

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 10/26/2016 2:49 PM EST

Confirmation Number: 1851

Amended Confirmation Number:

Employer Information

Name: Massachusetts Mutual Life Insurance Company
Address: 1295 State Street
City: Springfield State: MA Zip Code: 01111

Plan Administrator Information

Name: Plan Administrative Committee
Address: 1295 State Street
City: Springfield State: MA Zip Code: 01111
Phone: 4137448054
Email: rgoldstein@massmutual.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	MassMutual Retail Deferred Compensation Plan	Number of Employees: 1939
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Additional Information:

The Company maintains the Plan for the purpose of providing deferred compensation for a select group of highly compensated employees and independent contractors who are treated as statutory employees for certain purposes under the Internal Revenue Code.



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 1851. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.