

2016 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

FILED
Jan 21, 2016
Secretary of State
CC9604653967

Current Mailing Address:

1295 STATE STREET
MIP B370
SPRINGFIELD, MA 01111-0001

FEI Number: 04-1590850

Certificate of Status Desired: Yes

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 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 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

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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: PIA FLANAGAN

VP, CORPORATE
SECRETARY AND
ASSISTANT GENERAL
COUNSEL

01/21/2016

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