

**State:** Arkansas **Filing Company:** Massachusetts Mutual Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** FR2074  
**Project Name/Number:** FR2074/FR2074

## Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company  
Product Name: FR2074  
State: Arkansas  
TOI: L071 Individual Life - Whole  
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Filing Type: Form  
Date Submitted: 08/08/2012  
SERFF Tr Num: MASS-128622043  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num:  
  
Implementation: On Approval  
Date Requested:  
Author(s): Robin Perez, Jennifer Dube, Nick Sheehan  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 08/17/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

State: Arkansas Filing Company: Massachusetts Mutual Life Insurance Company  
 TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: FR2074  
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**General Information**

Project Name: FR2074 Status of Filing in Domicile: Pending  
 Project Number: FR2074 Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 08/17/2012  
 State Status Changed: 08/17/2012  
 Deemer Date: Created By: Jennifer Dube  
 Submitted By: Jennifer Dube Corresponding Filing Tracking Number:

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

FR2074 Business Financial Supplement  
 FR2075 Personal Financial Supplement

The above-referenced forms are being submitted for your department’s review and approval. The forms are described below. These form are in final print format. Final print copies of the forms along with any required certifications and filing fee are enclosed.

The above captioned forms will be used with MassMutual's Individual Variable Universal Life, Individual Universal Life, Individual Whole Life, and Individual Term Life Policies and Riders.

The supplements will be used when detailed financial information is required based on the amount of life insurance applied for, and other factors such as the age of the insured and the purpose of the insurance. Upon approval and implementation, these forms will become part of the policy.

**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

**State:** Arkansas **Filing Company:** Massachusetts Mutual Life Insurance Company  
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**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: \$150.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Massachusetts Mutual Life Insurance Company	\$150.00	08/08/2012	61524844

SERFF Tracking #:

MASS-128622043

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Massachusetts Mutual Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

FR2074

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FR2074/FR2074

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/17/2012	08/17/2012

**SERFF Tracking #:**

MASS-128622043

**State Tracking #:****Company Tracking #:****State:**

Arkansas

**Filing Company:**

Massachusetts Mutual Life Insurance Company

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FR2074

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FR2074/FR2074

## Disposition

Disposition Date: 08/17/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Business Financial Supplement		Yes
Form	Personal Financial Supplements		Yes

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Massachusetts Mutual Life Insurance Company

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Product Name: FR2074

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## Form Schedule

Lead Form Number: FR2074

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		FR2074	AEF	Business Financial Supplement	Initial:	65.700	fr2074generic.pdf
2		FR2075	AEF	Personal Financial Supplements	Initial:	65.700	fr2075generic.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

Use this financial supplement when a business is applying for an individual life insurance policy. This supplement will be attached to and made a part of the application.

**A Personal Information** ::

**Proposed Insured**

1. Policy number: \_\_\_\_\_
2. Full legal name (First, MI, Last, Suffix): \_\_\_\_\_
3. Date of birth: \_\_\_\_\_

**Business Information**

4. Company name: \_\_\_\_\_
5. Type of business engaged in: \_\_\_\_\_
6. Year established: \_\_\_\_\_
7. Number of employees: \_\_\_\_\_
8. Type of organization (Select one):  Corporation  S-Corporation  LLC/LLP  Partnership  Sole Proprietorship  Non-Profit

**B Financial Information** ::

Attach a copy of the company's latest audited financial statements (i.e. balance sheet and profit and loss statements) if available.

1. Company book value:
  - a. Total assets: \$ \_\_\_\_\_
  - b. Total liabilities: \$ \_\_\_\_\_
  - c. Total net worth: \$ \_\_\_\_\_
2. Company market value:
  - a. Market value: \$ \_\_\_\_\_
  - b. Insured's percentage of ownership: \_\_\_\_\_%
  - c. Date of last formal valuation: \_\_\_\_\_
3. Company net profit before taxes:
  - a. Current year: \$ \_\_\_\_\_
  - b. Previous year: \$ \_\_\_\_\_

4. List other currently insured Stockholders, Partners or Key Persons:

Name	% Owned	Insurance In Force	Insurance Applied for
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) and its affiliated companies and sales representatives.



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**A Personal Information** ::

**Proposed Insured 1**

- 1. Policy number: \_\_\_\_\_
- 2. Full legal name (First, MI, Last, Suffix): \_\_\_\_\_
- 3. Date of birth: \_\_\_\_\_

**Proposed Insured 2 (If applicable)**

- 4. Full legal name (First, MI, Last, Suffix): \_\_\_\_\_
- 5. Date of birth: \_\_\_\_\_

**Accountant Information (If applicable)**

- 6. Full legal name (First, MI, Last, Suffix): \_\_\_\_\_
- 7. Mailing address (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8. Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

**B Financial Information** ::

MassMutual retains the right to require additional documentation and/or financial and tax statements for verification as needed.

1. Personal income statement (Provide any additional information in section C – Additional Details):

Type	Proposed Insured 1	Proposed Insured 2 (If applicable)
Salary	\$ _____	\$ _____
Bonus	\$ _____	\$ _____
Non-Passive Business Income	\$ _____	\$ _____
Unearned Income (e.g. Interest/Dividends)	\$ _____	\$ _____
Other (Specify): _____	\$ _____	\$ _____

- 2. Current estimated net worth (Household if applicable):
  - a. Proposed Insured 1: \$ \_\_\_\_\_
  - b. Proposed Insured 2: \$ \_\_\_\_\_
- 3. If joint assets are held, provide the amount of life insurance in force for spouse: \$ \_\_\_\_\_

**B Financial Information** *continued* .....

4. List all applicable asset and liability amounts below (*Provide any additional information in section C – Additional Details*):

Asset Type	Asset Amount	Liability Type	Liability Amount
Cash/savings	\$	Unpaid interest/taxes	\$
Stocks, bonds, securities	\$	Notes payable to others	\$
Life insurance cash value	\$	Life insurance loans	\$
Real estate	\$	Mortgage on real estate	\$
Personal property	\$	Other debt	\$
Accounts receivable	\$	Accounts payable	\$
Other assets	\$	Other liabilities	\$
<b>Total sum of assets</b>	\$	<b>Total sum of liabilities</b>	\$

**C Additional Details** .....

Details. Indicate section letter, question number and Insured 1 or 2.

**D Signatures** .....

I represent that all the above statements and answers are full, complete and true.

▶ Signature of Proposed Insured 1: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

▶ Signature of Proposed Insured 2 (*If applicable*): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

▶ Signature of Accountant (*If applicable*): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Generic Readability Certification.pdf			

## READABILITY CERTIFICATION

### Massachusetts Mutual Life Insurance Company

I hereby certify the accuracy of the Flesch reading ease test score for the following policy forms. These forms are at least 10 (ten) point type, 2 (two) point leaded.

<b><u>FORM NUMBER AND TITLE</u></b>		<b><u>FLESCH SCORE</u></b>
FR2074	Business Financial Supplement	65.7
FR2075	Personal Financial Supplement	65.7

Signature:

Jo-Anne  
Rankin

Digitally signed by Jo-Anne Rankin  
DN: cn=Jo-Anne Rankin, o=MM USIG,  
ou=Reinsurance, Filing, Illustrations,  
email=jrankin@massmutual.com,  
c=US  
Date: 2012.08.06 11:14:47 -0400

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Jo-Anne Rankin  
Vice President