FILED

2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am DOCUMENT # 1 800038 Secretary of State 1. Entity Name 03-27-2002 90094 023 ***150.00 MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY Mailing Address Principal Place of Business 1295 STATE STREET C/O 8040 SPRINGFIELD MASSACHUSETTS 01111 1295 STATE STREET SPRINGFIELD MA 01111 2. Principal Place of Business 3. Mailing Address 1295 State Street Suite, Apt. #, etc MIP B193 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State Springfield, MA 04-1590850 Not Applicable Zip Country Country \$8.75 Additional 01111-0001 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - ---THE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BLDG. TALLAHASSEE FL City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE **CCEO** ☐ Delete TITLE Addition C/D/CEO/P NAME O'CONNELL, ROBERT J NAME O'Connell, Robert J. CR2E034 STREET ADDRESS 1295 STATE STREET STREET ADDRESS 1295 State Street CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD MA 01111 Springfield, MA 01111-0001 Delete TITLE TITLE ☐ Change Addition NAME NAME BURKETT, LAWERENCE V JR STREET ADDRESS STREET ADDRESS 1295 STATE STREET CITY-ST-ZIP CITY-ST-7IF SPRINGFIELD MA 01111 TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME REESE, STUART H STREET ADDRESS STREET ADDRESS 1295 STATE STREET CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD MA 01111 Addition TITLE ☐ Delete TITLE ☐ Change **EVP** NAME NAME GUNTON, HOWARD E STREET ADDRESS STREET ADDRESS 1295 STATE STREET CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD MA 01111 TITLE ☐ Delete ☐ Change Addition LOMELI, ANN F NAME STREET ADDRESS 1295 STATE STREET STREET ADDRESS SPRINGFIELD MA 01111 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME KLINE, EDWARD M NAME STREET ADDRESS 1295 STATE STREET STREET ADDRESS CITY-ST-7IP SPRINGFIELD MA 01111 CITY-ST-7/P 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WEOLANNE DLomeli ED NAME OF SIGNING OFFICER OR DIRECTOR

March X, 2002 (413) 744-5373

attachment 800038/611900

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

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