

SERFF Tracking Number: LFCR-126830990 State: Arkansas  
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 46910  
Company Tracking Number: LTC50055 ET AL  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: MM500-P-AR et al.  
Project Name/Number: /

## Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: MM500-P-AR et al. SERFF Tr Num: LFCR-126830990 State: Arkansas  
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed State Tr Num: 46910  
Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTC50055 ET AL State Status: Closed  
Filing Type: Advertisement Reviewer(s): Harris Shearer, Marie Bennett  
Author: Smith Darlene Disposition Date: 10/06/2010  
Date Submitted: 09/27/2010 Disposition Status: Filed  
Implementation Date Requested: On Approval Implementation Date:

## General Information

Project Name: Status of Filing in Domicile: Not Filed  
Project Number: 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: 10/06/2010 Explanation for Other Group Market Type:  
State Status Changed: 10/06/2010  
Deemer Date: Created By: Smith Darlene  
Submitted By: Smith Darlene Corresponding Filing Tracking Number:  
Filing Description:  
Please see cover letter

## Company and Contact

### Filing Contact Information

Karina Amaral, Compliance Analyst 1 - karina.amaral@lifecareassurance.com  
Advertising  
21600 Oxnard Street 818-867-2307 [Phone]  
Suite 1500 818-867-2508 [FAX]  
Woodland Hills, CA 91367

### Filing Company Information

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(This filing was made by a third party - LCA01)

Massachusetts Mutual Life Insurance Company CoCode: 65935 State of Domicile: Massachusetts  
 Long Term Care Administrative Office Group Code: 435 Company Type:  
 P.O. Box 4243 Group Name: State ID Number:  
 Woodland Hills, CA 91365-4243 FEIN Number: 04-1590850  
 (818) 867-2450 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$200.00  
 Retaliatory? No  
 Fee Explanation: \$50.00/form x 4 forms = \$200.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$200.00	09/27/2010	39926606