

SERFF Tracking Number: MASS-127683496 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 49939
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: SUL Guard 3 Informational
Project Name/Number: SUL Guard 3 Informational/SUL Guard 3 Informational

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: SUL Guard 3 Informational SERFF Tr Num: MASS-127683496 State: Arkansas
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Accepted State Tr Num: 49939
Adjustable Life For Informational Purposes
Sub-TOI: L09I.002 Joint (Last Survivor) Co Tr Num: State Status: Filed-Closed
Filing Type: Form Reviewer(s): Linda Bird
Authors: Robin Perez, Jennifer Dube, Nick Sheehan Disposition Date: 10/07/2011
Date Submitted: 10/04/2011 Disposition Status: Accepted For Informational Purposes
Implementation Date: Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: SUL Guard 3 Informational Status of Filing in Domicile: Pending
Project Number: SUL Guard 3 Informational Date Approved in Domicile:
Requested Filing Mode: Informational Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 10/07/2011
State Status Changed: 10/07/2011
Deemer Date: Created By: Jennifer Dube
Submitted By: Jennifer Dube Corresponding Filing Tracking Number:
Filing Description:
Massachusetts Mutual Life Insurance Company
NAIC #: 435-65935
FEIN #: 04-1590850

Informational Filing

Z0051 - Endorsement - Modification of Reports To Owner

The above-captioned form was previously approved for use by your Department.

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Massachusetts Mutual Life Insurance Company is planning to extend the use of the endorsement form. The endorsement removes the "Illustrative Report" provision found in the Reports To Owner section of the policy and replaces it with a "Presentation of Values" provision. Once acknowledged and implemented, the endorsement will be attached at-issue to Survivorship Flexible Premium Adjustable Life Insurance Policies P9-2005(AR) and P9-2005U(AR) which were approved by your department on October 13, 2005.

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

Company and Contact

Filing Contact Information

Jennifer Dube, Compliance Assistant JenniferDube@massmutual.com
 1295 State Street 860-562-3685 [Phone] 23685 [Ext]
 MIP: M381 860-562-6109 [FAX]
 Springfield, MA 01111-0001

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$75.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| Massachusetts Mutual Life Insurance Company | \$75.00 | 10/04/2011 | 52434005 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-------------------------------------|------------|------------|----------------|
| Accepted For Informational Purposes | Linda Bird | 10/07/2011 | 10/07/2011 |

SERFF Tracking Number: *MASS-127683496* *State:* *Arkansas*
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Disposition

Disposition Date: 10/07/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|----------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | | No |
| Supporting Document | Application | | No |
| Supporting Document | Health - Actuarial Justification | | No |
| Supporting Document | Outline of Coverage | | No |

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Supporting Document Schedules

| | | Item Status: | Status Date: |
|-------------------------|----------------------|---------------------|-------------------------|
| Bypassed - Item: | Flesch Certification | | |
| Bypass Reason: | n/a | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|-------------------------|-------------|---------------------|-------------------------|
| Bypassed - Item: | Application | | |
| Bypass Reason: | n/a | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|-------------------------|----------------------------------|---------------------|-------------------------|
| Bypassed - Item: | Health - Actuarial Justification | | |
| Bypass Reason: | n/a | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|-------------------------|---------------------|---------------------|-------------------------|
| Bypassed - Item: | Outline of Coverage | | |
| Bypass Reason: | n/a | | |
| Comments: | | | |