

1.) CORPORATION NAME:

**MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

SCC ID NO: **F0000887**

**Bank of America Center, 16th Floor  
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	1295 STATE ST		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		

NAME:	TODD G PICKEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	1295 STATE ST		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		

NAME:	MICHAEL T ROLLINGS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/CFO		
ADDRESS:	1295 STATE ST		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		

NAME:	CHRISTINE C PEASLEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1295 STATE STREET		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		

NAME:	ROBERT J CASALE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP & CIO		
ADDRESS:	1295 STATE STREET		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		

NAME:	MICHAEL R FANNING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1295 STATE ST		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01111		

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:	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 ESSNER 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMOND LEBOEUF DIRECTOR 1295 STATE STREET SPRINGFIELD, MA 01111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY MINEHAN DIRECTOR 1295 STATE STREET 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
NAME: M Timothy Corbett TITLE: EVP & CIO ADDRESS: 1295 State Street CITY/ST/ZIP/CO: Springfield, MA 01111	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Elizabeth A Ward TITLE: EVP & CERO ADDRESS: 1295 State Street CITY/ST/ZIP/CO: Springfield, MA 01111	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Laura J Sen 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	12/17/2012 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.				