

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800038

Entity Name: MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY**Current Principal Place of Business:**1295 STATE STREET
SPRINGFIELD, MA 01111**Current Mailing Address:**1295 STATE STREET
MIP B370
SPRINGFIELD, MA 01111-0001**FEI Number:** 04-1590850**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PCEO
Name	CRANDALL, ROGER W
Address	1295 STATE STREET
City-State-Zip:	SPRINGFIELD MA 01111

Title	EVP
Name	ROELLIG, MARK
Address	1295 STATE STREET
City-State-Zip:	SPRINGFIELD MA 01111

Title	S
Name	FLANAGAN, PIA
Address	1295 STATE STREET
City-State-Zip:	SPRINGFIELD MA 01111

Title	EVP
Name	FANNING, MICHAEL R
Address	1295 STATE STREET
City-State-Zip:	SPRINGFIELD MA 01111

Title	EVP & CIO
Name	CORBETT, M. TIMOTHY
Address	1295 STATE STREET
City-State-Zip:	SPRINGFIELD MA 01111

Title	EVP
Name	AHMED, ADNAN O
Address	1295 STATE STREET
City-State-Zip:	SPRINGFIELD MA 01111

Title	EVP, CHIEF FINANCIAL OFFICER AND CHIEF ACTUARY
Name	WARD, ELIZABETH
Address	1295 STATE STREET
City-State-Zip:	SPRINGFIELD MA 01111

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PIA FLANAGAN**SECRETARY****04/25/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date