

2024 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, CHIEF FINANCIAL OFFICER AND CHIEF ACTUARY
Name	WARD, ELIZABETH
Address	1295 STATE STREET
City-State-Zip:	SPRINGFIELD MA 01111

Title	S
Name	AKINBAJO, TOKUNBO
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: TOKUNBO AKINBAJO

CORPORATE SECRETAR 03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date