2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2014
Secretary of State
CC5013223834

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
200 E. GAINES STREET
PO 6200
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	ROLLINGS, MICHAEL T
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 & CIO
Name	CORBETT, M. TIMOTHY
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	ROELLIG, MARK
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
Name	PALERMINO, DEBRA
Address	1295 STATE STREET
City-State-Zip:	SPRINGFIELD MA 01111

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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. PEASLEE VP AND SECRETARY 02/04/2014

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