts Mutual Life Insurance Company NAIC #65935; Group #435; TIN #04-1590850

Form #MM-IMM-Owner – Contract Owner Endorsement

The captioned Contract Owner Endorsement form MM-IMM-Owner is being submitted for your approval. This form is for use with our Individual Immediate Variable Annuity contract SPIVA05 previously approved by your Department on May 4, 2006, and will be issued on a going forward basis for new contract owners only.

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SEC Rule 12h-7 of the Securities Exchange Act of 1934 requires that the issuer of the security reserve the right to refuse assignments or transfers of the security. Although our Individual Immediate Variable Annuity noted above does not allow assignment of the contract, we have modified the Owner provisions to also reserve the Company's right to refuse a change of ownership to be in compliance with the cited SEC Rule.

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 form will be used exclusively for products that are registered with the Securities and Exchange Commission, we believe it is 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 at 1-800-234-5606, extension 41863 or my associate, Mary Ellen Smith at extension 41865. 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

Massachusetts Mutual Life Insurance Company CoCode: 65935
1295 State Street
MIP: M381
Springfield, MA 01111
(800) 767-1000 ext. [Phone]

State of Domicile: Massachusetts
Company Type:
State ID Number:

Filing Fees

SERFF Tracking Number: MASS-126144018 State: Arkansas
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Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? Yes
Fee Explanation: Retaliatory fee is \$75.00 per endorsement.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$75.00	05/28/2009	28144570

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Correspondence Summary

Dispositions

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

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Form Schedule

Lead Form Number: MM-IMM-Owner

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	MM-IMM-Owner	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		0.000	MM-IMM Contract Owner Endorsement 05-2009.pdf

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
Springfield, MA 01111-0001

CONTRACT OWNER 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. This endorsement hereby amends and supersedes the following section in the Annuitant, Ownership, Assignment Provisions of the Contract:

OWNER. You have all ownership rights under this Contract while the Annuitant(s) are still alive. The Owner is designated as such on the Issue Date, unless changed. Written consent of all Owners will be required to exercise any Contract right.

You may change the Owner at any time by Written Request. However, You may not change owners without Our approval. We will refuse or accept any requested change on a non-discriminatory basis.

Any change of Owner accepted by Us will automatically revoke any prior Owner designation. The change will become effective as of the date the Written Request is signed. A new designation of Owner will not apply to any payment made or action taken by Us before the time it was received. A Beneficiary who assumes ownership rights upon death of the last surviving Annuitant does not have the right to change the Owner.

Signed for Massachusetts Mutual Life Insurance Company by:

[*Christine C. Pearson*] [*My W. [Signature]*]
[SECRETARY] [PRESIDENT]

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Supporting Document Schedules

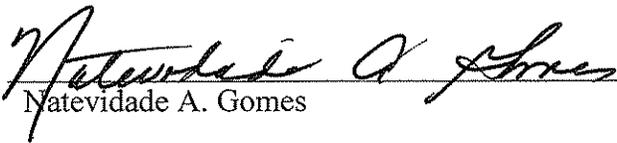
	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Please see attached Certificate of Compliance. Attachment: AR Comp Cert_signed-IMM.pdf		
Bypassed - Item: Application Bypass Reason: Not applicable to this filing. Comments:		
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: Not applicable to this filing. Comments:		

STATE OF ARKANSAS

CERTIFICATION

MASSACHUSETTS MUTUAL 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