

1.) CORPORATION NAME:

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

DUE DATE: **1/31/2012**

SCC ID NO: **F0000887**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1295 STATE ST

CITY/ST/ZIP: SPRINGFIELD, MA 01111-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROGER W CRANDALL
TITLE: P/CEO
ADDRESS: 1295 STATE ST
CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111-

OFFICER

DIRECTOR

NAME: TODD G PICKEN
TITLE: VP/T
ADDRESS: 1295 STATE ST
CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111-

OFFICER

DIRECTOR

NAME: MICHAEL T ROLLINGS
TITLE: EXEC VP/CFO
ADDRESS: 1295 STATE ST
CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111-

OFFICER

DIRECTOR

NAME: CHRISTINE C PEASLEE
TITLE: SECRETARY
ADDRESS: 1295 STATE STREET
CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111-

OFFICER

DIRECTOR

NAME: ROBERT J CASALE
TITLE: EVP & CIO
ADDRESS: 1295 STATE STREET
CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL R FANNING EVP 1295 STATE ST SPRINGFIELD, MA 01111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBRA A PALERMINO EVP 1295 STATE STREET SPRINGFIELD, MA 01111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK ROELLIG EVP/GC 1295 STATE ST SPRINGFIELD, MA 01111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT ESSNER DIRECTOR 1295 STATE STREET SPRINGFIELD, MA 01111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS BARRY DIRECTOR 1295 STATE STREET SPRINGFIELD, MA 01111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRISTOBOL CONDE DIRECTOR 1295 STATE STREET SPRINGFIELD, MA 01111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN CORBET DIRECTOR 1295 STATE STREET SPRINGFIELD, MA 01111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES DEGRAFFENREIDT, JR. DIRECTOR 1295 STATE STREET SPRINGFIELD, MA 01111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA DIAZ DENNIS DIRECTOR 1295 STATE STREET SPRINGFIELD, MA 01111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT FUREK DIRECTOR 1295 STATE STREET SPRINGFIELD, MA 01111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RAYMOND LEBOEUF TITLE: DIRECTOR ADDRESS: 1295 STATE STREET CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CATHY MINEHAN TITLE: DIRECTOR ADDRESS: 1295 STATE STREET CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARC RACICOT TITLE: DIRECTOR ADDRESS: 1295 STATE STREET CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM SPITZ TITLE: DIRECTOR ADDRESS: 1295 STATE STREET CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: H. TODD STITZER TITLE: DIRECTOR ADDRESS: 1295 STATE STREET CITY/ST/ZIP/CO: SPRINGFIELD, MA 01111-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ CHRISTINE C PEASLEE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTINE C PEASLEE, SECRETARY PRINTED NAME AND CORPORATE TITLE
	1/17/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	