

**2013 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 32399-0000 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 CASALE, ROBERT  
Address 1295 STATE STREET  
City-State-Zip: SPRINGFIELD MA 01111

Title EVP  
Name ROLLINGS, MICHAEL T  
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 PEASLEE, CHRISTINE C  
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 PALERMINO, DEBRA  
Address 1295 STATE STREET  
City-State-Zip: SPRINGFIELD MA 01111

**Continues on page 2**

*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:** CHRISTINE C. PEASLEEVP & CORPORATE  
SECRETARY

01/25/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title EVP & CHIEF ENTERPRISE RISK  
OFFICER  
Name WARD, ELIZABETH  
Address 1295 STATE STREET  
City-State-Zip: SPRINGFIELD MA 01111